

Responses/Corrections for Richmond Medical Center For Women  
(Inspection 11/4/14)

**TAG 080: Documentation of Education Employee #8, Completion Date 11/14/14.**

**Response/Correction:** Employee #8 completed the required education in fire/safety and infection prevention on 11/14/14. The compliance Officer reviews all personal files to ensure completion. The Compliance Officer and the administrator will conduct audits of personnel files biannually to ensure continued compliance.

**TAG 095: Current Professional Licensing, Employee #2 and #4, Completion Date 11/24/14.**

**Response/Correction:** The CRNA forms for all CRNAs have been obtained and filed in their personnel files. A review of our files indicated *none* of our CRNAs had expired licenses at the time of the inspection on 11/3/14. One license was *due to expire* on 11/30/14. See attached proofs of certifications. The Compliance Officer reviews all files and the administrator maintains a log of upcoming expiration dates to ensure that all licenses are kept current and on file. The administrator is responsible for ensuring that all personnel files are up to date.

**TAG 135: Patient Rights: Patient #16 (Tracer Patient), Completion Date 12/2/14.**

**Response/Correction:**

- 1. Patient gown.** All patients change into a hospital gown in the changing room. The patient is given a gown that ties at the side and the neck for privacy and, normally, the counsellor walks in front of the patient to the procedure room. Patients are assisted with gowns as needed. If a patient chooses to leave the back of the gown open, no one is behind the patient, therefore privacy is maintained. In this case, the surveyor walked behind the patient. Whereas, no one would be behind the patient in our normal process.

**Staff interactions before and during procedure.** Staff members and the physician generally speak to the patient in a calming and reassuring tone before, during, and after the procedure, including all necessary introductions, questions, and explanations of the procedure pre and post- op. While this is not an excuse, our interactions in this case may not have been at our normal standard because of the presence of the surveyor in the room. When the patient was brought to the procedure room the surveyor was talking over all of the staff in the room to the extent that it was disruptive to the process (and to the patient); to the point where the physician had to ask the surveyor to stop talking. Obviously, no one wants to have to correct an inspector or in any way create a conflict with an inspector. The patient also commented about this at her follow up appointment and stated that it was "surreal" that the examiner was talking so much in the procedure room". Please note that when the patient completed a satisfaction survey during her follow-up visit she indicated that our staff maintained her dignity. Going forward, we will ensure that all introductions, questions and explanations are handled properly, thoroughly, and without interference. We understand this is our responsibility and duty to the patient.

During our procedures, feet are not placed in the foot rests because the patient will have a tendency to brace back which makes the procedure more uncomfortable and more difficult to perform. The procedure lasted approximately 10 minutes (not 30). The patient's gown covers up to the top of her legs (below the waistline) once she is positioned on the procedure table. While the patient herself cannot see her private areas exposed, the inspector may have done so from her angle of observation, where *she chose to stand*.

We have used drapes in the past but have found that patients tend to push the drape into the sterile field (risking infection) and the drapes block the physician's ability to see, communicate with, and monitor the patient during the procedure.

On 12/2/14 the staff was trained to lock the wheels on both the stretcher and bed when transferring a patient.

**Recovery room.** We were aware of (and documented) the patient's allergies; however, we did not, and still do not, have any information indicating that the snacks we provided may have contained a potential allergen. The patient refused the snack and we did not offer the snack at any other time. The information we provide in the recovery room to patients is generic information that applies to all patients (i.e., contraception, return visits, what to watch for after the procedure). We do not discuss individual/personal information in front of other patients.

2. We adhere to policies regarding Patient's Rights and Responsibilities and we will continue improve and implement these policies. "Patient Dignity" has been added to our patient satisfaction survey (attached) and 100% of the respondents in November and December of 2014 indicated that their dignity had been maintained.
3. Staff member #3 did not decline to be interviewed. *In the process* of doing the exit interview with Staff member #3 and the administrator and compliance officer, Staff member #3 left the interview (after answering some questions) to tend to his other duties.
4. Staff member did not admit that procedure lasted 30 minutes (it only lasted 10). We assist patients with gowns as needed. We have provided our explanation regarding use of drapes on TAG 135 above.

