

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 171384	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/13/2015
NAME OF PROVIDER OR SUPPLIER NEWMAN REGIONAL HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 1201 WEST 12TH AVENUE EMPORIA, KS 66801	
(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
C 000	INITIAL COMMENTS The following report represents the findings of an Emergency Medical Treatment and Labor Act (EMTALA) survey (ASPEN #YNHX11).	C 000		
C2400	489.20(I) COMPLIANCE WITH 489.24 [The provider agrees,] in the case of a hospital as defined in §489.24(b), to comply with §489.24. This STANDARD is not met as evidenced by: Based on medical record review, document review, and staff interview the critical access hospital (CAH) failed to comply with their provider agreement to arrange an appropriate transfer. The CAH failed to ensure the receiving hospital had available space, qualified personnel, and agreed to accept the transfer for 1 out of 20 records (patient #1) selected for review. The ED treated approximately 1,007 patients in the six-month period and transferred approximately 48 patients in the same six months to another healthcare facility. Failure to arrange an appropriate transfer of a patient with an unstable emergency medical condition placed the patient at risk for an unsafe transfer and lack of subsequent stabilizing treatment that could potentially lead to further complications or death. Findings include: - The hospital's policy "EMTALA Transfer Policy" reviewed on 10/12/15 at 11:00am directed, "...It is the policy of the hospital to comply with all applicable laws and regulations relating to the provision of emergency services and transfer of patients, including requirements as defined in the Emergency Medical Treatment and Active Labor Act (EMTALA) ...An Emergency Medical Condition (EMC): is defined as a medical condition manifesting itself by acute symptoms of sufficient severity (including	C2400	A. <u>CONDUCT TOTAL REVIEW OF NRH EMTALA PROGRAM</u> Newman Regional Health ("NRH") engaged a third party consultant to conduct an on-site comprehensive assessment of the hospital's EMTALA program. Senior NRH leadership used the consultant's recommendations in evaluating and adopting improvements to NRH's existing EMTALA program. B. <u>CONDUCT POLICY, PROCEDURE AND FORM REVIEW</u> NRH reviewed all policies, procedures and forms utilized in the care of individuals presenting to the hospital's Emergency Department. With respect to the appropriate transfer of individuals with an unstabilized EMC, modifications to the policies and forms described below have been made: 1. Both the <i>EMTALA Transfer Policy</i> and the <i>Treatment and Referral of Emotionally Ill or Chemically Dependent Patient Policy</i> were modified to clarify requirements for the appropriate transfer of individuals with unstabilized EMCs, including individuals with psychiatric EMCs. In summary, the policies were modified to: <ul style="list-style-type: none"> ➤ Clarify what constitutes an EMC for individuals with psychiatric symptoms; ➤ Describe the documentation requirements necessary in the medical record for Medical Screening Exams and the stabilization of EMCs; ➤ Refer to national criteria regarding when an individual with a psychiatric condition may be considered "stable;" and ➤ Delineate communication and documentation responsibilities of providers, including mental health practitioners, in caring for behavioral health individuals with an EMC. 	10/13/15 AM 3:00 11/9 - 11/11/15 (on-site dates) 11/30/15 - 1/12/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 171384	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/13/2015	
NAME OF PROVIDER OR SUPPLIER NEWMAN REGIONAL HEALTH		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 WEST 12TH AVENUE EMPORIA, KS 66801		
(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
	severe chest pain, psychiatric disturbances and/or symptoms of drug abuse) such that the absence of immediate medical attention could reasonably be expected to result in: a. Placing the health of the individual in serious jeopardy, b. Serious impairment to bodily functions, c. Serious dysfunction of any bodily organ or part ...With respect to psychiatric conditions; a. Patient is assessed to have a psychiatric condition for which inpatient psychiatric care is medically indicated ...Stable for discharge; for the purpose of discharging a patient with psychiatric conditions, the patient is considered to be stable for discharge when he/she is no longer considered to be a threat to himself/herself or to others ...Stable for transfer; In the case of a patient who is suffering from psychiatric conditions, the patient is considered to be stable for transfer when he/she is protected and prevented from injuring himself/herself or others ...The receiving facility must have a) available space, b) qualified personnel for the treatment of the individual, c) agree to accept transfer of the patient and to provide appropriate medical treatment ...The