

Jeffords Institute for Quality Accreditation and Regulatory Affairs Department 111 Colchester Avenue Burlington, VT 05401

March 6, 2020

Department of Health & Human Services Centers for Medicare and Medicaid Services JFK Federal Building Government Center Room 2325 Boston, MA 02203

Re:

CMS Certification Number (CCN): 47003

Survey ID: 5M8611, 01/22/2020

Dear Kathy Mackin,

Please find the attached Plan of Corrections and form CMS-2567 in response to the Statement of Deficiencies and Findings in regard to survey number 47003.

The University of Vermont Medical Center is committed to continuously improving the quality of services we provide to respond to the regulatory deficiencies that were cited.

If you have questions regarding the attached Plan of Correction or require further clarification, please do not hesitate to contact me.

Sincerely,

Carol Muzzy, Director

Accreditation & Regulatory Affairs

Care Muzz

The University of Vermont Medical Center

111 Colchester Avenue

Burlington, VT 05401

Telephone: 802-847-5007

Fax: 802847-6274

Carol.Muzzy@UVMHealth.org

Department of Health & Human Services Centers for Medicare & Medicaid Services JFK Federal Building, Government Center Room 2325 Boston, MA 02203



### Northeast Division of Survey & Certification

January 30, 2020

Stephen Leffler M.D., President & CEO University of Vermont Medical Center 111 Colchester Avenue Burlington, VT 05401

Re: CMS Certification Number (CCN): 470003

Survey ID: 5M8611, 01/22/2020

Dear Dr. Leffler:

I am pleased to inform you that as a result of the substantial allegation survey conducted on January 22, 2020 by the Vermont Division of Licensing and Protection (State Survey Agency), University of Vermont Medical Center was found in compliance with the Medicare Conditions of Participation for Hospitals at 42 CFR Part 482 and will continue to be "deemed" to meet applicable Medicare requirements based upon accreditation by The Joint Commission.

The State Survey Agency advised you of the Medicare deficiencies noted during the substantial allegation survey of your hospital, and we are enclosing a complete listing of all deficiencies found by the State. We have forwarded a copy of this letter to The Joint Commission and to the State.

Since your hospital has been found to be "in compliance," you do not have to submit a plan for correcting any of the Medicare deficiencies cited by the State Survey Agency. However, you should be aware that copies of the Form CMS-2567 and subsequent plans of correction are releasable to the public upon request in accordance with the provisions of Section 1864(a) of the Act and the Secretary's regulation set forth at 42 CFR §401.133(a) and (b). You may therefore wish to submit for public disclosure, if you have not already done so, your comments on the survey findings, and any plans you may have for correcting the cited deficiencies.

We thank you for your cooperation and look forward to working with you on a continuing basis in the administration of the Medicare program.

Kathy Mackin, Health Insurance Specialist Northeast Acute & Continuing Care Branch Survey & Operations Group

Northeast Survey & Enforcement Division

Kary Machi

Enclosure: CMS-2567 State Survey Agency CC:

TJC

PRINTED: 01/30/2020 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED C			
		470003	B. WING			22/2020	
	ROVIDER OR SUPPLIER  TY OF VERMONT MED	ICAL CENTER	11	TREET ADDRESS, CITY, STATE, ZIP CODE 11 COLCHESTER AVE BURLINGTON, VT 05401			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE	
A 000	INITIAL COMMENT	S	A 000				
A 283	was conducted by the Protection on 1/21/2 the Centers for Med for complaints 18350 Conditions of Partici investigation: Patient Assessment and Im Environment 482.41 Emergency Services Preparedness 482.1 were cited.  QUALITY IMPROVE CFR(s): 482.21(b)(2)  (b) Program Data (2) [The hospital minum]	e)(ii), (c)(1), (c)(3)  ust use the data collected to -  rtunities for improvement and	A 283	SEE ATTACHE PLAN OF COLLEC	D	4/1/20	
	performance improve (i) Focus on high problem-prone area (ii) Consider the severity of problems (iii) Affect health quality of care.  (3) The hospital must performance improve implementing those measure its succession.	ast set priorities for its wement activities that n-risk, high-volume, or s; incidence, prevalence, and s in those areas; and outcomes, patient safety, and st take actions aimed at					
LABORATORY	DIRECTOR'S OR PROVIDE	R/SUPPLIER REPRESENTATIVE'S SIGNATUR	RE	TITLE		(X6) DATE	
	/ \	me Hus		DIVEN	31	6/20	

