State of GA, Healthcare Facility Regulation Division

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	060-011	A. BUILDING: _____ B. WING _____	11/02/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ATLANTA WOMEN'S MEDICAL CENTER	235 WEST WIEUCA ROAD ATLANTA, GA 30342

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V 000	Opening Comments At the time of the survey, Atlanta Women's Medical Center was in compliance with Chapter 290-5-32, Rules and Regulations for Performance of Abortions After the First Trimester of Pregnancy and Reporting Requirements For All Abortions, as the result of a State relicensure survey.	V 000		

State of GA Inspection Report

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

01/05/17

Accepted
1/9/17 AA

PRINTED: 11/17/2016
FORM APPROVED

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U 000	Initial Comments. At the time of the survey, Atlanta Women's Medical Center was in substantial compliance with Chapter 111-8-4, Rules and Regulations for Ambulatory Surgical Treatment Centers, as the result of a relicensure survey. The following deficiencies were cited as a result of that survey.	U 000	HEALTHCARE FACILITY REGULATION DIVISION JAN 09 2017 RECEIVED	
U 302 SS=D	111-8-4-.03(3) Organization and Administration. The governing body of the center shall be responsible for appointing the professional staff and shall establish effective mechanisms for quality assurance and to ensure the accountability of the center's medical and/or dental staff and other professional personnel This RULE is not met as evidenced by: Based on credential file review, review of facility's Medical Staff By-Laws and 2015-2016 Quality Improvement Plan, and staff interview, the governing body failed to establish effective mechanisms for quality assurance and to ensure the accountability of the center's medical staff. Findings include: Review of four (4) credential files (#s 1-3 and 10) revealed that three (3- #s 1-3) did not contain evidence that quality reviews had been performed by a peer. Review of the facility's Medical Staff By-Laws, undated, revealed that General Medical Staff Responsibilities included: 3. Each member would cooperate with and participate in the Medical Staff Peer Review and Quality Assurance Program. The Reappointment Process	U 302	CORRECTIVE ACTION: The Administrator has reassigned the chart review process to the Medical Director for at least Quarterly. The Medical Director was notified of change on 11/29/16; therefore, ensuring adherence to established Peer Review & Quality Plan as outlined by the Quality Improvement Plan. The Medical Director will review at least 30 randomly selected physician's charts for appropriate signatures, dates, treatment information, appropriate follow-up, standard-of-care, and complications. EDUCATION: The revision of duties were discussed with the Medical Director and Governing Body on 11/29/16 by the Administrator. MONITORING:Tracking of completion of peer reviewed charts by the Medical Director will be monitored by the Administrator. The results of the reviews will be communicated to the Governing Body at each Quarterly meeting by the Administrator. RESPONSIBLE PERSON(S): Administrator, Medical Director, Governing Body	12/01/16

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U 302	Continued From page 1	U 302		

3. In addition to the information provided by the applicant as previously prescribed, consideration would be given to the following and to other valuable reasonable indicators of the applicant's qualifications for reappointment:
a. Peer recommendation regarding the applicants professional performance, individual judgement, clinical or technical skills, ethics, conduct and ability to communicate.
b. The results of Quality Assurance monitoring and evaluation.

Review of the facility's 2015-2016 Quality Improvement Plan revealed:
3. Physician Performance
Routine performance assessments would be made for each physician regularly contracted. Medical record evaluations would be conducted by the Medical Director to ensure all contracted physicians provide services and documentation consistent with the facility's protocols, procedures, and mission. Records for review would be chosen randomly.
a. Threshold- Compliance/Corrective
b. Monitoring Frequency-Quarterly
c. Reporting Frequency-Quarterly
d. Person Responsible- Medical Director

Interview with the administrator on 11/2/2016 in the break room at 9:45 AM revealed that physician peer reviews were conducted on cases which had complications only, and were not done routinely. The administrator produced evidence that random medical record reviews had been conducted on physicians, stating that they has been completed by him/herself or his/her assistant.

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U1210	Continued From page 2	U1210		
U1210 SS=D	111-8-4-.12(2)(b) Records. Contents of individual medical records shall normally contain the following at least: (b) History and physical examination data: 1. Personal medical history (including all current medication that the patient is taking). 2. Family medical history. 3. Physical examination 4. Psychiatric examination (if applicable). ... This RULE is not met as evidenced by: Based on medical record review, review of facility policies, and staff interview, the facility failed ensure that all patients received a history and physical examination by a physician prior to their procedure, and that it included family histories. Findings include: Review of twenty (20) medical records revealed: A. Two (2-#s 1 and 20) did not contain a history and physical examination by a physician B. Eighteen (#s 2-19) which did contain a history and physical examination, did not include family histories. Review of facility policy, Medical History & Physical, last rev. 06/14, revealed the RN/NP would perform a pre-anesthesia evaluation and physical prior to screening by the MD or CRNA. Any patient with active diagnosis would be reviewed on a case-by-case basis. The RN/NP would review with the patient current medical status, as well as medical history. Any contraindication to an outpatient abortion procedure would be consulted with the physician	U1210	CORRECTIVE ACTION: The Administrator updated the Patient's History form on 11/ 30/16 to incorporate the patient's family history: (1) Cancer, (2) Diabetes, (3) TB, (4) Heart Disease, (5) History of Twins, (6) Kidney Disease, and (7) Malignant Hyperthermia. Also, the Administrator provided a memo on 11/16/17 to all licensed clinical staff (e.g., RN's, MD's and CRNA's) reminding them to ensure completion of the the initial H&P per patient and that the MD must validate the H&P prior to any procedure. This is Atlanta Women's Center's current practice. EDUCATION: The Administrator reviewed the changes on 11/30/16 with all staff during an inservice related to the addition of family history on the Patient's History Form and the memo was given to the licensed clinical staff on 11/16/17 related to the H&P process. MONITORING: Compliance will be monitored by the Administrator or designee as part of the Quarterly chart review process in the Quality Improvement Plan. RESPONSIBLE PERSON(S): Administrator	12/01/16

