

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

May 27, 2016

Mr. Steven Gordon, Administrator
Brattleboro Memorial Hospital
17 Belmont Ave
Brattleboro, VT 05301-3498

Provider ID #: 470011

Dear Mr. Gordon:

The Division of Licensing and Protection completed a survey at your facility on **April 27, 2016**. The purpose of the survey was to determine if your facility met the conditions of participation for Acute Care Hospitals found in 42 CFR Part 482.

Following the survey, your facility submitted a Plan of Corrections (POC) which was found to be acceptable on **May 26, 2016**.

Sincerely,



Suzanne Leavitt, RN, MS
Assistant Division Director
Director State Survey Agency

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/05/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 470011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/27/2016
NAME OF PROVIDER OR SUPPLIER BRATTLEBORO MEMORIAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 17 BELMONT AVE BRATTLEBORO, VT 05301	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
A 438	<p>Continued From page 1</p> <p>anesthesiologist should have completed a progress note in Patient #1's record regarding the emergent intervention.</p> <p>2. Per record review, Patient #7 required an emergent laparoscopic appendectomy on 2/23/16 and received general anesthesia for the surgery. Review of the Anesthesia Record used during the surgical procedure the anesthesiologist documented medications administered, vital signs and other required monitoring but failed to complete documentation under "Intubation" to include what size Endotracheal tube, number of attempts made to intubate, type of blade used to intubate and other monitoring. The omission of documentation was confirmed at 1:30 PM on 4/27/16 with the Peri-operative Nurse Manager.</p> <p>3. Per record review Patient #2 had left lower quadrant pain. A CT scan (A computerized tomography scan that combines a series of x-ray images taken from different angles and uses computer processing to create cross-sectional images, or slices, of the bones, blood vessels and soft tissues inside of your body.) of the abdomen and pelvis were performed on 4/15/16. Per review of the radiologist's report, " It is noted the patient experienced a mild contrast (a substance injected into the body that illuminates certain structures that would otherwise be hard to see on the film) reaction consisting predominantly of rash and itching but this resolved spontaneously without medication. The patient was observed for a short time in the ER " (Emergency Room). Per record review on 4/26/16 and 4/27/16, there was no documentation of the intravenous dye and</p>	A 438	<p>Allergy reconciliation process developed in 5/27/16</p> <p>Radiology to reconcile allergies identified on the RIS (radiology information system) to the patient Clinical Suite EMR. Oversight by Director of Radiology and Cardiology</p> <p>Allergy reconciliation process developed in the Emergency Department to reconcile patient allergy list in the ED T system and in the patient's Clinical Suite EMR. Oversight by Director of Emergency Services and Lead Unit Coordinator.</p> <p>6/1/16</p> <p><i>A 438 5/26/16</i> <i>Cartwright</i> <i>Intosh</i></p>

Mary Maguire 5/12/16

P.O.C.

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A 438	Continued From page 2 contrast allergy for Patient #2 in the EMR (Electronic Medical Record). Per interview on 4/26/16 at 3:16 PM, with the Lead Cross-sectional Anatomy Technologist, s/he confirmed that Patient #2's allergy to intravenous dye and contrast was not documented in the EMR. Per interview on 4/27/16 at 9:02 AM with the Director of Pharmacy, s/he stated that patient allergies should be entered in the EMR as soon as possible when they are known. 4. Per record review Patient #3 had visited the ER for scrotal swelling on 3/18/16. The patient had a CT scan performed while in the ER on 3/18/16. Per the ER nurse's notes, an allergy to Tramadol (prescription pain reliever) was listed. Per record review of the radiology patient questionnaire/consent form, Tramadol was documented as an allergy for Patient #3. Per review of the EMR on 4/26/16 and 4/27/16, Patient #3's allergy to Tramadol was not documented in the EMR. Per interview on 4/26/16 at 3:16 PM with the Lead Cross-sectional Anatomy Technologist, s/he confirmed that the EMR did not have Patient #3's allergy to Tramadol documented. Per interview on 4/27/16 at 9:02 AM the Director of Pharmacy also confirmed that Patient #3's allergy to Tramadol was not documented in the EMR.	A 438			
A 508	482.25(b)(6) PHARMACY: REPORTING ADVERSE EVENTS Drug administration errors, adverse drug reactions, and incompatibilities must be immediately reported to the attending physician and, if appropriate, to the hospital's quality assessment and performance improvement program.	A 508			