**TAG 320: Quality Assurance, Completion Date 12/2/14.**

**Response/Correction:** A staff meeting was conducted on 12/2/14 with discussion about more thorough documentation and maintaining patient care and dignity. Our quality committee met on 11/17/14 and 12/15/14 (see attached staff meeting agenda and QA meeting minutes). We will continue to conduct staff meetings and QA meetings to ensure that we are providing the highest quality of patient care, including documentation and preserving patient dignity.

**TAG 340: Medical Records, Completion Date 12/15/14.**

**Response/Correction:**

Our QA Committee has identified and documentation as an area in need of improvement. The procedure rooms and recovery room forms have been revised changed to facilitate clarity and accuracy in our documentation. The 24 hour form has been modified to clarify the timing aspect of the informed consent process (see attached updated forms). Thorough audits are being conducted by an RN, daily on every chart, to detect problems areas or issues in need of improvement. The administrator is responsible for ensuring that the audits are conducted and any deficiencies properly remediated. Nurses have been educated to improve their documentation. In addition, our physician has enrolled for an in person, comprehensive, documentation course to ensure that our practice is up to date regarding the current standards of practice regarding documentation. The physician will implement knowledge gained during this course directly into our practice (See attached registration confirmation).

In sum, we have revised our forms, educated our staff, and have a process in place to ensure consistent audits of charts. We have made thorough and accurate documentation a priority for everyone on our staff, including our physician.

**TAG 375: Safety/ Call Bell. Completion Date, 11/4/14.**

**Response/Correction:** A call bell was installed in the recovery room bathroom on 11/4/14.

T095



## Recertification Verification : Results Page

### Personal Information:

**Name:** ██████████, CRNA  
**Residence:** Midlothian, VA 23112-4386  
**AANA Number:** ████████

### Recertification:

**Recertification Begin Date:** 08-01-2014 **Recertification End Date:** 07-31-2016

**Current Recertification Status:** Currently Recertified

**Information current as of:** 7/17/2014 8:43 AM

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7095



## Recertification Verification : Results Page

### Personal Information:

**Name:** ~~XXXXXXXXXX~~ CRNA  
**Residence:** Richmond, VA 23231-4674  
**AANA Number:** ~~XXXXXX~~

### Recertification:

**Recertification Begin Date:** 08-01-2014 **Recertification End Date:** 07-31-2016

**Current Recertification Status:** Currently Recertified

**Information current as of:** 5/1/2014 9:16 AM

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## Recertification Verification : Results Page

### Personal Information:

**Name:** ~~XXXXXXXXXX~~, CRNA  
**Residence:** Richmond, VA 23225-3129  
**AANA Number:** ~~XXXXXXXXXX~~

### Recertification:

**Recertification Begin Date:** 08-01-2014 **Recertification End Date:** 07-31-2016

**Current Recertification Status:** Currently Recertified

**Information current as of:** 5/1/2014 9:17 AM

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## Recertification Verification : Results Page

### Personal Information:

**Name:** ~~XXXX-XXXX~~, CRNA  
**Residence:** Williamsburg, VA 23188-1547  
**AANA Number:** ~~XXXX~~

### Recertification:

**Recertification Begin Date:** 08-01-2014 **Recertification End Date:** 07-31-2016

**Current Recertification Status:** Currently Recertified

**Information current as of:** 7/31/2014 9:22 AM

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## Recertification Verification : Results Page

### Personal Information:

Name: ~~XXXXXXXXXX~~ CRNA  
Residence: Richmond, VA 23221-1506  
AANA Number: ~~XXXXXXXXXX~~

### Recertification:

Recertification Begin Date: 08-01-2013 Recertification End Date: 07-31-2015

Current Recertification Status: Currently Recertified

Information current as of: 3/12/2014 2:44 PM

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**VIRGINIA Department of Health Professions**

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Last updated on 05/06/2013

**License Information**

License Number	002416
Occupation	Licensed Nurse Practitioner
Specialization	Certified Registered Nurse Anesthetist
Name	<del>XXXXXXXXXXXXXXXXXXXX</del>
Address of Record	Richmond, VA 23231
Initial License	03/28/2008
Expire Date	11/30/2014
License Status	Current Active

Additional Public Information\* No

This serves as primary source verification of the credential issued by the Commonwealth of Virginia.