referring physician must contact a physician at the receiving hospital who is authorized to admit/accept patients to describe the patient's condition, care rendered and to obtain consultative advice about stabilization and transport. The admitting physician at the receiving hospital must have accepted the patient and confirmed that appropriate resources are available at the receiving hospital before transport begins ...a designated hospital employee shall obtain approval of the receiving hospital facility before the transfer of any individual and shall make arrangements for the patient transfer with the receiving hospital ...The physician must outline the risks and benefits for transfer with the patient or legal surrogate prior to transfer. A copy of the certificate of transfer must accompany the patient. The certificate of transfer is to be signed by the physician ...All patients transferred from the hospital to go directly to another health care facility shall be treated as a "transfer" under this policy ...The decision to transfer is the responsibility of the attending physician		<p>2. Transfer forms have been reviewed and revised for purposes of improving the process for assuring that individuals with psychiatric conditions and unstabilized EMCs are appropriately transferred:</p> <ul style="list-style-type: none"> ➤ Combined both the general and psychiatric transfer forms into one form to assure that psychiatric issues are always considered; ➤ Provided a separate area on the transfer form specifically for the mental health practitioners to assure that the appropriate assessment has been completed; ➤ Added a date and time requirement to the transfer form for the physician-to-physician communication; ➤ Added a date and time requirement for administrative approval from the receiving facility; and ➤ Required the time of nursing assessment to be completed within 30 minutes of transfer. <p>C. <u>COMMUNICATE POLICY AND FORM CHANGES TO STAFF</u></p> <p>1. The existence of updated policy documents was communicated to relevant employees via NRH's policy and procedure manager. The NRH Risk Manager verified staff's review of the updated policies.</p> <p>2. The existence of updated policy changes was communicated to relevant medical staff and allied health practitioners via printed copy and/or email. Verification of receipt was completed by the Quality and Compliance Officer.</p> <p>D. <u>INCORPORATE EMTALA INTO PERMANENT CURRICULUM</u></p> <p>To ensure ongoing training and compliance with EMTALA policies and procedures, modifications were made to both the <i>Competency Assessment Program Policy</i> and the <i>Medical Staff and Allied Health Appointment and Reappointment Policy</i> to include EMTALA training. The Chief Quality and Compliance Officer is responsible for policy changes and implementation. In summary, the following elements were added to the <i>Competency Assessment Program Policy</i> and <i>Medical Staff and Allied Health Appointment and Reappointment Policy</i>:</p>	<p>11/13/15</p> <p>11/12/16</p> <p>11/12/16</p> <p>11/6/15 1/12/16</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 171384	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/13/2015
NAME OF PROVIDER OR SUPPLIER NEWMAN REGIONAL HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 1201 WEST 12TH AVENUE EMPORIA, KS 66801	
(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
	<p>...The transferring physician will identify and contact an appropriate accepting physician to consult and confirm acceptance of the patient transfer. Bed and resource availability at the receiving facility will be considered in this acceptance. The transferring physician will be responsible to determine the equipment and staff needs for the transferring patient. The transferring physician will be responsible to inform the patient and his/her surrogates of the risk and benefits of the proposed transfer. The transferring physician will be responsible to complete a certificate of transfer ..."</p> <p>- The hospital's policy "Treatment and Referral of Emotionally Ill or Chemically Dependent Patients " reviewed on 10/14/15 at 2:10pm directed, ...Transfer of the patient to a treatment facility shall be arranged in accordance with all applicable state and federal laws governing these patients and facilitated by the assigned mental health practitioner staff of the Mental Health Center of East Central Kansas when appropriate ... "</p> <p>- Patient # 1's medical record reviewed on 10/12/15 revealed patient #1 presented to the emergency department (ED) on 9/24/15 at 11:55am with a complaint of chest pain and suicidal ideation (thoughts). Patient #1 received a medical screening exam and psychological examination. ED Physician staff B contacted Hospital BB, Hospital CC and Hospital AA for a transfer request. All Hospitals declined the request due to the patient's cardiac condition and lack of available beds. Staff B admitted patient #1 to the clinical decisions unit (CDU) in observation status on 9/24/15 at 9:16pm. Physician staff C ordered suicide precautions at level II and III (15-30 minute checks) that continued until the patient was discharged. Registered Nurse staff E received instructions from mental health staff D to discharge the patient and the mental health center (MHC) would provide transportation to Hospital AA for treatment of the patient's psychiatric condition. The CAH discharged patient # 1 with an unstable emergency medical condition on 9/25/15 at 4:48 PM and</p>		<ol style="list-style-type: none"> 1. Language requiring <u>ALL</u> nursing staff and care coordination staff receive education upon hire and annually. 