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		470003	B. WING_		0.	C 1/22/2020	
NAME OF PROVIDER OR SUPPLIER  UNIVERSITY OF VERMONT MEDICAL CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 111 COLCHESTER AVE BURLINGTON, VT 05401			
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFI) TAG	(EACH CORRECTIVE ACTION SHOU	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
	This STANDARD is r Based on record revi facility failed to assure patient outcomes and identified and commu 6 Emergency Departr Findings include:  Based on record revie 9/6/19 that resulted in forehead and the righ was transferred to the ambulance for treatm Sutures were required X-rays were obtained addition to a chest X-I which x-rays cross se cervical spine and the The ED physician's no lacerations were locat described as being a on the volar surface a laceration on the med phalanx (fingertip). Th centimeter laceration	enot met as evidenced by: ew and staff interviews, the e that events that affect the quality of care were nicated to the patient in 1 of nent records reviewed.  ew, Patient # 1 had a fall on lacerations on the right tring finger. The patient e Emergency Room via ent and arrived at 1:12 AM. If to treat the lacerations, of Patient # 1's right hand in ray, CT scan (procedure ctions of tissue) of the e head.  otes stated that Patient #1's ed on the right third finger, three centimeter laceration and a one centimeter ial aspect of the distal is was in addition to a three on the right forehead. The	A2	DEFICIENCY)	FRIATE	4/1/20	
	the right third finger w physician documented reviewed and indepen physician notes stated x-ray, which was signi or foreign body of the ""Imaging was obta	ined, reviewed, and and radiologist. Please see					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			DATE SURVEY COMPLETED C
		470003	B. WING_			01/22/2020
NAME OF PROVIDER OR SUPPLIER  UNIVERSITY OF VERMONT MEDICAL CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 111 COLCHESTER AVE BURLINGTON, VT 05401		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHO		SHOULD BE	(X5) COMPLETION DATE
A 283	9/6/19 for Patient #1 laceration on ring fing "There is a nondisplated distal phalanx (tip of finger. Bandage materinger. There is no randhere is a difference and that provided by report which requires findings were telephoreport) the ED at 10:3 documentation in the the updated interpret treating physician was notified. Patient ED on 9/6/19 at 10:2 information stated the Patient #1 was discharded interpret treating physician was notified. Patient ED on 9/6/19 at 10:2 information stated the Patient #1 was discharded interpret was discharded interpret was discharded interpret was nearing discharded was nearing discharded in the physician who also repositely a Quality Deradiology notified Pardischarged and "wouthem."	history/comments dated stated "fell, 3 centimeter per." The findings stated ced crush fracture of the inger) on the right 4th erial is seen around the ring diopaque foreign body. between this interpretation the preliminary resident non-urgent notification. The med of (spelling error in 30 AM. " There was no ED record who received the ation from radiology, if the s notified or if the patient # 1 was discharged from the B AM. The discharge ere was no fracture present. Larged with orders for pain notibiotic.  The physician who treated the physician stated "I had iology called. The patient ge or had already left. Not caray results. Normally who they spoke to." The ED epresents the ED for the partment, was unsure if tient #1 after h/she was all follow up and check with		SEC ATTALITED OF Corre	PLAN	411120
		st be consistent with needs cles governing surgical care				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER.		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		47000			С	
NAME OF DE	OVIDED OD SLIDDI IED	470003	B. WING_	STREET ADDRESS, CITY, STATE, ZIP CODE	01/22/2020	
NAME OF PROVIDER OR SUPPLIER  UNIVERSITY OF VERMONT MEDICAL CENTER				111 COLCHESTER AVE BURLINGTON, VT 05401		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		Y MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE		BE COMPLETION	
A1103	maintenance of high sepractice and patient of this STANDARD is in Based upon interview facility failed to ensure services, as they perfetesting, were consisted accordance to standa Operating Room (OR)  Per interview with Hurand confirmed on 1/22 evidence that Surgical required color blindnehire on 5/8/95. HR fin 10/31/17 that she/he woold blindness test do notification to ST #1 on ontification on 1/15/18 Supervisor. The color done following the 3 in ST #1. No additional Supervisor was done confirmed that OR Teincludes that color blindness that color	assure the achievement and standards of medical are.  Not met as evidenced by: A and record review, the expolicies governing surgical ain to color blindness ntly implemented in rds of practice for 1 of 3 of staff.  The man Resources (HR) staff 2/20 at 3:03 PM, there is no I Technician (ST) #1 had the ss test done since date of rest notified ST #1 on was required to have the one; HR sent a 2nd on 12/11/17; HR send a 3rd so, which included the reblindness test was not notifications sent by HR to follow up with ST #1 or the by HR. In addition, HR such #1's job description andness testing be done.  Job Title: Surgical 079N"; created 10/29/18, A functions required for this on.  MERGENCY SERVICES	A 9	SEC ATTACHED PLA OF CONCETION	N 411/20	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		470003	B. WING_			01/2	22/2020
NAME OF PROVIDER OR SUPPLIER  UNIVERSITY OF VERMONT MEDICAL CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE  111 COLCHESTER AVE  BURLINGTON, VT 05401			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE
A1103	(2) The services must departments of the homogeneous departments of the homogeneous departments of the homogeneous departments and arrived reviewed. Findings in Based on record reviewed and the right was transferred to the treatment and arrived required to treat the Lobtained of Patient # a chest X-ray, CT so cross sections of tiss the head.  The ED physician's relacerations were located as being a on the volar surface a laceration on the mental phalanx (fingertip). To centimeter laceration notes also stated the the right third finger with the right third finger with the physician documents reviewed and independing the physician notes stated x-ray, which was sign or foreign body of the ""Imaging was obtilized.	to be integrated with other ospital.  Into the methal as evidenced by: It is and staff interviews, the set that services were readiology and the sent (ED) in 1 of 6 ED records clude:  It is a services were readiology and the sent (ED) in 1 of 6 ED records clude:  It is represented that a fall on a lacerations on the right services were reacerations. X-rays were reaceration and in the right third finger, three centimeter laceration and a one centimeter dial aspect of the distallines was in addition to a three on the right forehead. The patient had full extension of with no deformities. The read that imaging reports were modently interpreted. The right of recture register and readiologist. Please see	A1*	103	SEE ATTACH PLAN OF CONNECTION	60)	41120