\* "Yes" means that there is information the Department must make available to the public pursuant to §54.1-2400.2.G of the Code of Virginia. For additional information click on the "Yes" link above. "No" means no documents are available.

[Back to License Lookup](#)

Richmond Medical Center for Women

Patient Satisfaction Survey

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

Procedure Performed: Abortion by pill \_\_\_\_\_ Local \_\_\_\_\_ IV \_\_\_\_\_ Asleep \_\_\_\_\_

Name (optional): \_\_\_\_\_

1. Were you satisfied with your overall experience? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Is there anything you feel we could improve on? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you find the staff accommodating? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Did you feel your needs were met as a patient? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Did you feel your dignity was maintained? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Any additional comments? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

320  
Staff Meeting Agenda

December 2, 2014

1. Patient safety
  - a. Lock stretcher wheels
  - b. Both side rails up
2. Medical Records
  - a. Revised procedure form
  - b. Revised recovery room form
  - c. Revised 24 h consent
3. Documentation Do's and Don't's
4. Patient dignity discussion
5. Expiration dates

Richmond Medical Center for Women  
118 North Boulevard  
Richmond, Virginia 23220  
(804) 359-5066 – phone (804) 353-2718 – fax

Minutes  
Quality Assurance Committee

Date: December 15, 2014

In attendance: Lin Rasmussen, RN; Janice Anderegg, RN; Jill Abbey. Absent: William G. Fitzhugh, MD; Melanie Atkins, LPN

We discussed tools used to perform chart completion audits. Modification of chart completion list will be done so that it can be used to tabulate any deficiencies. Janice will continue auditing all charts at this time until we are satisfied that improvement has been made and we are confident that improvement is permanent. At that time we may go to spot checking. Discussed whether we needed to continue having a separate form for recovery of MAC patients. Jill will canvass the CRNAs and the RNs who work on Saturdays and see if we can do away with that form or make modifications to the other form we use. Will report back at next meeting.

Next meeting: Monday, January 26, 2015 at 12:30.

Meeting adjourned.

Richmond Medical Center for Women  
118 North Boulevard  
Richmond, Virginia 23220  
(804) 359-5066 – phone (804) 353-2718 – fax

Minutes  
Quality Assurance Committee

Date: November 17, 2014

In attendance: William G. Fitzhugh, M.D.; Lin Rasmussen, RN; Melanie Atkins, LPN; Jill Abbey

Need to formalize the QA committee was identified during inspection by OLC. QA work had been done but not formalized by a committee. This committee will meet one Monday per month until such time that the committee feels that QA is being performed well and then meetings may be quarterly.

Lin will update the policy on QA in policy manual.

The committee identified several areas that it felt could be improved upon:

Quality of medical records. Documentation has continued to be an area that inspectors have found to be deficient.

Patient safety. Specifically, use of locks on wheels and side rails on stretchers when transporting patients to the recovery room.

Patient dignity. The committee feels that, for the most part, we do maintain pt dignity as much as possible but, as the concern had been raised by inspectors, it is an area to examine.

Expiration dates. Need to work on ensuring that expired items are removed from inventory.

In the realm of documentation, several steps have already been taken. One was changing the 24 hr consent form to move the area where staff document that the patient has listened to the required information to the top of the form so that the chronology is clearer.