2. Language requiring <u>ALL</u> active medical staff, Emergency Department physicians and allied health providers (which includes mental health staff) working in the emergency room receive education upon initial appointment and reappointment. 3. Ongoing education compliance measured through documentation found in the Human Resource Department, Education Department and/or credentialing files. 4. The Chief Quality & Compliance Officer will be responsible for monitoring on an annual basis. <p>E. CONDUCT EDUCATION</p> <p>To ensure understanding of the EMTALA requirements and compliance with all applicable laws and regulations relating to the provision of emergency services and transfer of individuals, NRH provided education across the organization.</p> <ol style="list-style-type: none"> 1. Education and guidance was provided by the Chief Quality and Compliance Officer, Chief Operating Officer, and Risk Manager to the Allied Health Staff Mental Health Practitioners. Specific components included: <ul style="list-style-type: none"> > <i>State Operations Manual – Interpretive-Responsibilities of Medicare Participating Hospitals in Emergency Cases;</i> > <i>Hospital policy and procedures - EMTALA Transfer Policy, Treatment and Referral of Emotionally Ill or Chemically Dependent Patients;</i> > <i>NRH Medical Staff Rules and Regulations;</i> > <i>Delineation of privileges for Allied Health – Mental Health; and</i> > <i>Necessity of documentation and communication with the individual's treating physician.</i> 	10/20/15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 171384	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/13/2015
NAME OF PROVIDER OR SUPPLIER NEWMAN REGIONAL HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 1201 WEST 12TH AVENUE EMPORIA, KS 66801	
(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
	<p>the attendant from the MHC transported the patient to hospital AA's ED in an unsecured vehicle.</p> <p>See further evidence at 2409</p>		<p>2. Overview of the EMTALA requirements and duties of a hospital were provided to physicians and allied health providers working in the Emergency Department and Administration, and to clinical resource nurses and care coordination and registration staff by the hospital's legal counsel. Education was provided face-to-face followed with question and answer sessions. Specific components included:</p> <ul style="list-style-type: none"> ➤ Basic EMTALA Obligations ➤ Enforcement Risk Areas ➤ Emergency Medical Condition ➤ Medical Screening Exam ➤ Stabilization ➤ EMC/Stabilization for Psychiatric Conditions ➤ On-Call Requirements ➤ Appropriate Transfers ➤ Administrative Requirements <p>3. Education and guidance was provided to the Emergency Department Physicians by the Chief Operating Officer, Chief Executive Officer, and Risk Manager during physician staff meetings. Specific components included:</p> <ul style="list-style-type: none"> ➤ <i>EMTALA Transfer Policy</i> ➤ Policy regarding Emotionally Ill/Chemically Dependent Patients ➤ Obligations under EMTALA ➤ Quality Assurance Transfer Audit Findings <p>4. Mandatory EMTALA Education/training was provided for Active Medical Staff, Physicians and Allied Health Providers working in the Emergency Department and Administration, and to Mental Health Practitioners, nursing staff, and care coordination and registration staff. Specific components included:</p> <ul style="list-style-type: none"> ➤ Medical Screening Exam ➤ Qualified Medical Person ➤ On-call Responsibilities ➤ Emergency Medical Condition ➤ Stabilizing Treatment ➤ Stable for Transfer ➤ Stable for Discharge ➤ Leaving Without Being Seen ➤ Leaving Against Medical Advice <p>Training and application of knowledge was evaluated on-line through the learning management system or by handout. Education completion was verified by the Chief Quality and Compliance Officer. Documentation of training and education was placed in the providers' credentialing file.</p>	<p>10/28 - 10/29/15</p> <p>10/20/15 11/11/15</p> <p>12/1/15 - 1/12/16</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 171384	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/13/2015
NAME OF PROVIDER OR SUPPLIER NEWMAN REGIONAL HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 1201 WEST 12TH AVENUE EMPORIA, KS 66801	
(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
