



Pat Quinn, Governor

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • [www.idph.state.il.us](http://www.idph.state.il.us)

April 6, 2012

Sally Burgess, Executive Director  
Hope Clinic for Women Ltd.  
1602 21<sup>st</sup> Street  
Granite City, IL 62040

Re: License # 7001084

Dear Ms, Burgess:

To maintain a license under the Ambulatory Surgical Treatment Act, ("Act") 210 ILCS 5 and the Title 77 Ill. Admin. Code 205, the Ambulatory Surgical Treatment Center Licensing Requirements, an Ambulatory Surgical Treatment Center (ASTC) must meet all of the provisions of the Act and its regulations.

On March 9, 2012, Department staff conducted an unannounced complaint and licensure survey of the facility. During the March 9, 2012 survey, the Department's investigation identified some serious conditions for patient safety. These conditions include, but not limited to:

- The facility's failure to ensure a physical exam was conducted on 1 of 5 second trimester surgical abortions cased reviewed prior to the procedure.
- The facility's failure to ensure safe storage of all narcotics and medications in accordance with state laws.

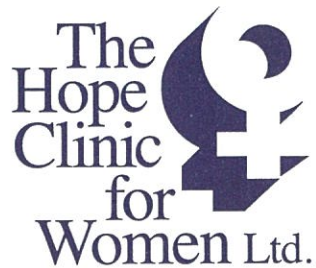
The Department has received your final plan of correction and has accepted your plan. The Department will be making a follow-up visit to determine compliance with the proposed corrective action measures in the future.

Should you have any questions regarding this notification, please address your concerns immediately to Karen Senger, Nurse Supervisor, at the Illinois Department of Public Health, Division of Health Care Facilities and Programs, 525 West Jefferson Street, 4<sup>th</sup> Floor, Springfield, IL 62761, or 217-782-7412. The Illinois Department of Public Health's TTY number, for hearing impaired use only, is 800-547-0466. The Springfield Division's office fax number is 217-782-0382.

Sincerely,

A handwritten signature in black ink, appearing to read "W. Bell", is written over the word "Sincerely,".

William A. Bell  
Assistant Deputy Director  
Bureau of Hospitals and Ambulatory Services



March 29, 2012

Karen Senger, RN Supervisor  
Division of Health Care Facilities and Programs  
Illinois Department of Public Health  
525 West Jefferson Street, 4<sup>th</sup> Floor  
Springfield, IL 62761-0001

Dear Ms. Senger:

Enclosed is the Plan of Correction pursuant to the compliant and licensure survey conducted by the State Surveyors 15162, 26336, 30375 on March 9, 2012. Payment for a fine of \$500 assessed for the two specific violations cited has also been enclosed. I trust you will find everything in order.

If I may be of further assistance do not hesitate to phone 800-844-3130.

Sincerely,

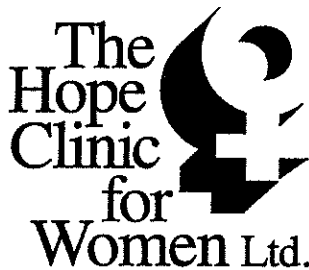
A handwritten signature in black ink that reads "Erin King".

Erin King, MD  
Associate Medical Director

EK  
Enc

Received  
3/30/12

*Where There's Choice, There's Hope.*



LIC# 70001084  
CAT: 86  
"ASTC"

March 29, 2012

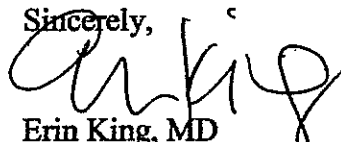
Karen Senger, RN Supervisor  
Division of Health Care Facilities and Programs  
Illinois Department of Public Health  
525 West Jefferson Street, 4<sup>th</sup> Floor  
Springfield, IL 62761-0001

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Sincerely,

  
Erin King, MD  
Associate Medical Director

EK  
Enc

Received  
3/30/12

*Where There's Choice, There's Hope.*

1602 21st Street ■ Granite City, Illinois 62040 ■ 618-451-5722 ■ EMAIL [askhope@hopeclinic.com](mailto:askhope@hopeclinic.com) ■ [hopeclinic.com](http://hopeclinic.com)

04/03/12 \$500.00 Check #57019  
70001084 A-N-L-F-D-CI-P-H



Pat Quinn, Governor

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • [www.idph.state.il.us](http://www.idph.state.il.us)

March 19, 2012

Mailed Certified  
(Return Receipt Required)

Sally Burgess, Executive Director  
Hope Clinic for Women Ltd.  
1602 21<sup>st</sup> Street  
Granite City, IL 62040

Re: License # 7001084

Dear Ms, Burgess:

To maintain a license under the Ambulatory Surgical Treatment Act, ("Act") 210 ILCS 5 and the Title 77 Ill. Admin. Code 205, the Ambulatory Surgical Treatment Center Licensing Requirements, an Ambulatory Surgical Treatment Center (ASTC) must meet all of the provisions of the Act and its regulations.

On March 9, 2012, Department staff conducted an unannounced complaint and licensure survey of the facility. During the March 9, 2012 survey, the Department's investigation identified some serious conditions for patient safety. These conditions include, but not limited to:

- The facility's failure to ensure a physical exam was conducted on 1 of 5 second trimester surgical abortions cases reviewed prior to the procedure.
- The facility's failure to ensure safe storage of all narcotics and medications in accordance with state laws.

The findings from the March 9, 2012 survey are hereby incorporated into this "Notice of Fine Assessment" and are more fully set forth in the Statement of Deficiencies.

Pursuant to Section 5/10d of the Act and Section 205.850 of the Code, the Department hereby assesses a fine of \$500 for the following violations (as set for the more fully above and in the attached statement of deficiencies.

Violation of 77 Ill. Admin. Code 205.520 (b)	\$250
Violation of 77 Ill. Admin. Code 205.410 (d)	\$250
<b>Total</b>	<b>\$500</b>

**Notice of Opportunity for Hearing**

The license has a right to a hearing to contest this action pursuant to, without limitation, Section(s) 5/10c, 5/10d, 5/10e and 5/10g of the Act and section 205.860 of the Code. A written request for hearing must be sent within ten (10) days of receipt of this Notice. Such request for a hearing must be sent to the Illinois Department of Public Health, Division of Health Facilities and Programs, 525 West Jefferson Street, Fourth Floor, Springfield Illinois 62761.

**Failure to request the Hearing as specified herein shall constitute a waiver of the right to such Hearing.**

The *Statement of Deficiencies and Plan of Correction* (POC) must be completed and returned within ten (10) calendar days after receipt to:

*Karen Senger, R.N., Supervisor  
Division of Health Care Facilities and Programs  
Illinois Department of Public Health  
525 West Jefferson Street, 4<sup>th</sup> Floor  
Springfield, IL 62761-0001*

An acceptable POC must contain the following elements:

- The procedure for implementing the plan of correction for each deficiency cited, typed in the right-hand column of the original *Statement of Deficiencies*
- The title of the individual responsible for implementing and monitoring the plan of correction
- Evidence the facility has incorporated systemic improvement efforts into its quality assessment and performance improvement program in order to prevent the recurrence of the deficient practice
- **Supporting documentation as evidence of correction**
- Procedures for monitoring and tracking to ensure the plan of correction is effective
- A completion date for correction of each deficiency cited, along with interim dates for any phases or intermediate steps
- Date and signature of the authorized representative, on the bottom of page one of the original *Statement of Deficiencies and Plan of Correction*

Should you have any questions regarding this notification, please address your concerns immediately to Karen Senger, Nurse Supervisor, at the Illinois Department of Public Health, Division of Health Care Facilities and Programs, 525 West Jefferson Street, 4<sup>th</sup> Floor, Springfield, IL 62761, or 217-782-7412. The Illinois Department of Public Health's TTY number, for hearing impaired use only, is 800-547-0466. The Springfield Division's office fax number is 217-782-0382.