Dr. Fitzhugh and Jill had made changes to the procedure form and had used it on this past Saturday. A few areas have already been tweaked. The committee also reviewed the form. We will continue to use the form and will educate staff on their roles in regards to it. We will reassess in one month.

There was lengthy discussion on the proper way to document physician's orders and how to incorporate it into our forms. We will continue to look at this area and will also seek input from our nurses who work in other hospitals.

Re: expiration dates: All staff are responsible for continually checking the expiration dates of items in their work area. One staff person will be designated to review all items at least quarterly. A system will be devised to record that that review has been done and to highlight any item that will be expiring in near future. Finally, each staff will be responsible for checking the expiration date at the time of use.

Identified several areas that will require staff education:

- Documentation do's and don't's
- Who is to document what on new procedure form
- Patient dignity: paying attention to who is in the procedure room and that doors are kept shut during the procedure. Also, being aware of when a patient should be offered 2 gowns would be a piece of maintaining patient dignity.
- Patient safety: locking wheels on stretcher and raising side rails.
- Being careful that the 24 hr form is used properly. During inspection, one patient had 2 forms: one that staff had signed, one that she had signed. This is confusing.

Next meeting: Monday, December 15, 2014 at 12:30.

Meeting adjourned.

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Time admitted to Procedure Room  
\_\_\_\_\_ History Reviewed (significant hx:  
\_\_\_\_\_ Current medical problems (specify)  
\_\_\_\_\_ Allergies

Hgb \_\_\_\_\_ Rh factor \_\_\_\_\_  
B/P \_\_\_\_\_ Pulse \_\_\_\_\_

**Physical Exam**

\_\_\_\_\_ Abdomen  
\_\_\_\_\_ Heart  
\_\_\_\_\_ Lungs  
\_\_\_\_\_ Cervix  
\_\_\_\_\_ Uterus  
\_\_\_\_\_ Adnexa

Xanax 1 mg PO at \_\_\_\_\_ by \_\_\_\_\_  
Ibuprofen 800 mg PO at \_\_\_\_\_ by \_\_\_\_\_  
Other \_\_\_\_\_  
MAC - see CRNA sheet \_\_\_\_\_

**Pre-op Anesthesia**

Time \_\_\_\_\_ by \_\_\_\_\_  
\_\_\_\_\_ Versed (2mg/2 ml)  
\_\_\_\_\_ Fentanyl (100 mcg/2ml)

Infused in \_\_\_\_\_  
\_\_\_\_\_ IV site

**Operative Procedure**

The uterus was examined and found to be \_\_\_\_\_ weeks in size. 10 cc Lidocaine 1% injected in paracervical area.

Cervix dilated to \_\_\_\_\_ size Pratt dilator  
\_\_\_\_\_ size cannula was used to evacuate uterus.  
\_\_\_\_\_ Pitocin 10 IU was injected into cervix  
Pulse \_\_\_\_\_ Oxygen Sat \_\_\_\_\_

Gross fetal parts Present \_\_\_\_\_ Absent \_\_\_\_\_  
Placental Tissue Present \_\_\_\_\_ Absent \_\_\_\_\_

**Complications**

\_\_\_\_\_ None  
\_\_\_\_\_ Specify \_\_\_\_\_

**Progress Notes** \_\_\_\_\_

\_\_\_\_\_ Estimated blood loss

**Discharge to Recovery Room**

\_\_\_\_\_ Ambulatory  
\_\_\_\_\_ Via stretcher (Lock applied; both side rails up)  
\_\_\_\_\_ Purposeful response to verbal orders  
\_\_\_\_\_ Time of Discharge

Physician \_\_\_\_\_ Date \_\_\_\_\_

Orders: \_\_\_\_\_ Nuva Ring \_\_\_\_\_ Nexplanon \_\_\_\_\_ Paragard \_\_\_\_\_ Mirena  
\_\_\_\_\_ Michrogam \_\_\_\_\_ Rhogam \_\_\_\_\_ Ampicillin 1 gr \_\_\_\_\_ Tylenol 3  
\_\_\_\_\_ Other (specify): \_\_\_\_\_