			<p>5. Written and face to face education was developed and provided to Allied Health Staff and Mental Health Practitioners specific to their role and responsibility related to the EMTALA requirements. The Chief Quality Officer developed the training in collaboration with the Mental Health Center. Specific components included:</p> <ul style="list-style-type: none"> ➤ Medical Screening Exam ➤ Qualified Medical Person ➤ On-call Responsibilities ➤ Emergency Medical Condition ➤ Stabilizing Treatment ➤ Stable for Transfer ➤ Stable for Discharge ➤ Leaving Without Being Seen ➤ Leaving Against Medical Advice ➤ Documentation Requirements ➤ Reassessment of Individuals on Observation Status ➤ Transfer Coordination ➤ Communication with Qualified Medical Personnel 	<p>11/11/15 12/1/15 1/17/16</p>
			<p>6. Provided education on discharge criteria and documentation practices for Active Medical Staff, Emergency Department Physicians, and Allied Health Staff working in the Emergency Department. Training was provided through medical staff committee meetings, individual meetings, and written communication distributed via email. The Chief Quality and Compliance Officer and Risk Manager were responsible for the training. Specific components included:</p> <ul style="list-style-type: none"> ➤ Discharge Criteria (Milliman, 2015) ➤ Stable for Discharge 	<p>1/7 - 1/12/16</p>
			<p>7. Provided education on discharge criteria and documentation practices for Clinical Resource Nurses, nursing staff, and care coordination staff. Training was provided through staff meetings, individual meetings, and written communication distributed via email. The Chief Operating Officer and Risk Manager were responsible for the training. Specific components included:</p> <ul style="list-style-type: none"> ➤ Discharge Criteria (Milliman, 2015) ➤ Stable for Discharge 	<p>1/7 - 1/12/16</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 171384	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/13/2015	
NAME OF PROVIDER OR SUPPLIER NEWMAN REGIONAL HEALTH		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 WEST 12TH AVENUE EMPORIA, KS 66801		
(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
			<p>F. <u>CONDUCT ONGOING QUALITY ASSURANCE OF COMPLIANCE</u></p> <p>To ensure ongoing compliance with all applicable laws and regulations relating to the provision of emergency services and transfer of individuals, NRH implemented the following procedures of continuous quality monitoring of all cases involving the transfer and/or discharge of individuals with behavioral health/substance abuse problems from the Emergency Department or Clinical Decision Unit.</p> <p>1. Developed a Pre-Transfer Audit Tool to be utilized by the clinical resource nurse for the transfer of individuals in order to verify that all documentation on the transfer form is completed. If EMTALA compliance is in question, the clinical resource nurse will contact either the Chief Quality and Compliance Officer or Chief Operating Officer prior to the transfer. In all cases where conducting a pre-transfer audit could adversely affect the health of an individual, the audit will occur post-transfer.</p> <p>Education was provided to clinical resource nurses by the Risk Manager and Chief Operating Officer on how to complete the audit tool and the process for notification of the administrator on-call.</p> <p>Accuracy of the pre-transfer audit is verified by the Risk Manager on a monthly basis by reviewing all transfer records and the clinical resource nurse's documentation and findings. Identified issues will be used to provide continuous quality improvement or disciplinary action, as appropriate. The Risk Manager will verify the accuracy of the audits and analyze the findings until 100% of the transfers meet the compliance standards for 90 consecutive days. A sample audit of 10% of all transfers will be conducted on a monthly basis once compliance has been maintained.</p>	<p>11/13/15</p> <p>11/10/15 12/1/15 1/5/16</p> <p>11/13/15 Ongoing</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 171384	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/13/2015
NAME OF PROVIDER OR SUPPLIER NEWMAN REGIONAL HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 1201 WEST 12TH AVENUE EMPORIA, KS 66801	
(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
			<p>2. Developed a Pre-Discharge Audit Tool to be utilized by the on-call administrator for the discharge of individuals with behavioral health/substance abuse conditions. Implemented a process to ensure that documentation supports "stable for discharge" of the behavioral health/substance abuse individuals. The primary nurse is required to contact the Chief Quality and Compliance Officer or Chief Operating Officer regarding all pending discharges and to review the individuals' status and supporting documentation. If a deficiency is found, a physician will be notified for corrective action. A Pre-discharge audit was implemented for discharges of behavioral health/substance abuse individuals until there is 100% compliance with the standards for 90 consecutive days. A sample post-discharge audit of 10% of all behavioral health/substance abuse individuals will be conducted once compliance has been maintained. The Risk Manager is responsible for conducting the post-discharge audits.</p> <p>The Chief Operating Officer is responsible for monitoring and reporting outcomes to the Legal Compliance and Quality Committee and the Board of Directors, as necessary.</p>	1/9/16 Ongoing