Sincerely,



William A. Bell  
Assistant Deputy Director  
Bureau of Hospitals and Ambulatory Services

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF HEALTH FACILITIES STANDARDS  
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**


Ξ ASTC    HHA    HMO    HOSPICE    HOSPITAL

NAME AND ADDRESS    Hope Clinic for Women, LTD.  
OF FACILITY            1602 21<sup>st</sup> Street, Granite City, IL 62040

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
<p>Section 205.310 Personnel Policies a)</p>	<p>Section 205.310 Personnel Policies</p> <p>a) Each ambulatory surgical treatment center shall have written personnel policies including job descriptions for each staff position, which shall include minimum qualifications required for the position. There shall be a documented procedure for orientation of new employees to the facility's policies and procedures as well as the personnel policies including a copy of the appropriate job description.</p> <p>This requirement was not met as evidenced by:</p> <p>A. Based on review of employee personnel files and staff interview it was determined the facility failed to ensure in 8 of 10 employee personnel files reviewed, that the employees were oriented and demonstrated competencies in their assigned job duties.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. The employee personnel file of E#4 (RN) was reviewed on 3/9/12. E#4 had a hire date of 3/10/11. There was no documentation to indicate E#4 had been oriented to the ASTC and/or demonstrated competencies to perform assigned job duties.</li> <li>2. The employee personnel file of E#5 (LPN) was reviewed on 3/9/12. E#5 had a hire date of 5/22/10. There was no documentation to indicate E#5 had been oriented to the ASTC and/or demonstrated competencies to perform assigned job duties.</li> <li>3. The employee personnel file of E#6 (Medical Assistant - MA) was reviewed on 3/9/12. E#6 had a hire date of 1/24/12. There was no documentation to indicate E#6 had been oriented to the ASTC and/or demonstrated competencies to perform assigned job duties.</li> <li>4. The employee personnel file of E#7 (MA) was reviewed on 3/9/12. E#7 had a hire date of 2/1/12. There was no documentation to indicate E#7 had been oriented to the ASTC and/or demonstrated competencies to perform assigned job duties.</li> </ol>	<p>Section 205.310 Personnel Policies a)</p> <p>Individual responsible for implementation: Director of Clinical Services Plan: (to be completed by 6/1/12)</p> <p>(see Appendix A for detailed plan)</p>	<p style="text-align: right;">2012 MAR 30 A 11:44</p>

DATE OF SURVEY 3-9-12 BY 15162, 26336, 30375  
(Surveyor)

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY \_\_\_\_\_

  
(Provider's Representative)  
Associate Medical Director

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
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NAME AND ADDRESS OF FACILITY    Hope Clinic for Women, LTD.  
1602 21<sup>st</sup> Street, Granite City, IL 62040

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
Section 205.310 Personnel Policies a) (continued)	<p>5. The employee personnel file of E#8 (MA) was reviewed on 3/9/12. E#8 had a hire date of 1/25/12. There was no documentation to indicate E#8 had been oriented to the ASTC and/or demonstrated competencies to perform assigned job duties.</p> <p>6. The employee personnel file of E#9 (Counselor) was reviewed on 3/9/12. E#9 had a hire date of 11/16/07. There was no documentation to indicate E#9 had been oriented to the ASTC and/or demonstrated competencies to perform assigned job duties.</p> <p>7. The employee personnel file of E#10 (Counselor) was reviewed on 3/9/12. E#10 had a hire date of 5/7/10. There was no documentation to indicate E#10 had been oriented to the ASTC and/or demonstrated competencies to perform assigned job duties.</p> <p>8. The employee personnel file of E#12 (Counselor) was reviewed on 3/9/12. E#12 had a hire date of 12/2/11. There was no documentation to indicate E#12 had been oriented to the ASTC and/or demonstrated competencies to perform assigned job duties.</p> <p>9. During a staff interview conducted with the DON on 3/9/12 at 7:00PM, it was verbalized that there has been 1 on 1 training but there is no documentation to indicate what training has been provided.</p> <p>10. During a staff interview conducted with the administrator and the DON on 3/9/12 at 8:30PM, the above findings were confirmed.</p>		

DATE OF SURVEY 3-9-12 BY 15162, 26336, 30375 (Surveyor)

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(Provider's Representative)

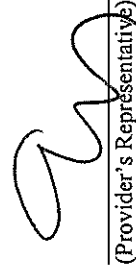
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NAME AND ADDRESS    Hope Clinic for Women, LTD.  
OF FACILITY        1602 21st Street, Granite City, IL 62040

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
Section 205.410 Equipment	<p>Section 205.410 Equipment shall be in good working order and shall be available in numbers sufficient to provide good patient care based on the procedures to be performed in the facility.</p> <p>This requirement was not met as evidenced by:</p> <p>A. Based on observation, and staff interview it was determined that the facility failed to ensure all equipment available for patient use was in good working order.</p> <p>Findings include:</p> <p>1. During a tour of the laboratory area on 3/9/12 at 1:30PM, a Read-crit centrifuge was located in a cabinet. There was no documentation /indication that the centrifuge had been inspected for preventative maintenance (PM).</p> <p>2. During a tour of the surgical department on 3/9/12 at 7:30PM, a glass cylinder suction machine was noted to be in a cabinet in Operating Room (OR) #1. The suction tubing was brownish/yellow and there was no indication that the suction machine had been inspected for PM. It was further verbalized by the DON that a younker could be attached to the vacurette machine and used for suction if needed. Also noted in OR#1 was a Welch Allyn Spot Vital signs machine with no documentation of PM. In OR #2 a Welch Allyn Lifesign vital sign machine was noted with a sticker indicating PM due 9/10. In the storage room of the surgical department was a vacurette machine (no indication the vacurette machine had been inspected for PM) and a Welch Allyn vital sign machine (PM due 9/10), it was verbalized by the DON that the vacurette machine and the vital sign machine in the storage unit were non-functioning.</p> <p>3. During a staff interview conducted with the administrator and the DON on 3/9/12 at 8:30PM, the above findings were confirmed.</p>	<p>Section 205.410 Equipment</p> <p>Individual responsible for implementation: Director of Clinical Services Plan: (to be completed by 6/1/12) (see Appendix A for detailed plan)</p>	

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(Provider's Representative)



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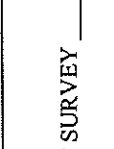
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OF FACILITY            1602 21<sup>st</sup> Street, Granite City, IL 62040

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
Section 205.410 Equipment b)	<p>Section 205.410 Equipment b) The facility shall have written procedures governing the care, use, sterilization, storage and disposal of all materials to ensure that an adequate supply of sterile equipment is available for each procedure.</p> <p>A. Based on observation and staff interview it was determined the facility failed to ensure all supplies were stored appropriately to prevent the potential for cross contamination and infection.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. During a tour of the laboratory area on 3/9/12 at 1:30PM, a box of HCG cassettes, washcloths, cups, and a box of patient care supplies were located in the cabinet under the sink.</li> <li>2. During a tour of the surgical department storage room, on 3/9/12 at 7:30PM, 5 boxes containing "Tissue Collection Set," "Bathroom Paper Towels," and "Sterilant/Disinfectant" were noted to be stored on the floor.</li> <li>3. During a staff interview conducted with administrator and the DON on 3/9/12 at 8:30PM, the above findings were confirmed.</li> </ol> <p>B. Based on facility policy, review of Autoclave spore testing, and staff interview it was determined the facility failed to ensure proper functioning of the autoclave and sterility of surgical instruments by failing to complete, verify, and document biological spore testing at least weekly.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. The facility policy titled "Autoclave Spore Testing Protocol," last revised 12/10, was reviewed on 3/9/12 at 7:45 PM. The policy indicated "Practice: A biological spore testing assay containing B. stearothermophilus will be completed, verified and documented at least weekly....9. Document findings on the "Autoclave Spore Test Record" .."</li> </ol>	<p>Section 205.410 Equipment b)</p> <p>Individual responsible for implementation: Associate Medical Director Plan: (to be completed by 6/1/12)</p> <p>(see Appendix A for detailed plan)</p>	

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Section 205.410 Equipment b)	<p>2. The Autoclave spore testing logs were reviewed for the past 6 months. There was no documentation to indicate an Autoclave spore test was completed the week of 9/23/11 or the week of 2/22/12.</p> <p>3. During a staff interview conducted with the administrator and the DON on 3/9/12 at 8:30PM, the above findings were confirmed.</p>		
Section 205.410 Equipment d)	<p>Section 205.410 Equipment</p> <p>d) The facility shall have written procedures to assure the safety in storage and use of all narcotics and medications in accordance with State and federal law.</p> <p>A. Based on observation, facility policy, and staff interview it was determined the facility failed to ensure the safe storage of all narcotics and medications in accordance with state and federal law.</p> <p>Findings include:</p> <p>1. The facility policy titled "Medication Management: Controlled Substances," (last reviewed on 3/11), was reviewed on 3/9/12. The policy indicated: "C. Controlled substances for administration or dispensing...a. Physical Security Controls i. Controlled substances listed in Schedules II, III, IV and V will be stored in securely locked, substantially constructed cabinet(s).</p>	<p>Section 205.410 Equipment d)</p> <p>Individual Responsible for implementation: Director of Clinical Services Plan: (to be completed by 6/1/12)</p> <p>(see Appendix A for detailed plan)</p>	