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		470003	B. WING_		C 01/22/2020	
NAME OF PROVIDER OR SUPPLIER  UNIVERSITY OF VERMONT MEDICAL CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE  111 COLCHESTER AVE  BURLINGTON, VT 05401	01/222020	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION ( (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION	
A1103	The Radiology report stated "fell, 3 centime The findings stated "T crush fracture of the don the right 4th finger around the ring finger foreign body. There is interpretation and that resident report which notification. The finding (spelling error in report There was no docume who received the treadiology, if the treatiff the patient was notification the Endischarged from the Endischarged from the Endischarge information fracture present. Patien orders for pain medical During interview and received the treadiology discharges are who was given the radiology documents to physician was unsure	dated 9/6/19 for Patient #1 ter laceration on ring finger." There is a nondisplaced listal phalanx (tip of finger) Bandage material is seen There is no radiopaque a difference between this provided by the preliminary requires non-urgent gs were telephoned ot t) the ED at 10:30 AM. " entation in the ED record updated interpretation from ng physician was notified or fied. Patient # 1 was ED on 9/6/19 at 10:28 AM. ation stated there was no ent # 1 was discharged with ation and an antibiotic.  record review on 1/22/20 at physician who treated the physician stated "I had blogy called. The patient e or had already left. Not ne x-ray results. Normally who they spoke to." The ED if radiology notified Patient escharged and stated h/she	A11	SEE ATTACHED PLAN DE Correction	41112)	

PRINTED: 01/30/2020 FORM APPROVED OMB NO. 0938-0391

	MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA LAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		470003	B. WNG			1	22/2020
NAME OF PROVIDER OR SUPPLIER			-	S	TREET ADDRESS, CITY, STATE, ZIP CODE	017	
UNIVERSI	TY OF VERMONT MEDIC	CAL CENTER			11 COLCHESTER AVE BURLINGTON, VT 05401		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
E 000	An unannounced one was conducted by the Protection on 1/21/20 the Centers for Medic for complaints 18356 Participation for Eme	site complaint investigation e Division of Licensing & 0 - 1/22/20 as authorized by care and Medicaid Services & 18390. The Condition of rgency Preparedness ed for investigation by CMS.		0000		O.I.E.	411/2
LABORATORY C	PUREATORIA OF PROMISE	(SLIDDI IER REDRESENTATIVE'S SIGNATI IRE			TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

#### A 000 INITIAL COMMENTS

An unannounced onsite complaint investigation was conducted by the Division of Licensing & Protection on 1/21/20 - 1/22/20 as authorized by the Centers for Medicare and Medicaid Services for complaints 18356 & 18390. The following Conditions of Participation were authorized for investigation: Patient Rights 482.13, Quality Assessment and Improvement 482.21, Physical Environment 482.41, Surgical Services 482.51, Emergency Services 482.55 and Emergency Preparedness 482.15. The following deficiencies were cited.