			<p>3. A case review form was developed by the Quality and Compliance Officer. Quarterly case reviews will be presented to the Medical Staff Quality Improvement Committee and Emergency Department Physician Meetings to discuss all identified performance improvement opportunities throughout 2016. The Chief Operating Officer and Chief Quality and Compliance Officer are responsible for reporting the performance improvement opportunities and working with the medical staff.</p>	12/14/15 1/8/16 1/7/16
			<p>4. The ongoing quarterly attendance by the Chief Quality Officer and/or Risk Manager at staff meetings with the Mental Health Center to provide education and discuss all identified performance improvement opportunities. The Chief Quality Officer and Risk Manager are responsible for ongoing communication and education.</p>	1/7/16
			<p>5. Cure an identified performance improvement needed in the Emergency Department and on the 3rd floor nursing unit by installation of dedicated printers for use by mental health practitioners to facilitate timely documentation. The Facilities and IT Administrator are responsible for monitoring compliance.</p>	1/17/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 171384	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/13/2015
NAME OF PROVIDER OR SUPPLIER NEWMAN REGIONAL HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 1201 WEST 12TH AVENUE EMPORIA, KS 66801	
(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
C2409	<p>489.24(e)(1-2) APPROPRIATE TRANSFER</p> <p>(1) General If an individual at a hospital has an emergency medical condition that has not been stabilized (as defined in paragraph (b) of this section), the hospital may not transfer the individual unless - (i) The transfer is an appropriate transfer (within the meaning of paragraph (e)(2) of this section); and</p> <p>(II)(A) The individual (or a legally responsible person acting on the individual's behalf) requests the transfer, after being informed of the hospital's obligations under this section and of the risk of transfer. The request must be in writing and indicate the reasons for the request as well as indicate that he or she is aware of the risks and benefits of the transfer.</p> <p>(B) A physician (within the meaning of section 1861(r)(1) of the Act) has signed a certification that, based upon the information available at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks to the individual or, in the case of a woman in labor, to the woman or the unborn child, from being transferred. The certification must contain a summary of the risks and benefits upon which it is based; or</p> <p>(C) If a physician is not physically present in the emergency department at the time an individual is transferred, a qualified medical person (as determined by the hospital in its bylaws or rules and regulations) has signed a certification described in paragraph (e)(1)(ii)(B) of this section after a physician (as defined in section 1861(r)(1) of the Act) in consultation with the qualified medical person, agrees with the certification and</p>	C2409	<p>G. <u>TITLES OF PERSONS RESPONSIBLE FOR IMPLEMENTING POC</u></p> <ol style="list-style-type: none"> Chief Quality and Compliance Officer Chief Operating Officer <p>Because both deficiencies cited pertain to the appropriate transfer standard at 42 CFR 489.24(e)(1-2), please accept the corrective action steps set forth for C2400 as the corrective action steps to be utilized for C2409.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 171384	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/13/2015	
NAME OF PROVIDER OR SUPPLIER NEWMAN REGIONAL HEALTH		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 WEST 12TH AVENUE EMPORIA, KS 66801		
(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
	<p>subsequently countersigns the certification. The certification must contain a summary of the risks and benefits upon which it is based.</p> <p>(2) A transfer to another medical facility will be appropriate only in those cases in which -</p> <p>(i) The transferring hospital provides medical treatment within its capacity that minimizes the risks to the individual's health and, in the case of a woman in labor, the health of the unborn child;</p> <p>(ii) The receiving facility</p> <p>(A) Has available space and qualified personnel for the treatment of the individual; and</p> <p>(B) Has agreed to accept transfer of the individual and to provide appropriate medical treatment.