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NAME AND ADDRESS OF FACILITY Hope Clinic for Women, LTD.  
 1602 21<sup>st</sup> Street, Granite City, IL 62040

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
Section 205.510 Emergency Care a)	<p>Section 205.510 Emergency Care</p> <p>a) Each facility shall have a written plan of procedure to be followed in case of fire, explosion, or non-patient medical emergency. This plan shall specify persons to be notified and actions to be taken and shall be known by all staff of the facility.</p> <p>This requirement was not met as evidenced by:</p> <p>A. Based on a review of the Clinic's fire drills and staff interview, it was determined that the Clinic failed to ensure all staff were aware of procedures to be followed in case of fire or disaster.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>The quarterly "Fire Drill" meetings for 2010, 2011, and the 1<sup>st</sup> quarter of 2012 were reviewed. They indicated that "Copies of all Emergency Protocols distributed to employees for review." Also fire drills were conducted at that time. The staff members participating in the meetings were noted. There was no documentation that indicated the Medical Director participated in any of the fire drills or was aware of the procedures.</li> <li>During an interview with the Administrator, conducted on 3/9/12 at 6:45 PM, the above finding was confirmed.</li> </ol>	<p>Section 205.510 Emergency Care a)</p> <p>Individual responsible for implementation: Associate Medical Director Plan: (to be completed by 5/1/12)</p> <p>(see Appendix A for detailed plan)</p>	

  
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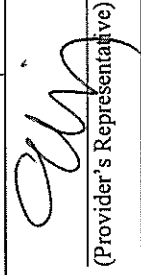
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LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
Section 205.520 Preoperative Care b)	<p>Section 205.520 Preoperative Care                      b) A complete medical history shall be obtained and the physical examination shall be complete. A preanesthetic evaluation shall be completed specifically identifying any patient sensitivity or contraindications to anesthesia.</p> <p>This requirement was not met as evidenced by:</p> <p>A. Based on facility policy, clinical record review, and staff interview it was determined in 1 of 5(Pt. #1) clinical records reviewed in which the patient had a second trimester surgical abortion, the facility failed to ensure a physical exam was conducted on all patients.</p> <p>Findings include:</p> <p>1. The facility policy titled "Second Trimester Surgical Abortion," last revised 3/11, was reviewed on 3/9/12 at 6:15PM. The policy indicated "Pre-Operative Care...Physical examination will be done as indicated by medical history and patient symptoms..."</p> <p>2. The clinical record of Pt. #1 was reviewed on 3/9/12. Pt. #1 had a second trimester abortion on 11/4/11. There is no documentation to indicate a physical exam was completed prior to the procedure.</p> <p>3. During a staff interview conducted with the administrator and the DON on 3/9/12 at 8:30PM, the above findings were confirmed.</p>	<p>Section 250.520 Preoperative Care b)</p> <p>Individual responsible for implementation:                      Director of Clinical Services</p> <p>Plan: (to be completed by 6/1/12)</p> <p>(see Appendix A for detailed plan)</p>	

  
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Section 205.540 Postoperative Care 4) f)	<p>Section 205.540 Postoperative Care</p> <p>4) A date for a follow-up or return visit after the performance of the surgical procedure, which shall be scheduled within six weeks.</p> <p>f) Patients shall be discharged only on the written signed order of a physician. The name, or relationship to the patient, of the person accompanying the patient upon discharge from the facility shall be noted in the patient's medical record.</p> <p>This requirement was not met as evidenced by:</p> <p>A . Based on clinical record review and staff interview, it was determined that in 1 of 8 (Pt #11) clinical records reviewed in which the patient was administered conscious sedation, the Clinic failed to ensure the name or relationship of the individual accompanying the patient was always noted in the record.</p> <p>Findings include:</p> <p>1. The clinical record of Pt #11 was reviewed. The "Recovery Room Notes (2<sup>nd</sup> Trimester)" form failed to indicate the time Pt #11 was discharged and to whom Pt #11 was discharged.</p> <p>2. During an interview with the Administrator, conducted on 3/9/12 at 7:45 AM, the above finding was confirmed.</p>	<p>Section 205.540 Postoperative Care 4) f)</p> <p>Individual responsible for implementation: Director of Clinical Services Plan: (to be completed by 5/1/12)</p> <p>(see Appendix A for detailed plan)</p>	

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OF FACILITY          1602 21<sup>st</sup> Street, Granite City, IL 62040

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
Section 205.610 Clinical Records j)	<p>Section 205.610 Clinical Records Accurate and complete clinical records shall be maintained for each patient and all entries in the clinical record shall be made at the time the surgical procedure is performed and when care, treatment, medications, or other medical services are given. The record shall include, but not be limited to, the following: j) medication and medical treatments.</p> <p>This requirement was not met as evidenced by:</p> <p>A. Based on clinical record review and staff interview, it was determined that in 1 of 13 (Pt #12) clinical records reviewed in which the patient was administered medication, the Clinic failed to ensure the administration of all medications were properly documented.</p> <p>Findings include:</p> <p>1. The clinical record of Pt #12 was reviewed. On the "MEDICAL DATA AND OPERATIVE NOTE" under "Notes", it indicated, "200mcg @ 1425 " C111007 (lot #) 6/14 (expiration date) sublingual". There was no documentation that indicated the name of the medication that was administered.</p> <p>2. During an interview with the Administrator, conducted on 3/9/12 at 8:00 PM, the above finding was confirmed.</p>	<p>Section 205.610 Clinical Records j)</p> <p>Individual responsible for implementation: Associate Medical Director</p> <p>Plan: (to be completed by 6/1/12)</p> <p>(see Appendix A for detailed plan)</p>	

DATE OF SURVEY    3-9-12    BY    15162.26336, 30375    (Surveyor)

\_\_\_\_\_  
(Provider's Representative)

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF HEALTH FACILITIES STANDARDS  
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

E   ASTC                      HHA                      HMO                      HOSPICE                      HOSPITAL


NAME AND ADDRESS

OF FACILITY      Hope Clinic for Women, Ltd      1602 21<sup>st</sup> Street      Granite City, Illinois

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
	<p>A complaint survey to CO #111471 was conducted 3/9/12. The complaint was unable to be substantiated. Recommend no further action.</p>		

*SA*  
*3/10/12*

DATE OF SURVEY 3-9-12 BY 15162, 26336, 30375 (Surveyor)

 (Provider's Representative)

NOTE: IF PLV. INDICATE DATE OF PRIOR SURVEY \_\_\_\_\_



APPENDIX A

ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF HEALTH FACILITIES STANDARDS  
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NAME AND ADDRESS The Hope Clinic for Women, L.P.D.  
OF FACILITY 1602 21<sup>st</sup> Street, Granite City, IL 62040  
License # 7001084

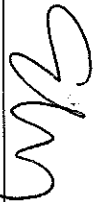
Section 205.310  
Personnel Policies a)

Individual responsible for implementation:  
Director of Clinical Services  
Plan: (to be completed by 6/1/12)

1. For each job description, the following existing documents will be reviewed and modified to match current practices of orientation to the ASTC, specific job duties, and expected competencies: (date 5/1/12)
  - a. Training checklist
  - b. Performance evaluation*See attached Appendix Band C for examples*
2. All current employees will undergo evaluation with the appropriate department manager to complete a training checklist documenting the routine, extensive one on one training, orientation to the ASTC, and demonstration of competencies to perform assigned job duties that was provided at time of hire. This documentation will remain in the employee personnel file.
3. All new employees will continue to undergo extensive orientation to the ASTC, one on one training and demonstration of competencies to perform assigned job duties. This orientation, training and demonstration of competencies will be documented on the training checklist and filed in the employee's personnel file. (starting 4/1/12)
4. As is current practice, all employees will undergo an annual review of competency by the appropriate manager. This evaluation will be documented on the performance evaluation and filed in the employee's personnel file. As is also current practice, new employees will be reviewed at 6 months. (currently ongoing – all files will be reviewed and updated as necessary by 6/1/12)
5. Written personnel policies pertaining to "the orientation of new employees to the facility's policies and procedures including a copy of the appropriate job description" will be reviewed or modified as needed, and approved by the Consulting Committee. *Modified policies will be forwarded to IDPH for review.*

DATE OF SURVEY: 3/9/12

BY 15162, 26336, 30375

  
(Provider's Representative)

**APPENDIX A**

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF HEALTH FACILITIES STANDARDS  
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

NAME AND ADDRESS OF FACILITY The Hope Clinic for Women, LTD.  
1602 21<sup>st</sup> Street, Granite City, IL 62040  
License # 7001084

**PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED**

**Section 205.410**

**Equipment**

Individual responsible for implementation:  
Director of Clinical Services

Plan: (to be completed by 6/1/12)

1. An employee will be assigned and overseen by the Director of Clinical Services to complete the implementation of this plan.
2. All equipment will be inventoried and evaluated (completed by 5/1/12)
  - a. If NOT currently being used for patient care equipment will be:
    - i. Moved out of the patient care areas
    - ii. Clearly marked that it is not to be used for patient care
    - iii. If not functioning or no future use is intended, the equipment will be removed from the ASTC premises or otherwise properly disposed of
  - b. If currently in use or intended for future use:
    - i. Preventive maintenance (PM) will be scheduled and completed as appropriate
    - ii. Documentation of PM will be available for review and a sticker reflecting PM date will be affixed to the equipment
3. Going forward:
  - a. The PM schedule will be clearly outlined for all equipment (completed by 6/1/12)
  - b. PM will be conducted in accordance with this schedule
  - c. Any equipment not being used for patient care will be properly marked and stored or disposed of
  - d. Inventory of equipment will be conducted and reviewed annually

**Section 205.410**

**Equipment b)**

Individual responsible for implementation:  
Associate Medical Director

Plan: (to be completed by 6/1/12)

- A.
1. Items noted in the inspection as stored incorrectly were immediately removed by Director of Clinical Services
  2. A tour of the facility will be conducted by the Director of Clinical Services and the Associate Medical Director (completed by 5/1/12)
    - a. All storage of supplies will be evaluated for appropriateness in preventing the potential for cross contamination and infection.
    - b. Any areas of deficiencies will be recorded and corrected
  3. Staff in-service will be conducted and focused on noted deficiencies to prevent future occurrences (completed by 6/1/12)
- B.
1. Autoclave spore testing will continue as per protocol weekly
  2. All testing will be completely documented (although all testing was performed, responsible employee failed to document 2 tests in 6 month period).
  3. Associate Medical Director or other qualified manager will review spore testing process and spore testing logs monthly to ensure testing is being conducted properly and documented accurately.
  4. Until such time as a back-up recorder of spore testing may be trained, the Director of Clinical Services will record the spore testing in the event that the employee responsible is absent

DATE OF SURVEY: 3/9/12

BY 15162, 26336, 30375

\_\_\_\_\_  
(Provider's Representative)

## APPENDIX A

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF HEALTH FACILITIES STANDARDS  
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

NAME AND ADDRESS OF FACILITY The Hope Clinic for Women, LTD.  
1602 21<sup>st</sup> Street, Granite City, IL 62040  
License # 7007084

**PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED****Section 205.410****Equipment**

Individual responsible for implementation:

Director of Clinical Services

Plan: (to be completed by 6/1/12)

1. An employee will be assigned and overseen by the Director of Clinical Services to complete the implementation of this plan.
2. All equipment will be inventoried and evaluated (completed by 5/1/12)
  - a. IF NOT currently being used for patient care equipment will be:
    - i. Moved out of the patient care areas
    - ii. Clearly marked that it is not to be used for patient care
    - iii. If not functioning or no future use is intended, the equipment will be removed from the STC premises or otherwise properly disposed of
  - b. If currently in use or intended for future use:
    - i. Preventive maintenance (PM) will be scheduled and completed as appropriate
    - ii. Documentation of PM will be available for review and a sticker reflecting PM date will be affixed to the equipment
3. Going forward:
  - a. The PM schedule will be clearly outlined for all equipment (completed by 6/1/12)
  - b. PM will be conducted in accordance with this schedule
  - c. Any equipment not being used for patient care will be properly marked and stored or disposed of
  - d. Inventory of equipment will be conducted and reviewed annually

**Section 205.410****Equipment b)**

Individual responsible for implementation:

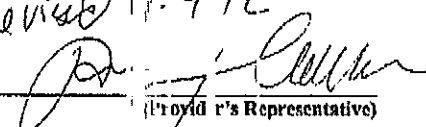
Associate Medical Director

Plan: (to be completed by 6/1/12)

- A.
  1. Items noted in the inspection as stored incorrectly were immediately removed by Director of Clinical Services
  2. A tour of the facility will be conducted by the Director of Clinical Services and the Associate Medical Director (completed by 5/1/12)
    - a. All storage of supplies will be evaluated for appropriateness in preventing the potential for cross-contamination and infection.
    - b. Any areas of deficiencies will be recorded and corrected
  3. Staff in-service will be conducted and focused on noted deficiencies to prevent future occurrences (completed by 6/1/12)
- B.
  1. Autoclave spore testing will continue as per protocol weekly
  2. All testing will be completely documented (although all testing was performed, responsible employee failed to document 2 tests in 6 month period).
  3. Associate Medical Director or other qualified manager will review spore testing process and spore testing logs monthly to ensure testing is being conducted properly and documented accurately.
  4. Until such time as a back-up recorder of spore testing may be trained, the Director of Clinical Services will record the spore testing in the event that the employee responsible is absent.

DATE OF SURVEY: 3/9/12

BY 15162, 26336, 30375

Revised 11-4-12  
  
 (Troyd's Representative)

APPENDIX A

ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF HEALTH FACILITIES STANDARDS  
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NAME AND ADDRESS The Hope Clinic for Women, LTD.  
OF FACILITY 1602 21<sup>st</sup> Street, Granite City, IL 62040  
License # 7001084

PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED

Section 205.410

Equipment  
Individual responsible for implementation:  
Director of Clinical Services

Plan: (to be completed by 6/1/12)

1. An employee will be assigned and overseen by the Director of Clinical Services to complete the implementation of this plan.
2. All equipment will be inventoried and evaluated (completed by 5/1/12)
  - a. IF NOT currently being used for patient care equipment will be:
    - i. Moved out of the patient care areas
    - ii. Clearly marked that it is not to be used for patient care
    - iii. If not functioning or no future use is intended, the equipment will be removed from the ASTC premises or otherwise properly disposed of
  - b. If currently in use or intended for future use:
    - i. Preventive maintenance (PM) will be scheduled and completed as appropriate
    - ii. Documentation of PM will be available for review and a sticker reflecting PM date will be affixed to the equipment
3. Going forward:
  - a. The PM schedule will be clearly outlined for all equipment (completed by 6/1/12)
  - b. PM will be conducted in accordance with this schedule
  - c. Any equipment not being used for patient care will be properly marked and stored or disposed of
  - d. Inventory of equipment will be conducted and reviewed annually

Section 205.410

Equipment b)  
Individual responsible for implementation:  
Associate Medical Director

Plan: (to be completed by 6/1/12)

- A.
  1. A tour of the facility will be conducted by the Director of Clinical Services and the Associate Medical Director (completed by 5/1/12)
    - a. All storage of supplies will be evaluated for appropriateness in preventing the potential for cross contamination and infection.
    - b. Any areas of deficiencies will be recorded and corrected
  2. Staff in-service will be conducted and focused on noted deficiencies to prevent future occurrences (completed by 6/1/12)
- B.
  1. Autoclave spore testing will continue as per protocol weekly
  2. All testing will be completely documented (although all testing was performed, responsible employee failed to document 2 tests in 6 month period).
  3. Associate Medical Director or other qualified manager will review spore testing process and spore testing logs monthly to ensure testing is being conducted properly and documented accurately.

DATE OF SURVEY: 3/9/12

BY 15162, 26336, 30375



(Provider's Representative)

APPENDIX A

ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF HEALTH FACILITIES STANDARDS  
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NAME AND ADDRESS The Hope Clinic for Women, LTD.  
OF FACILITY 1602 21<sup>st</sup> Street, Granite City, IL 62040  
License # 7001084

PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED

Section 205.410

Equipment d)  
Individual Responsible for implementation:  
Director of Clinical Services

Plan: (to be completed by 6/1/12)