**Recovery Room Notes**

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

Patient's Name: \_\_\_\_\_

Allergies \_\_\_\_\_ Rh \_\_\_\_\_

Arrival Time to RR:	Received from OR via Stretcher (side rails up; wheels locked) _____ Ambulated from OR with nursing assistance _____
Condition (Pain 0 - 10)	Measures taken for pain: _____ Ice Pack _____ Positioning _____ Relaxation Breathing _____
Blood Pressure:	O2 Sats IF MAC or IV patient: _____
Pulse:	
Bleeding:	Light _____ Moderate _____ Heavy _____ Clots _____ No Clots _____

**Prescriptions with Instructions:**

Doxycycline 100 mg #14 b.i.d. refill 0 \_\_\_\_\_

Tylenol 3 q 4 hr prn pain #12 refill 1 \_\_\_\_\_

Ultram 50 mg 1 q 4 h prn pain #12 refill 1 \_\_\_\_\_

Other \_\_\_\_\_

**Medications given in RR per physician order:**

Micrhogam Lot # \_\_\_\_\_ Exp \_\_\_\_\_

Site given \_\_\_\_\_ Time \_\_\_\_\_ Initials \_\_\_\_\_

Ampicillin 1 gr \_\_\_\_\_ PO \_\_\_\_\_ IV \_\_\_\_\_

Tylenol 3 PO \_\_\_\_\_

Other: \_\_\_\_\_

**Birth Control Action/Plan:** OC (specify type): \_\_\_\_\_

Nuva Ring (Rx for 1 ring with 5 refills); after procedure insertion by \_\_\_\_\_

Depo Provera 150 mg IM (site): \_\_\_\_\_ Clinician Initials \_\_\_\_\_

IUD/Nexplanon at follow up \_\_\_\_\_ Diaphragm at follow up \_\_\_\_\_

Sterilization \_\_\_\_\_ Condoms \_\_\_\_\_ None \_\_\_\_\_

Progress Notes: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

IV d/c: Time \_\_\_\_\_ Site: bleeding \_\_\_\_\_ redness \_\_\_\_\_ normal \_\_\_\_\_ Action: \_\_\_\_\_

<b>Discharge Criteria:</b>	Yes	No	Alert and oriented
	Yes	No	Vital signs stable
	Yes	No	Dizziness minimal
	Yes	No	Able to ambulate
	Yes	No	Responsible adult to escort home if IV or MAC
	Yes	No	Prescriptions given
	Yes	No	Follow-up instructions given

BP & P \_\_\_\_\_

Patient verbalizes understanding of discharge medications and instructions \_\_\_\_\_

Follow up (2-3 weeks) will be done at: RMCW \_\_\_\_\_ PMD \_\_\_\_\_

Health Dept \_\_\_\_\_ Other \_\_\_\_\_

Pain scale \_\_\_\_\_ Bleeding \_\_\_\_\_ Nausea \_\_\_\_\_  
 0 (none) to 10 (severe)

Discharge Time/Date: \_\_\_\_\_

Nurse \_\_\_\_\_ MD \_\_\_\_\_

### 24-Hour Informed Consent

MO or credit card _____	\$50 for Rh- _____	Driver _____	NPO after _____
	No children _____	4 - 5 hr visit _____	

Today's Date: \_\_\_\_\_ U/s Appt date \_\_\_\_\_ Appt Date \_\_\_\_\_

Local: \_\_\_\_\_ IV: \_\_\_\_\_ MAC: \_\_\_\_\_ RU486: \_\_\_\_\_ 2nd Trimester: \_\_\_\_\_

LMP: \_\_\_\_\_ Gest. Age: \_\_\_\_\_

Patient name: \_\_\_\_\_

Daytime phone no. (incl. Area code) \_\_\_\_\_

Evening phone no. (incl. Area code) \_\_\_\_\_

#### OFFICE USE ONLY

At least 24 hours before her appointment, \_\_\_\_\_ (patient name)  
listened to the information recorded by a registered nurse and recorded her name at the end of the recording.