</p> <p>(iii) The transferring hospital sends to the receiving facility all medical records (or copies thereof) related to the emergency condition which the individual has presented that are available at the time of the transfer, including available history, records related to the individual's emergency medical condition, observations of signs or symptoms, preliminary diagnosis, results of diagnostic studies or telephone reports of the studies, treatment provided, results of any tests and the informed written consent or certification (or copy thereof) required under paragraph (e)(1)(ii) of this section, and the name and address of any on-call physician (described in paragraph (g) of this section) who has refused or failed to appear within a reasonable time to provide necessary stabilizing treatment. Other records (e.g., test results not yet available or historical records not readily available from the hospital's files) must be sent as soon as practicable after transfer; and (iv) The transfer is effected through qualified personnel and transportation equipment, as required, including the use of necessary and medically appropriate life support measures during the transfer.</p> <p>This STANDARD is not met as evidenced by: Based on medical record review, document review, and staff interview the critical access hospital (CAH) failed to</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 171384	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/13/2015
NAME OF PROVIDER OR SUPPLIER NEWMAN REGIONAL HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 1201 WEST 12TH AVENUE EMPORIA, KS 66801	
(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
	<p>arrange an appropriate transfer for one patient (patient #1) with an unstable emergency medical condition (EMC) out of 20 records selected for review. The Emergency Department (ED) treated approximately 1,007 patients in the six-month period and transferred approximately 48 patients in the same six months to another healthcare facility.</p> <p>Failure to arrange an appropriate transfer of a patient with an unstable emergency medical condition placed the patient at risk for an unsafe transfer and lack of subsequent stabilizing treatment that could potentially lead to further complications or death.</p> <p>Findings include:</p> <ul style="list-style-type: none"> - Patient #1's medical record reviewed on 10/12/15 revealed he presented to the emergency department (ED) on 9/24/15 at 11:55am with a complaint of chest pain and suicidal ideation (thoughts). Patient #1 stated his plan to commit suicide was by jumping in front of a car or off a bridge. Psychological evaluation was ordered and conducted by mental health staff D. Staff D concluded the patient met criteria for inpatient psychiatric treatment. ED Physician staff B contacted Hospital BB, Hospital CC and Hospital AA for a transfer request. All the contacted hospitals declined the request due to the patient's cardiac condition and lack of available beds. Staff B placed patient #1 on the clinical decisions unit (CDU) in observation status on 9/24/15 at 9:16pm with physician staff C assuming care. Physician staff C ordered suicide precautions at level II and III (15-30 minute checks) that continued until the patient was discharged. Registered Nurse staff E received instructions from mental health staff D to discharge the patient and the mental health center (MHC) would provide transportation to Hospital AA for treatment of the patients unstable psychiatric emergency. The CAH discharged patient #1 on 9/25/15 at 4:48pm when the mental health attendant from the MHC arrived to transport patient #1 to Hospital AA's emergency department in an unsecured vehicle. 			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 171384	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/13/2015
NAME OF PROVIDER OR SUPPLIER NEWMAN REGIONAL HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 1201 WEST 12TH AVENUE EMPORIA, KS 66801	
(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
	<p>ED Registered Nurse (RN) Staff N interviewed on 10/13/15 at 9:30am acknowledged they provided care for Patient #1 on 9/24/15 and indicated Patient #1 reported suicidal thoughts while in the ED with multiple suicidal plans. Staff N indicated Patient #1 had an emergency medical condition.</p> <p>CDU Registered Nurse staff E interviewed on 10/13/15 at 9:50am indicated patient #1 presented to the emergency department and was placed in observation in the CDU. Staff E stated they called Mental Health Staff D and received instruction that the MHC's attendant driver would be at the CAH to pick up patient #1 and transport them to Hospital AA with admission through the ED as a walk-in patient. Staff E called ED Physician Staff C to inform them of the communication with mental health staff D and received a telephone order for patient #1's discharge. Staff E acknowledged it was unusual to discharge a patient without filling out the proper COBRA (transfer papers indicating possible risks and benefits, available space and physician acceptance of the transfer) forms. Staff E acknowledged it was very rare for a patient to be discharged from CDU then go directly to an ED at another facility without it being a transfer. Staff E revealed the patient had not received reevaluation by mental health staff D prior to discharge.