- A.
1. The following will be installed: (completed by 5/1/12)
    - a. Locks on 2 large cabinets in recovery room
      - i. Any medication in recovery room will be kept locked in these cabinets at all times
      - ii. All medication sample packs being currently stored on upper level in hallway as noted in Statement of Deficiencies will be moved to this new locked cabinet area
    - b. A smaller cabinet with 2 separate locking mechanisms will be installed in the recovery room (similar to the existing secure cabinet near the operating room) for controlled substances
      - i. The new secured cabinet will be limited to use by only those already approved as per the clinic's controlled substances protocol.
  2. Controlled substances will be removed from either secured cabinet only when intended for immediate use. Accurate counts of all controlled substances will continue to be maintained as is current clinic practice and defined by the controlled substances protocol.
- B.
1. Review, modification and approval of the protocol pertaining to medication safety by the Consulting Committee. (completed by 6/1/12)  
*Modified protocol will be forwarded to IDPH for review.*
  2. In-service for all clinical employees to review expectations of medication safety to include: (completed by 6/1/12)
    - a. Proper prepared medication labeling
    - b. Checking expiration dates of stored medications:
      1. Emergency supplies
        - a. Job duty of employee assigned to weekly review of emergency supplies
        - b. Overseen and reviewed by Director of Clinical Services
      2. Medication storage cabinets near operating room and recovery room
        - a. Job duty of employee assigned to monitor storage of medication
        - b. Overseen and reviewed by Director of Clinical Services
    - c. Appropriate use of single dose and multi-dose medications:
      - i. Direct staff to identify medications which may need to be ordered in different dosages/amounts to comply
      - ii. Direct staff to report need to order such medication to Director of Clinical Services
    - d. Medication storage in locked cabinets at all times
    - e. Proper handling of controlled substance medications
    - f. Accurate and complete documentation in the medical chart of all medications administered
  3. Director of Clinical Services will monitor and oversee safe handling of medication for compliance with medication safety protocols. Employees not complying with medication safety protocols will be notified, warned, or terminated as appropriate in accordance with existing personnel policies.  
(on-going observation of all clinical employees)

DATE OF SURVEY: 3/9/12

BY 15162, 26336, 30375

  
(Provider's Representative)

**APPENDIX A**

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF HEALTH FACILITIES STANDARDS  
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

NAME AND ADDRESS      The Hope Clinic for Women, LTD.  
OF FACILITY              1602 21<sup>st</sup> Street, Granite City, IL 62040  
License # 7001084


**PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED**

**Section 205.510**  
**Emergency Care a)**  
Individual responsible for implementation:  
Associate Medical Director  
Plan: (to be completed by 5/1/12)

1. Complete documentation of all employees receiving copies of Emergency Protocols  
*See attached Appendix D*
  - a. As is current practice:
    - i. Current employees verify and document receipt of the protocols annually at Quarter 1 Fire Drill
    - ii. All new employees will receive as part of orientation process and such receipt will be documented going forward. Members of the Consulting Committee that create, modify, review and approve the Emergency Protocols (such as the Medical Director) will also document receipt and understanding of the protocols
  - b. Going forward: Members of the Consulting Committee that create, modify, review and approve the Emergency Protocols (such as the Medical Director) will also document receipt and understanding of the protocols
2. Fire or other Emergency Drills will be rotated to accommodate varying employee schedules (For example: since only one physician is generally present in the building at a time, the schedule of fire drill will rotate to accommodate this)

DATE OF SURVEY: 3/9/12

BY 15162, 26336, 30375

  
(Provider's Representative)

**APPENDIX A**

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF HEALTH FACILITIES STANDARDS  
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

NAME AND ADDRESS OF FACILITY The Hope Clinic for Women, LTD.  
1602 21<sup>st</sup> Street, Granite City, IL 62040  
License # 7001084

**PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED**

**Section 250.520**

**Preoperative Care b)**

Individual responsible for implementation:

Director of Clinical Services

Plan: (to be completed by 6/1/12)

It is already current practice of all physicians at the clinic to conduct a focused physical exam prior to any surgery. This was confirmed by the Associate Medical Director on discussion with circulating RN and operating room assistants.

An in-service will be held with each physician to review the importance of complete and accurate documentation. (Consulting Committee Meeting scheduled 5/12)

For quality control purposes, see Plan of Correction Section 205.610 Clinical Records j) #3 on documentation review.

A check box will be added to surgical forms to indicate that the OR staff have reviewed chart and confirmed that the MD has reviewed the History and Physical and performed exam prior to the procedure.

**Section 205.540**

**Postoperative Care 4) f)**

Individual responsible for implementation:

Director of Clinical Services

Plan: (to be completed by 5/1/12)

1. Review of current practice with all staff:
  - a. As outlined in several related clinic protocols, it is currently required that a patient have a responsible adult available and in the building at the time of surgery if minimal or moderate sedation will be used.
  - b. This is verified by staff:
    - i. At check in, counseling, pre-operative, operating room, recovery room and at discharge
    - ii. Continuously monitored by the Front Desk Staff and Security Guard
  - c. All drivers leaving the building are immediately reported to the clinical staff and the patient may not undergo her procedure until that driver has returned
  - d. At the time of discharge the name/relationship of the person accompanying the patient is noted in the Recovery Room Notes.
2. Discuss improvements in documentation of this strict policy with all staff (including physicians):
  - a. Recovery Room nurse verifies all appropriate, related documentation completed prior to patient discharge
  - b. In the event a patient is not discharged, but is instead transferred to the hospital in the direct care of nursing staff or physician to the direct care of the hospital nursing staff or physician, as was the case of the patient noted in the Statement of Deficiencies, direct transfer to hospital will be noted on the "Discharge time/Discharged to" lines of the procedure note. This documentation should include reference to the other notes made in detail about such transfer.
3. For quality control purposes, see Plan of Correction Section 205.610 Clinical Records j) #3 on documentation review.

DATE OF SURVEY: 3/9/12

BY 15162, 26336, 30375

\_\_\_\_\_  
(Provider's Representative)

APPENDIX A

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HEALTH FACILITIES STANDARDS
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NAME AND ADDRESS OF FACILITY The Hope Clinic for Women, LTD.
1602 21st Street, Granite City, IL 62040
License # 7001084

PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED

Section 250.520

Preoperative Care b)

Individual responsible for implementation:
Director of Clinical Services

Plan: (to be completed by 6/1/12)

It is already current practice of all physicians at the clinic to conduct a focused physical exam prior to any surgery. This was confirmed by the Associate Medical Director on discussion with circulating RN and operating room assistants.

An in-service will be held with each physician to review the importance of complete and accurate documentation. (Consulting Committee Meeting scheduled 5/12)

For quality control purposes, see Plan of Correction Section 205.610 Clinical Records j) #3 on documentation review.

A check box will be added to surgical forms to indicate that the OR staff have reviewed chart and confirmed that the M.D. has reviewed the History and Physical and performed exam prior to the procedure.

Section 205.540

Postoperative Care 4) f)

Individual responsible for implementation:
Director of Clinical Services

Plan: (to be completed by 5/1/12)

- 1. Review of current practice with all staff:
a. As outlined in several related clinic protocols, it is currently required that a patient have a responsible adult available and in the building at the time of surgery if minimal or moderate sedation will be used.
b. This is verified by staff:
i. At check in, counseling, pre-operative, operating room, recovery room and at discharge
ii. Continuously monitored by the Front Desk Staff and Security Guard
c. All drivers leaving the building are immediately reported to the clinical staff and the patient may not undergo her procedure until that driver has returned
d. At the time of discharge the name/relationship of the person accompanying the patient is noted in the Recovery Room Notes.
2. Discuss improvements in documentation of this strict policy with all staff (including physicians):
a. Recovery Room nurse verifies all appropriate, related documentation completed prior to patient discharge
b. In the event a patient is not discharged, but is instead transferred to the hospital in the direct care of nursing staff or physician to the direct care of the hospital nursing staff or physician, as was the case of the patient noted in the Statement of Deficiencies, direct transfer to hospital will be noted on the "Discharge time/Discharged to" lines of the procedure note. This documentation should include reference to the other notes made in detail about such transfer.
3. For quality control purposes, see Plan of Correction Section 205.610 Clinical Records j) #3 on documentation review.

DATE OF SURVEY: 3/9/12

BY 15162, 26336, 30375

Revised 4/6/12
[Signature]
Provider's Representative



**APPENDIX A**

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF HEALTH FACILITIES STANDARDS  
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

NAME AND ADDRESS      The Hope Clinic for Women, LTD.  
OF FACILITY              1602 21<sup>st</sup> Street, Granite City, IL 62040  
License # 7001084

**PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED**

**Section 250.520**

**Preoperative Care b)**  
Individual responsible for implementation:  
Director of Clinical Services

Plan: (to be completed by 6/1/12)

It is already current practice of all physicians at the clinic to conduct a focused physical exam prior to any surgery. This was confirmed by the Associate Medical Director on discussion with circulating RN and operating room assistants.

An in-service will be held with each physician to review the importance of complete and accurate documentation. (Consulting Committee Meeting scheduled 5/1/12)

For quality control purposes, see Plan of Correction Section 205.610 Clinical Records j) #3 on documentation review.