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U1210	Continued From page 3 and/or CRNA as appropriate. All findings are documented in the patient's medical record. Review of facility policy, Medical Screening For Patients Receiving Local Anesthesia, rev. 08/14, revealed that through pre-operative medical screening and physical examination, the physician, NP, CRNA, or RN would evaluate the patient's health status and determine her eligibility for the suction curettage abortion in the outpatient facility. The physician reviews the patient's medical history and performs a physical examination, which includes a pelvic examination. The administrator acknowledged the absence of the physical examinations and documentation of family histories in the medical records on 11/2/2016 during the closing conference.	U1210		
U1214 SS=D	111-8-4-.12(2)(c) Records. Contents of individual medical records shall normally contain the following at least: (c) Treatment data: 1. Practitioner's orders. 2. Progress notes. 3 Nurse notes. 4. Medication. 5. Temperature-Pulse-Respiration (Graphic Chart; surgical purposes only). 6. Special examination(s) and reports (include x-ray and lab reports). 7. Signed informed consent form. 8. Operation record. 9. Anesthesia record (if applicable). 10. Consultation record (if applicable). 11. Tissue findings when performed.	U1214	CORRECTIVE ACTION: The Administrator created a specific Physician Orders Sheet (APPENDIX A) to reflect treatment orders for Pre-Op and General Patient Care on 11/29/16. The current practice and policy is that the Post-Procedure Record (APPENDIX B) reflects the post-operative orders and discharge with the signature of the physician providing care. We will continue to adhere to this practice, which is consistent with the GA Regulations and Atlanta Women's Center's policy.	12/01/16

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U1214	Continued From page 4 12. Where dental services are rendered, a complete dental chart with dental diagnosis, treatment, prescription and progress notes shall be part of the clinical record. ... This RULE is not met as evidenced by: Based on medical record review, staff interview, review of facility's Patient Treatment Guidelines and Doctors' Guidelines, review of facility policies, and review of employee files, the facility failed ensure that medical records contained physician orders for treatment rendered therin. Findings include: Review of twenty (20) medical records revealed: A. None contained pre-operative orders B. Ten (#s 5-8, 10, 12, 15, 16, 18, and 20) did not contain post-operative orders or discharge orders C. All medical records contained a form titled Pre-Procedure Nursing Record, which included areas for documentation of the patient's name, date of birth, surgery date, gestational age, and 1-day or 2nd Day of 2 day in the first section. The second section titled 2nd Day of 2-Day include areas to document: 1. Vital signs, height/weight, BMI (body mass index), time and name of person completing 2. Admission assessment which included pain scale, nausea yes/no, rupture of membranes (ROM) yes/no, and time and name of person completing. The third section titled IV Assessment included areas to document gauge size (24, 22, 20, 18), location, inserted by, number of attempts, date and time, and check boxes for patient tolerated well and IV patent, good blood return, flushes	U1214	STAFF EDUCATION: A new Physician's Order Sheet was created by the Administrator on 11/15/16. The Staff was educated about the new Physician's Order Sheet during an inservice and via memo to the MD's on 11/16/16, by the Administrator. Additionally, the Administrator reinforced the importance of physician orders for both Pre-op and Post-Op phases. MONITORING: The Administrator or Designee will monitor compliance at least weekly. RESPONSIBLE PERSON(S): Administrator	

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U1214	Continued From page 5	U1214		

well.
The fourth section included a table which contained a column for times, medications, doses, route, and initials. Multiple doses for medications Norco 5/325 mg (hydrocodone-a synthetic opiate made from codeine and Tylenol, Tylenol #3 (with Codeine- a narcotic pain reliever), Tylenol, Misoprostol, and Azithromycin (antibiotic) were listed to choose from. The right side of the fourth section contained an area titled Pre-Operative Notes which was lined for free hand written notes. The bottom of the form contained four (4) lines for RN signatures, one (1) line for MD signature, one (1) line for date, and one (1) line for time.
The forms had been signed by the physician at various times ranging from the time of medication administration to hours later.

Interview with the administrator on 11/1/2016 at 2:00 PM in the breakroom revealed that nurses utilized facility protocols for pre-operative medication administration, and that the physician's signature on the Pre-Procedure Nursing Record served as an order.

Upon surveyor request for facility pre-operative protocols, the administrator provided:

1. Patient Treatment Guidelines
2. Doctors' Guidelines
3. Standing Orders for Post-Operative Medications

Review of facility's Patient Treatment Guidelines, last rev. 03/16, revealed directives for Laminaria and/or Dilapan-S Insertion (used to dilate the cervix for abortion)-1 and 2 day procedures, Misoprostol (Cytotec-medical abortion pill), Hemoglobin (protein in red blood cells that carry

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U1214	Continued From page 6	U1214		

oxygen/Hematocrit (ratio of the volume of red blood cells to the total volume of blood), Medical Conditions, Fasting/NPO (nothing by mouth), and Obesity (over weight).

Review of the facility's Doctors' Guidelines, last rv 05/16, revealed columns for physician first and last names, number of weeks, 1 day with number of week ranges, 2 day with number of week ranges, Cytotec with number of week ranges, Laminaria, Dilapan, and Digoxin with number of week ranges, RN directives, and notes.

Review of facility policies failed to reveal a policy which addressed physician orders.

Review of six (6) employee files revealed that all contained initial applications with references, job discriptions, had received annual trainings which included infection control; had underwent competency testing and evaluations; and, had current BLS and ACLS certification, as appropriate.