</p> <p>Mental health attendant Staff G interviewed on 10/13/15 at 3:00pm indicated that they received instruction from MHC to pick up a patient at the CAH on 9/25/15. Mental health attendant Staff G arrived at hospital AA where the ED lacked knowledge of a patient coming to their facility and in fact had advised the CAH they did not have any beds available the day before when the CAH requested to transfer the patient to Hospital AA. Mental health attendant staff G reported the nurse at Hospital AA showed him on the computer screen the patients name and no bed available.</p> <p>Group interview on 10/12/15 at 12:35pm with the CAH staff members: Administrative staff H, Administrative staff I,</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 171384	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/13/2015
NAME OF PROVIDER OR SUPPLIER NEWMAN REGIONAL HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 1201 WEST 12TH AVENUE EMPORIA, KS 66801	
(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
	<p>Administrative staff J, Administrative staff K, and Administrative staff L, indicated they were aware of a potential EMTALA violation. The CAH's investigation indicated physician staff A treated patient #1 in the ED on 9/24/15 with chest pain and suicidal ideations. The CAH needed to rule out cardiac issues and physician staff A contacted Hospital AA and Hospital CC for the psychiatric issues. The CAH placed Patient #1 in observation status and physician staff C assumed care. Mental Health staff D screened Patient #1 in the ED on 9/24/15 and Patient #1 met inpatient criteria for admission to a psychiatric hospital. Staff D worked on transfer to a psychiatric hospital and there were no beds available. About 4:00 to 5:00pm on 9/25/15 Registered Nurse (RN) Staff E called the Mental Health Provider Staff D to get the plan. Staff D advised the nurse to discharge patient #1 and the MHC would arrange transport to Hospital AA where the patient would walk-in to the emergency department. The RN Staff E was uneasy about not making transfer arrangements. The RN Staff E received instruction from Mental Health Provider staff D that there was no need to fill out COBRA (transfer papers) forms since the patient would be a discharge not a transfer. After the CAH became aware of the potential EMTALA, we called the Mental Health Center and the individual that facilitated the transfer (staff D) no longer works for the Mental Health Center. Hospital AA indicated patient #1 arrived in a locked van when in fact mental health staff M confirmed that patient # 1's transportation was provided by the Mental Health Center vehicle. Mental health Professionals are not employees of the CAH but are credentialed in the CAH as allied health professionals. We do not have psychiatric capabilities at our CAH. Normally with psychiatric patients, we clear them medically and consult with the Mental Health Center with psychiatric issues. The MHC identify needs; manage process of locating beds and transportation. The CAH's assumption was that mental health evaluator staff D was in contact with Hospital AA. Administrative staff indicated they rely on the Mental Health Provider and their</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 171384		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/13/2015	
NAME OF PROVIDER OR SUPPLIER NEWMAN REGIONAL HEALTH				STREET ADDRESS, CITY, STATE, ZIP CODE 1201 WEST 12TH AVENUE EMPORIA, KS 66801			
(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	
	<p>interaction with staff. We needed to ensure proper transfer, should have filled out the COBRA forms, ensured the patient was stable, and verified by documentation.</p> <p>Administrative staff I indicated they currently do not have any documentation if the patient was stable or not. The physician discharged the patient based on information provided by the Mental Health Provider. The physician trusted the Mental Health evaluator to make their decisions. Our opinion was we did not complete proper transfer paperwork. The staff RN could have gone up the chain of command if she had concerns about the discharge/transfer to Hospital AA. The CAH currently does not require contracted staff to take EMTALA training.</p> <p>Administrative staff H confirmed the patient had a psychiatric emergency medical condition and that is what triggered the mental health evaluation.</p> <p>The Mental Health Supervisor acknowledged there should have been documentation from Mental Health Staff D. All conversations with mental health staff or providers occurred over the telephone.</p> <p>The CAH 's Emergency department Physician staff B, interviewed on 10/13/15 at 1:15pm indicated that they decided to place the patient on observation status in the CDU to rule out acute cardiac issues and acquire psychiatric hospital placement. Physician staff B revealed that mental health staff D continued to assist in facilitating transfer options for patient #1. Physician staff B confirmed that this patient had an emergency medical condition while in the emergency department.</p> <p>Mental Health Staff D interviewed on 10/13/15 at 9:00am confirmed they assessed patient #1 who had told the nurse that they wanted to commit suicide. Mental Health Staff D reported they called area psychiatric hospitals and they all wanted patient # 1's cardiac concerns cleared before accepting a transfer. Mental Health Staff D indicated the patient transferred to the CDU for</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 171384		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/13/2015	