**Section 205.540**

**Postoperative Care 4) 0**  
Individual responsible for implementation:  
Director of Clinical Services

Plan: (to be completed by 5/1/12)

1. Review of current practice with all staff:
  - a. As outlined in several related clinic protocols, it is currently required that a patient have a responsible adult available and in the building at the time of surgery if minimal or moderate sedation will be used.
  - b. This is verified by staff:
    - i. At check in, counseling, pre-operative, operating room, recovery room and at discharge
    - ii. Continuously monitored by the Front Desk Staff and Security Guard
  - c. All drivers leaving the building are immediately reported to the clinical staff and the patient may not undergo her procedure until that driver has returned
  - d. At the time of discharge the name/relationship of the person accompanying the patient is noted in the Recovery Room Notes.
2. Discuss improvements in documentation of this strict policy with all staff (including physicians):
  - a. Recovery Room nurse verifies all appropriate, related documentation completed prior to patient discharge
  - b. In the event a patient is not discharged, but is instead transferred to the hospital in the direct care of nursing staff or physician to the direct care of the hospital nursing staff or physician, as was the case of the patient noted in the Statement of Deficiencies, direct transfer to hospital will be noted on the "Discharge time/Discharged to" lines of the procedure note. This documentation should include reference to the other notes made in detail about such transfer.
3. For quality control purposes, see Plan of Correction Section 205.610 Clinical Records j) #3 on documentation review.

DATE OF SURVEY: 3/9/12

BY 15162, 26336, 30375

  
(Provider's Representative)

**APPENDIX A**

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF HEALTH FACILITIES STANDARDS  
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

NAME AND ADDRESS     The Hope Clinic for Women, LTD.  
OF FACILITY             1602 21<sup>st</sup> Street, Granite City, IL 62040  
License # 7001084

**PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED**

Section 205.610  
Clinical Records J)  
Individual responsible for implementation:  
Associate Medical Director  
Plan: (to be completed by 6/1/12)

1. As part of the in-service to be held on Medication Safety for the Plan of Correction, "Accurate and complete documentation in the medical chart of all medications administered" will be reviewed. (see above Section 205.410 Equipment d))
2. As is currently practiced, medical chart review will be conducted at the time of patient discharge. Such documentation errors are to be brought to the attention of the documenting provider and corrected at that time. All trained medical chart reviewers will be reminded of this expectation.
3. For quality control purposes, at least 10 medical charts will be reviewed for complete documentation at least monthly by the Associate Medical Director or other qualified manager. This review will be recorded and any errors in documentation will be discussed with the appropriate employee.  
*See attached Appendix E*

DATE OF SURVEY: 3/9/12

BY 15162, 26336, 30375

  
(Provider's Representative)

## HOPE CLINIC SECRETARIAL DEPARTMENT

Performance Evaluation:                      Training                      6-month                      Annual

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

LAST EVAL REVIEWED  
BY SUPERVISOR?                      YES                      NO                      N/A

<b>KEY</b>	
<b>YES:</b>	Exhibits competency
<b>N.I.:</b>	Needs improvement
<b>N.E.:</b>	Needs experience (hasn't had an opportunity to perform this skill yet)
<b>NO:</b>	Does not exhibit competency
<b>N/A:</b>	Not applicable

APPOINTMENTS	YES	N.I.	N.E.	NO	N/A	OBSERVED (Directly or by review of notes/reports)
Accurately schedules 1 <sup>st</sup> tri surgical appointments						
Accurately schedules medical abortion appointments						
Accurately schedules 2 <sup>nd</sup> tri appointments						
Accurately cancels appointments						
Accurately reschedules appointments						
Accurately schedules X,Y,Z appointments						
Accurately schedules check-ups						
Accurately schedules sono-only appointments						
Accurately schedules ECP appointments						
Explains what fee includes when scheduling appointments						
Follows phone-eval protocol before scheduling appt.						

PHONE SKILLS	YES	N.I.	N.E.	NO	N/A	OBSERVED (Directly or by review of notes/reports)
Answers phone by 3 <sup>rd</sup> ring						
Is warm and helpful on the phone. Answers calls with "a smile in her voice."						
Identifies caller & caller's needs before placing on hold						
Screens & directs calls properly (paging, voice mail, etc.)						
Demonstrates proficient use of phone system (transferring calls, voice mail, paging, etc.)						
Follows clinic protocols to protect patient confidentiality while on phone						
Connects interested pts to med-abortion phone message						

OPENING/CLOSING	YES	N.I.	N.E.	NO	N/A	OBSERVED (Directly or by review of notes/reports)
Follows alarm protocol						
Completes opening/closing tasks						
Prepares charts for next clinic day						

<b>COLLECTING</b>	<b>YES</b>	<b>N.I.</b>	<b>N.E.</b>	<b>NO</b>	<b>N/A</b>	<b>OBSERVED</b> (Directly or by review of notes/reports)
Accurately collects/documents all types of fees, (1 <sup>st</sup> tris, 2 <sup>nd</sup> tris, medical abs, DMPA, check-ups, Rhogham, Medicaid patients, etc.)						
Accurately issues & documents refund checks						
Able to balance						
Accurately makes deposits						
Accurately fills out deferred payment & promissory notes						
Accurately fills out all funding agency documentation						

<b>POSTING</b>	<b>YES</b>	<b>N.I.</b>	<b>N.E.</b>	<b>NO</b>	<b>N/A</b>	<b>OBSERVED</b> (Directly or by review of notes/reports)
Accurately posts & documents all types of patients, (1 <sup>st</sup> tri, 2 <sup>nd</sup> tri, check-ups, medical-ab, Rhogham, Medicaid, DMPA, no shows, sent home, changed mind, sono only, counseling only, etc.)						
Accurately issues refund checks						
Able to balance						
Gives all daily balance information to Executive Director						

<b>PATIENT CHECK-IN</b>	<b>YES</b>	<b>N.I.</b>	<b>N.E.</b>	<b>NO</b>	<b>N/A</b>	<b>OBSERVED</b> (Directly or by review of notes/reports)
Performs check-in tasks, (paperwork, patient number, records driver & payment information and directs patient & visitor)						
Answers intercom for deliveries & front door (if guard is not available)						

<b>UPSTAIRS RECEPTION</b>	<b>YES</b>	<b>N.I.</b>	<b>N.E.</b>	<b>NO</b>	<b>N/A</b>	<b>OBSERVED</b> (Directly or by review of notes/reports)
Performs all reception tasks, (PINs, checks paperwork, requisition forms, prepares charts for counseling, calls drivers, records information on appointment sheets, etc.)						
Follows clinic protocol for HBs						
Follows clinic protocol for X,Y,Z patients						
Explains clinic fees to patients						

<b>ECPs &amp; PREGNANCY TESTS</b>	<b>YES</b>	<b>N.I.</b>	<b>N.E.</b>	<b>NO</b>	<b>N/A</b>	<b>OBSERVED</b> (Directly or by review of notes/reports)
Performs all tasks related to ECPs, (paperwork, runs/documents PT, collects/documents fee, distributes/explains ECPs)						

Accurately runs/documents PTs following CLIA guidelines						
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<b>RISK MANAGEMENT &amp; EMERGENCY PROCEDURES</b>	<b>YES</b>	<b>N.I.</b>	<b>N.E.</b>	<b>NO</b>	<b>N/A</b>	<b>OBSERVED</b> (Directly or by review of notes/reports)
Knowledgeable/adheres to emergency/disaster policies						
Able to explain and apply universal precautions and utilize PPE when applicable						
Follows security protocols regarding deliveries and answering the door						
Able to quickly locate panic buttons						

<b>AGE &amp; CULTURAL SPECIFIC COMPETENCIES</b>	<b>YES</b>	<b>N.I.</b>	<b>N.E.</b>	<b>NO</b>	<b>N/A</b>	<b>OBSERVED</b> (Directly or by review of notes/reports)
Familiar with parental consent/notice laws and the existence, or lack of, such laws in IL & surrounding states						
Knowledgeable of age related clinic protocols, (such as minors and medical abortion)						
Assists non-English speaking patients & their translators or directs to appropriate staff person, (such as a Spanish speaking counselor)						

<b>MISCELLANEOUS</b>	<b>YES</b>	<b>N.I.</b>	<b>N.E.</b>	<b>NO</b>	<b>N/A</b>	<b>OBSERVED</b> (Directly or by review of notes/reports)
Skilled in using clinic office machines, (computers, printers, fax machine, typewriter, postage machine, etc.)						
Able to file						
Prepares letters on charts						
Directs funding requests to funding coordinator						
Documentation is accurate, concise & completed in a timely manner						
Promptly pulls charts for comp calls and transfers calls to appropriate person						
Prepares chart inserts						

<b>ASSIGNED TASKS</b>	<b>YES</b>	<b>NI</b>	<b>N.E.</b>	<b>NO</b>	<b>N/A</b>	<b>OBSERVED</b> (Directly or by review of notes/reports)
Files Path reports in a timely manner						
Accurately performs routine data entry in a timely manner						
Effectively operates switchboard						
Maintains accounts payable records & accurately pays bills in a timely manner						
Mails requested brochures/term paper packets in timely manner & maintains needed supplies						

KNOWLEDGE	YES	NI	N.E.	NO	N/A	OBSERVED (Directly or by review of notes/reports)
Able to answer common questions regarding medical and surgical abortions, clinic services, directions and referral information						
Adheres to Secretarial Operation Procedures						
Understands components of counseling, clinic surgeries and recovery						
Attends & participates in departmental/staff meetings						
Identifies poor coping indicators & notifies counselor if indicated						
Demonstrates knowledge of eligibility requirements for medical abortion						
Understands & follows all other applicable clinic policies						

Supervisor reviewed the Confidentiality Policy and signed the Confidentiality Agreement with the employee.