Date \_\_\_\_\_ Time \_\_\_\_\_ Patient listened to recording. Staff Signature \_\_\_\_\_

***By signing this form, I am acknowledging that I have received information about the abortion procedure at least 24 hours prior to my appointment. This includes:***

**Please initial as you read:**

\_\_\_\_\_ I have been given a full medical explanation of the nature, benefits, risks and alternatives to the abortion procedure;

\_\_\_\_\_ I have been given instruction that I may withdraw my consent at any time prior to the performance of the procedure;

\_\_\_\_\_ I have been offered the opportunity to speak with the physician who is to perform the abortion so that he/she may answer any questions that I may have and provide further information concerning the procedures and protocols;

\_\_\_\_\_ I have been given the probable gestational age of the fetus (how many weeks pregnant) at the time my abortion is to be performed; an ultrasound is to be performed at least 24 hours before the abortion.

\_\_\_\_\_ I have been offered the opportunity to review the printed materials provided from the Department of Health. These materials include: description of the fetus and agencies that offer alternatives to abortion; medical assistance benefits available for prenatal care, childbirth, and neonatal care; information on the liability to assist in support by the father of the child; and a statewide list of agencies that provide ultrasound imaging and auscultation of fetal heart tones free of charge. If I have chosen to review such materials, this information was provided to me at least 24 hours before the abortion or mailed to me at least 72 hours before the abortion by first class mail, or certified mail/restricted delivery.

Patient signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness signature \_\_\_\_\_ Date: \_\_\_\_\_



ACLS  
Provider



ACLS  
Certification  
Institute™

**William G Fitzhugh**

This card certifies that the person listed above has successfully completed the Advanced Cardiac Life Support examination and skills scenarios review based on the latest American Heart Association and ECC guidelines.

09/22/2014

09/22/2016

Issue Date

Renewal Date



Training Center:	ACLS Certification Institute	Training Center #:	82333
Region:	Richmond, VA 23220	Provider #:	0846248429
Instructor:	Jaimison Baker, MD	Instructor #:	0101242681
Instructor's Signature:	<i>Jaimison Baker</i>	Provider's Signature:	

**From:** PBI automated email <automated\_email@professionalboundaries.com>  
**To:** Peel1232 <Peel1232@aol.com>  
**Subject:** MR-17 Medical Records Course  
**Date:** Mon, Dec 29, 2014 3:12 pm



**Professional Boundaries, Inc.**  
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 Jacksonville, Florida 32257-8861  
 Phone: (888) 724-2224  
 Fax: (305) 723-0888  
[www.professionalboundaries.com](http://www.professionalboundaries.com)

**Invoice number: 8177**  
 Registration date: 12/29/2014

**Participant:**

William G. Fitzhugh, MD, MPH  
 118 N. Boulevard  
 Richmond, VA 23220  
 (804) 359-5066  
[Peel1232@aol.com](mailto:Peel1232@aol.com)

**Course:**

Title: MR-17 Medical Records Course  
 Course start date: 02/21/2015

**Course description**

**Amount**

The PBI MR-17 Medical Records Course is a 17 CME credit seminar designed to improve physicians' medical record keeping.

**\$ 1100.00**

Please click [here](#) to access Pre-Course Component. This link will automatically sign you in to your specific pre-course portal. Your login information is provided below, should you need it. Please complete and submit all assignments before the live course.

Username : [Peel1232@aol.com](mailto:Peel1232@aol.com)  
 Password : qV7exG6i5E

**Location: Atlanta Hotel Yet-to-Be Determined**  
**Once a hotel has been selected, we will notify you by**  
**e-mail regarding hotel information. Please call us at**  
**(888) 724-2224 with any questions. Atlanta, GA**  
**Phone: (888) 724-2224**

**Total Receive \$ 1100.00**