NAME OF PROVIDER OR SUPPLIER NEWMAN REGIONAL HEALTH				STREET ADDRESS, CITY, STATE, ZIP CODE 1201 WEST 12TH AVENUE EMPORIA, KS 66801			
(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	
	<p>observation. Mental Health Staff D acknowledged that they did not reevaluate patient #1 prior to discharge and did not feel like they needed to. Staff D also did not speak directly to the physician Staff C about the discharge plan. Mental Health Staff D confirmed that suicidal ideation is an emergency medical condition and they had never received EMTALA training.</p> <p>The CAH's Physician staff C interviewed on 10/13/15 at 11:00am revealed they assumed care once the patient #1's status changed to observation and arrived on the CDU on 9/24/15. Physician staff C revealed they evaluated patient #1 who reported no suicidal thoughts or hallucinations and was very lucid, but they had failed to document these findings in the medical record. Physician staff C indicated a mental health professional from MHC assists patients with psychiatric conditions and they usually leave a plan in the patient's chart without directly communicating with the physician. Physician staff C acknowledged that they usually follow their plan and that they rely "heavily" on their recommendation. Staff C indicated they felt the patient could be discharged to the mental health plan, however staff C revealed they did not read the assessment completed by Mental Health Staff D from MHC the previous day in the emergency department and was unaware a reassessment had not been completed. Physician staff C indicated they assumed patient #1 was going to seek further treatment and was unaware where or how they would be getting there. Physician staff C stated their obligation ends when the patient discharges to the community.</p> <p>Mental health Staff M interviewed 10/13/15 at 3:30pm confirmed a psychological reevaluation is completed "most of the time " before a mental health professional advises discharge and typically a phone call to the nurse would not be appropriate.</p> <p>Registered Nurse staff O, Director of CDU, interviewed on 10/14/15 at 9:30am indicated Registered Nurse staff E, communicated that they were not comfortable with patient #1</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 171384	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/13/2015
NAME OF PROVIDER OR SUPPLIER NEWMAN REGIONAL HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 1201 WEST 12TH AVENUE EMPORIA, KS 66801	
(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
	<p>being discharged to go home and felt the COBRA paperwork should have been completed. Staff O confirmed Staff E should have sought guidance by following their chain of command and speaking with the CNO or administration. Staff O revealed the facility typically does not know where a discharged patient is going, but if we do then we have an obligation to communicate with the receiving facility. Staff O confirmed the observation unit is an extension of the emergency department and those patients are not inpatients. I expect the CDU/Inpatient physician to read any evaluations including a Mental Screening evaluation and any other test results concerning their patient on observation. Staff O indicated their obligation to the patient ends when the receiving facility accepts the patient, but the patient must be stable, have proper documentation completed and the receiving facility must have an available bed. Staff O confirmed a patient with suicidal ideation and a plan would be an emergency medical condition.</p> <p>Chief Quality Office Staff I interviewed on 10/14/15 at 2:10pm indicated the hospital failed to have written policies directing Mental Health Professionals on their requirement to document interaction with patients in the medical record. Staff I indicated they failed to have policies, communication, or training provided to Mental Health Professionals with expectations for communication to hospital staff. Staff I indicated the training included one Mental Health Professional shadowing another Mental Health Professional. Staff I indicated they expect a patient to have a reevaluation by a physician prior to discharge.</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Holly Klench* TITLE *CFO* (X6) DATE *1/14/2016*

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.