YES

NO

**SUPERVISOR'S RECOMMENDATIONS & COMMENTS:**

**EMPLOYEE COMMENTS:**

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Evaluator's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Director's Signature

\_\_\_\_\_  
Date

## TRAINING CHECKLIST

### HOPE CLINIC DIRECTOR OF NURSING

NAME: \_\_\_\_\_

*To be filed in personnel file when completed.*

HIRE DATE: \_\_\_\_\_

ASTC	TRAINER	DATE TRAINED	TRAINER'S INITIALS	COMMENTS
ASTC – Has grasp of applicable regulations & rules. Maintains ASTC manual.				
Hope Clinic Policy & Procedure manual – Maintains manual in accordance with ASTC regs.				
Consulting Committee – Conducts & participates in meetings.				
State Inspections – Trained to meet with inspectors. Has participated in inspection drill.				

HUMAN RESOURCES	TRAINER	DATE TRAINED	TRAINER'S INITIALS	COMMENTS
Employee Handbook – Understands/familiar with policies, procedures & Clinic culture. Knows how to keep supervisory handbook updated.				
Patient Flow – Understands patient flow.				
Counselors – Has observed, (1 <sup>st</sup> tri, 2 <sup>nd</sup> tri, medical, FA)..				
Secretaries – Has observed downstairs check-in, upstairs check-in and appointments.				
Performance Evaluations – Familiar with supervisory folder & PC schedule. Knows when/how to conduct evaluations, which forms to use, & how to route them.				
Payroll Change Slips – For new hires, raises, bonuses, termination, change in hours &/or status, etc.				
Sick & vacation slips				
New Employee Orientation – Allows time when hiring for HR to schedule/conduct orientation. Conducts OSHA & safety training for orientation when appropriate. Supervises observation of medical dept. by new employees/interns/volunteers.				
Recruitment & Hiring – Participates in recruiting/hiring of medical staff & interns. Understands hiring process & materials in interview training folder. Knows which forms to use and how to document interviews. Knows how to route resumes, applications, etc.				
Payroll – Completes payroll reports in timely manner. Can calculate hours, overtime & evening hours. Understands how to include vacation, sick, holiday, personal & funeral hours. Maintains accurate attendance cards. Well versed in policies that relate to payroll such as when new employees acquire benefits, holidays, etc. Familiar with vacation/sick time binder.				
License verification – Verifies state licenses for RNs & CNAs				

MANAGEMENT TEAM	TRAINER	DATE TRAINED	TRAINER'S INITIALS	COMMENTS
Management Team Mtgs. – Attends mtgs. prepared with minutes. Discusses issues affecting her dept. & understands decision making and information dispersing. Informs her dept. of changes/information when appropriate				
Manager-In-Charge – Knows when/how to call police. Knows how to prepare for clinic (music, aroma therapy, escort tray, back-up tapes). Knows how to sign-in & out for things in the locker. Knows how to silence alarms and who to call for maintenance things.				
NAF Bytes – Regularly reviews. Contributes to discussions pertaining to medical protocols, etc.				
Performance Evals. For Mgrs. - Discuss with Executive Director performance evaluations for managers, (3-month, 6-month & annually).				

RISK MANAGEMENT	TRAINER	DATE TRAINED	TRAINER'S INITIALS	COMMENTS
Training- Promotes awareness of risk management through risk management questions or activities at monthly staff meetings.				
Safety Training – Conducts safety training with new employees, including (when applicable) MSDS sheets, fire exits, safety equipments and various alarms.				
OSHA – Responsible for OSHA training and Clinic compliance with regs. Includes training appropriate staff (new and old), posting yearly stats in February, and keeping OSHA records/materials up-to-date. Assures staff practices universal precautions.				
Incident reports – Responsible for incident reports, documentation and follow-up, (ie needle sticks, etc.).				
CPR – Conducts yearly CPR training for staff, (mandatory for medical staff).				
COMP Calls & “On-Call” – Able to take comp calls and act as “On-Call” back-up. Knows proper documentation.				

COMPLICATIONS	TRAINER	DATE TRAINED	TRAINER'S INITIALS	COMMENTS
Complications – Understands possible complications listed on patient consent forms.				
Protocol – Understands protocol for possible complications. Can arrange for transfer to ER or appropriate Dept. Knows how to contact ambulance if needed. Maintains contact with patient and/or family. Conducts risk management follow-up.				
Complication Drill – Has successfully completed drill simulating transporting patient to hospital. Knows what to do if there are protesters.				
Dr. Heart Drill – Has successfully completed Dr. Heart Drill.				



DEPARTMENT	TRAINER	DATE TRAINED	TRAINER'S INITIALS	COMMENTS
Work Site – Inspects all medical areas, (OR's, RRs, bathrooms, exam rooms, etc.) regularly for cleanliness and order.				
Schedules & Assignments – Responsible for schedules and work assignments of nurses.				
Meds – Responsible for keeping meds secure. Performs or oversees inventory of all meds and medical supplies.				
Training Check List for new nurses – Understands/uses training check list. Knows how to document training and follows-up on areas that need additional attention.				
Training – Plans and implements ongoing training, (including inservices), & monthly meetings for medical dept. Keeps minutes.				
Interns/Volunteers – Trains/supervises interns & volunteers in her dept.				

SUPERVISORY ISSUES	TRAINER	DATE TRAINED	TRAINER'S INITIALS	COMMENTS
Staffing Issues – Knows how to staff during low patient load, when to call someone off or have someone leave early.				
Difficult employee issues – Such as how to deal with excessive tardies &/or absences, how to deal with employees who do not get along, etc.				
Performance Issues – Comfortable discussing performance issues with staff. Knows how to conduct and document Plans of Correction as well as follow-up meetings.				

ABORTION CLINIC NURSING SKILLS	TRAINER	DATE TRAINED	TRAINER'S INITIALS	COMMENTS
Ultrasound training – See ultrasound training list and training checklist for nurses.				
Lab – See training checklist for nurses.				
Skills in Nursing, etc. – See training checklist/skills for Nurses				

MISC.	TRAINER	DATE TRAINED	TRAINER'S INITIALS	COMMENTS
Cleaning staff – Supervises cleaning staff regarding 1 <sup>st</sup> floor.				
Protesters – Follows Clinic protocols regarding protesters. Completes incident reports regarding protesters when applicable and encourages staff to do the same.				
I & E – Met with Director of I&E to discuss marketing program and				

how to contact a referral source when need arises.				
Computer systems – Understands Medical Manager E-mail & can teach it to new medical staff. Knows how to back-up her computer files and how to check for viruses.				
Phone system				

**READING LIST:**

- Employee Handbook
- ASTC Manual
- Hope Clinic Policy & Procedure Manual
- OSHA Manual
- CLIA Manual
- Abortion 101 for Nurses

**TRAINING RECOMMENDATIONS:**

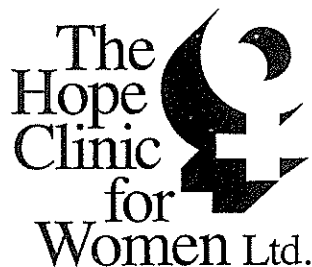
\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Director's Signature

\_\_\_\_\_  
Date

Be impeccable with your word. ☞ Don't take anything personally. ☞ Don't make assumptions. ☞ Always do your best.