Mary Legubart 5/12/16

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A 508	Continued From page 3 This STANDARD is not met as evidenced by: Based on staff interview and record review, the hospital failed to develop and define within their present Adverse Drug Events policy the circumstances and expectation of staff for assuring accurate and current information regarding adverse drug reactions is recorded within the patient's Electronic Medical Record (EMR). Findings include: Although the Pharmacy Department has an established policy Adverse Drug Events last revised 1/13, there is a lack of clarity who is responsible for documenting in the EMR under "Allergies" the drug which has been identified to have been the source of an adverse drug reaction whether occurring during hospitalization or an outpatient procedure. Per interview on 4/27/16 at 9:00 AM the Director of the Pharmacy stated if a patient experienced a "...suspected reaction to a medication.... this should be entered into Quantros..." (Safety Event report system) by the individual who has identified the adverse drug reaction. The Director further stated the same individual would also be responsible for documenting the drug allergy in the EMR "Allergy" list, thus creating further safeguards to assure their is an awareness of the newly recognized drug allergy. The Director stated by entering the adverse drug reaction within the Quantros system, this would then trigger a review by Pharmacy, and depending on the severity of the adverse drug reaction/event, a reporting and review process would be followed which incorporated the Medical Safety Committee. 1. Per record review, Patient #1 was admitted on	A 508	Policy, Adverse Drug Events revised to clarify reporting process for adverse drug reactions events, indicating who, where and when. Director of Pharmacy responsible for revision. Director of Pharmacy will take policy revisions to Medication Safety Committee for review. Director of Pharmacy will take policy revision to P&T committee for review. Director of Pharmacy or pharmacist designee will reconcile all adverse drug reaction reports with allergy list in EMR. Director of Pharmacy or pharmacist designee will attend multiple staff meetings to review policy changes and responsibilities or reporting drug reactions.	5/20/16 5/24/16 5/25/16 5/9/16 Rad. 6/15, Periop 6/23. OB 6/21, ED 6/21 & 6/23, Onc 6/16, MS/ICU 6/16
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*A-508 Accepted
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Ole Intosh
5/26/16*

Mary Leachart 5/10/16

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A 508	<p>Continued From page 4</p> <p>10/20/15 with an infection on his/her right lower leg. Treatment included intravenous (IV) and oral antibiotics. Per nursing progress note at 15:05 on 10/24/15 states " PT C/O itching 'all over'. Red non-raised rash especially on back and left arm..." On 10/25/15 at 22:38 nursing progress note states " Pt. has itchy rash on torso and bright red back and buttocks...". On 10/27/15 a hospitalist documents " Drug rash most likely seems to have developed after Cefazolin was started". The antibiotic was stopped, however no report was created in Quantros and the drug was not added to Patient #1's "Allergy" list in the patient's EMR. This omission was confirmed by the Director of the Pharmacy on 4/27/16 at 9:15 AM, stating "We were not made aware".</p> <p>2. Per record review Patient #2 had left lower quadrant pain. A CT scan of the abdomen and pelvis were performed on 4/15/16. Per review of the radiologist's report, "It is noted the patient experienced a mild contrast reaction consisting predominantly of rash and itching but this resolved spontaneously without medication. The patient was observed for a short time in the ER". Per record review on 4/26/16 and 4/27/16, there was documentation in the Quantros system regarding Patient #2's Adverse Drug Reaction (ADR), however, there was no documentation of the allergy to intravenous dye and contrast for Patient #2 in the EMR. Per interview on 4/26/16 at 3:16 PM, with the Lead Cross-sectional Anatomy Technologist, s/he confirmed that Patient #2's allergy to intravenous dye and contrast was not documented in the EMR. Per interview on 4/27/16 at 9:02 AM with the Director of Pharmacy, s/he stated that patient allergies should be entered in the EMR as soon as</p>	A 508		
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Wayne Liggett 5/12/16

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A 508	<p>Continued From page 5</p> <p>possible when they are known.</p> <p>Per interview on 4/27/16 at 11:20 AM the VP of Patient Services stated due to the separate computer applications used by various inpatient and outpatient departments, access to the EMR is limited within certain departments. As a result, if a patient has been identified to have experienced a new drug allergy, it may not be recorded in the EMR, noting "...there is no crossover" between computer systems and software used within the hospital and outpatient settings. However, per interview on 4/27/16 at 2:45 PM the Executive Director for Quality, Utilization & Case Management stated ultimately there is a process for hospital staff to access the Allergy notification tab within the EMR to complete documentation of a newly identified drug allergy. But further suggested the Pharmacy Department, who has access to all Quantros reports that identify adverse drug reactions would have the best opportunity to assure a newly identified drug allergy has been added to a patient's EMR allergy list.</p> <p>However, if a staff member does not complete a Quantros report when an adverse drug reaction is identified, regardless what system or department they are assigned, and does not enter the information into the EMR, the Pharmacy Department would not be directly alerted to add this important information into a patient's drug profile. When asked what happens if a drug is prescribed for a patient who has a known allergy to the drug, the Director of the Pharmacy, stated the Pharmacy software system does a "hard Stop". This prevents the drug from being prescribed until there is a review and a discuss on with the prescribing physician. But, if</p>	A 508		
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Long [Signature]