## ***Emergency Protocols***

YEAR \_\_\_\_\_

I \_\_\_\_\_ acknowledge that The Hope Clinic for Women, Ltd. has EMERGENCY PROTOCOLS, including a Fire Safety Protocol, to protect its patients and staff. I have been given a copy and have read and understand the protocols. I also acknowledge that in order to prepare staff in the event of a fire, Hope Clinic schedules quarterly drills and employee participation is mandatory. Drills involving other emergency situations may also be scheduled as appropriate at the Hope Clinic.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Where There's Choice, There's Hope.*





**Protocol: Medical Records General**

Document: Medical Records General Protocol 3-12

Department: ALL

Date: 4/10, revised 3/12

Reviewer: Consulting Committee

**Policy:** In compliance with legal and medical standards, complete and accurate medical records shall be created and maintained for each patient for whom services are provided. The medical record shall include patient identification, demographic information, admitting information, counseling notes, signed informed consent, confirmation of pregnancy (ultrasound), laboratory test information, operative notes, pathologist report, recovery room notes, any and all physician and nurse notes, and condition at time of discharge. Steps must be taken to ensure the safety and confidentiality of the medical record so that a record is not misplaced, lost, or stolen.

- Procedure:**
- A record is created for every patient seen in the clinic who receives services.
  - Each staff member is responsible for recording applicable information in the record, as appropriate.
  - All charts undergo routine review for completion of documentation at the time of patient discharge. Specifically trained staff members complete this review. If deficiencies or errors are noted, the appropriate employee is notified and corrections are made immediately.
  - At the end of the clinic day, charts are to be counted to ensure there is a record for each patient that was seen in the clinic that day.
  - Once reviewed, charts are filed alphabetically by the patient's last name. Extreme care must be taken to ensure the accuracy of filing, so that charts can be recalled quickly if needed.
  - To maintain the security and integrity of the chart:
    - The chart must never leave the clinic, including with the patient.
    - Patients are entitled to a copy of their own medical record, but not the original. (see Medical Records Release Protocol)
  - For quality control purposes:
    - To monitor for maintenance of accurate and complete clinical records: at least 10 medical charts will be reviewed for complete documentation at least monthly by the Medical Director, Associate Medical Director or other qualified manager. This review will be recorded and any errors in documentation will be discussed with the appropriate employee.
    - To monitor accurate chart filing/localization: a random, monthly check will be conducted. Ten charts from a day in the previous month will be selected and located to guarantee proper filing.

## **Protocol: Medical Records Release Protocol**

Document: Medical Records Release Protocol 1-11

Department: ALL

Date: 1/07, revised 1/11, 3/12

Reviewer: Consulting Committee

*Adapted from Illinois State Medical Society: Medical Legal Guidelines*

### **Medical Records**

- Physicians are required by law to provide (copy or examination) patient medical records on behalf of a patient to the patient, an attorney or another physician [735 ILCS 5/8-2003] formerly [Ill. Rev. Stat., ch. 100, par 8-2003 \*Preempted by 45 CFR 164\*].
- A request authorized by a patient for a patient's medical record must be honored within 30 days of receipt of the request.
  - o If records cannot be provided within this 30 days, the physician must inform the requester in writing of such and provide a reason for the delay (within the original 30 days).
  - o The physician who provides this information has another 30 days to comply with the request.
- A physician may not withhold medical records because a patient fails to pay for services, but may charge a reasonable fee for the copying of the medical records (Id.). The statute implies that prepayment for copying fees is acceptable.
- Consent of patient/guardian must be given for access by third parties, except under certain circumstances: records requested by a PRO; Workers Compensation records; certain other governmental agencies; and child abuse investigations.

### **Exceptions:**

#### **Mental Health and Developmental Disabilities Confidentiality Act**

- Access to records kept in conjunction with the provision of mental health or developmental disabilities services are subject to the Mental Health and Developmental Disabilities Confidentiality Act [740 ILCS 110/1 et seq.] formerly [Ill.Rev.Stat., ch. 91 2, par. 801, et seq.]. Specifically, Section 4 provides a list of persons or entities who have a right to inspect and copy a recipient's record:
  - o The parent or guardian of a recipient who is under 12 years of age;
  - o The recipient if he/she is 12 years of age or older;
  - o The parent or guardian of a recipient who is at least 12 years of age, but under 18 if the recipient is informed and does not object or if the therapist does not find that there are compelling reasons for denying such access;
  - o The guardian of a recipient who is 18 years of age or older; or
  - o An attorney or guardian *ad litem* who represents a minor 12 years of age or older in any judicial or administrative proceeding, provided that the court or administrative hearing officer has entered an order granting the attorney this right.
  - o An agent appointed under a recipient's power of attorney for health care or for property, when the power of attorney authorized the access. In addition, any other person on such recipient's behalf if the recipient so authorizes in writing, and the Mental Health and Developmental Disabilities Medical Review Board may have access.
- There are specific guidelines for consent [authorization]\* for the disclosure of records and communications under the Mental Health and Developmental Disabilities Confidentiality Act. Only information relevant to the purpose for which disclosure is sought may be disclosed. Blanket or general authorization to the disclosure of unspecified information will not be valid.
- If a parent or guardian is denied access, the parent or guardian may petition the Court for access.
- Under a valid court order, disclosure of confidential information may be required. Should a physician receive demands for the release of confidential information pursuant to a subpoena or court order, they should be reviewed by legal counsel prior to disclosure of any information.

#### **Workers' Compensation**

- Employers and their workers' compensation insurance carrier under the Workers' Compensation Act [820 ILCS 305/8] must upon written request be provided with a copy of an employee's (patient) medical record for care and treatment provided for a work related injury when a patient files a workers compensation claim. Records concerning other care or treatment may only be provided with an appropriate written authorization from the patient except

for treatment, payment or health care operations. Physicians may charge a reasonable fee for the copying of medical records.

### Genetic Information

- The Genetic Information Privacy Act [410 ILCS 513/1 et seq] specifies that a physician may not disclose the identity of a patient upon whom a genetic test is performed or their results.
- Genetic testing is defined as a test of a person's genes, gene products, or chromosomes for abnormalities and deficiencies including carrier status. [410 ILCS 513/10] Genetic testing does not include routine physical measurements; chemical, blood and urine analyses that are widely accepted and in use in clinical practice; tests for use of drugs; and tests for the presence of the human immunodeficiency virus (HIV). [410 ILCS 513/10]
- Disclosure is only permitted:
  - o To the patient or their legally authorized representative. However, this does not create a duty to notify the subject's spouse or legal guardian or minor's parent of the test results. There is no liability for any disclosure or nondisclosure of a test result to a spouse or legal guardian or minor's parent by a physician acting in good faith. Good faith is presumed. [410 ILCS 513/30 (a) (1), (6) ]
  - o Upon specific written consent [authorization]\* by the subject of the test or the subject's legally authorized representative. [410 ILCS 513/30 (a) (2) ] Blanket or general consent [authorization]\* is unacceptable; the consent [authorization]\* must be a specific written consent [authorization]\*.
  - o To an authorized agent or employee of a health facility or health care provider if the health facility or health care provider itself is authorized to obtain the test results, the agent or employee provides patient care, and the agent or employee has a need to know the information in order to conduct the tests or provide care or treatment.
  - o A health facility or health care provider that procures, processes, distributes, or uses: a human body part from a deceased person with respect to medical information regarding that person; or semen provided prior to the effective date of this Act for the purposes of conducting program monitoring, program evaluation, or service reviews.
  - o To health facility staff committees for the purposes of conducting program monitoring, program evaluation, or service reviews.
- However, results of genetic testing that indicate that the individual tested is at the time of the test afflicted with a disease, whether or not currently symptomatic, are not subject to the confidentiality requirements of this Act. [410 ILCS 513/15 (d) ] Though, as medical records, any results would be subject to medical record confidentiality requirements. [735 ILCS 5/13]

### Child, and Elder Abuse and Neglect Reporting

- Physicians are required by law to report incidents of suspected abuse and neglect of children [325 ILCS 5/4] and to report incidents of suspected abuse or neglect of persons 60 years old or older [320 ILCS 20/2].
- In reporting such matters, the physician cannot allege communications are privileged. Consequently, communications and medical records concerning reports of suspected abuse and neglect can be obtained by law enforcement and welfare agencies to carry out investigations of these reports.

### Fees for Copies of Medical Records

*State and Federal Law - Under Illinois law (Public Act 92-228), the amount a physician or other health care provider may charge for copying medical records is limited. Copies must be provided electronically, if available. For 2012 the maximum amounts a physician can charge for copying medical records is as follows:*

#### *Medical Record Fees*

Formula for calculating medical record fees: \$25.55 handling fee

(For persons other than patients)

PLUS \$0.96 each for pages 1-25,

\$0.64 each for pages 26-50,

\$0.32 each for pages 51 to end;

PLUS actual postage.