### A 283 Quality Improvement Activities CFR(s): 482.21(b)(2)(ii), (c)(1), (c)(3)

- b) Program Data
  - (2) The hospital must use the data collected to
    - (ii) Identify opportunities for improvement and changes that will lead to improvement.
- (c) Program Activities
  - (1) The hospital must set priorities for its performance improvement activities that-
    - (i) Focus on high-risk, high-volume, or problem-prone areas;
    - (ii) Consider the incidence, prevalence, and severity of problems in those areas; and
    - (iii) Affect health outcomes, patient safety, and quality of care.
  - (3) The hospital must take actions aimed at performance improvement and, after implementing those actions, the hospital must measure its success, and track performance to ensure that improvements are sustained.

**This STANDARD** is not met as evidenced by: Based on record review and staff interviews, the facility failed to assure that events that affect patient outcomes and the quality of care were identified and communicated to the patient in 1 of 6 Emergency Department records reviewed.

### Findings include:

Based on record review, Patient #1 had a fall on 9/6/19 that resulted in lacerations on the right forehead and the right ring finger. The patient was transferred to the Emergency Room via ambulance for treatment and arrived at 1:12 AM. Sutures were required to treat the lacerations. X-rays were obtained of Patient # 1's right hand in addition to a chest X-ray, CT scan (procedure which x-rays cross sections of tissue) of the cervical spine and the head.

The ED physician's notes stated that Patient #1's lacerations were located on the right third finger, described as being a three centimeter laceration on the volar surface and a one centimeter laceration on the medial aspect of the distal phalanx (fingertip). This was in addition to a three centimeter laceration on the right forehead. The notes also stated the patient had full extension of the right third finger with no deformities. The physician documented that imaging reports were reviewed and independently interpreted. The physician notes stated "Patient had a right hand x-ray, which was significant for no acute fracture or foreign body of the right 3rd finger" and Imaging was obtained, reviewed, and interpreted by myself and radiologist. Please see radiology report for further details.

The radiology clinical history/comments dated 9/6/19 for Patient #1 stated "fell, 3 centimeter laceration on ring finger." The findings stated "There is a non-displaced crush fracture of the distal phalanx (tip of finger) on the right 4th finger. Bandage material is seen around the ring finger. There is no radiopaque foreign body.

There is a difference between this interpretation and that provided by the preliminary resident report which requires non-urgent notification. The findings were telephoned to (spelling error in report) the ED at 10:30 AM. "There was no documentation in the ED record who received the updated interpretation from radiology, if the treating physician was notified or if the patient was notified. Patient # 1 was discharged from the ED on 9/6/19 at 10:28 AM. The discharge information stated there was no fracture present. Patient # 1 was discharged with orders for pain medication and an antibiotic.

During interview and record review on 1/22/20 at 2:00 PM with the ED physician who treated Patient #1 on 9/6/19, the physician stated "I had already left when radiology called. The patient was nearing discharge or had already left. Not sure who was given x-ray results. Normally radiology documents who they spoke to." The ED physician who also represents the ED for the hospital's Quality Department, was unsure if radiology notified Patient #1 after h/she was discharged and "would follow up and check with them."

#### **ACTION PLAN**

- The UVMMC Policy Radiology Reporting and Discrepancy Management was updated by the Radiology
  and Emergency Department Division Chiefs and Network Regional Director of Radiology to include the
  expectation that the Attending Radiologist or delegate will communicate the discrepancy according to
  policy and include documentation of the closed loop communication: specifically the provider notified and
  date and time of notification.
- The Radiology Quality Assurance Chair and the Emergency Department Quality Assurance Chair will reinforce with department faculty policy updates specifically: documentation of the provider notification and any subsequent follow-up, through a combination of meetings and electronic communication.
- Monthly review of discrepancy list for compliance with the UVMMC Radiology Reporting and
  Discrepancy Management notification documentation by the Quality Assurance Chair will occur. Feedback
  will be provided at the provider level and data will be shared at the respective Quality Assurance
  Committee Meetings.
- All actions will be completed effective 4/1/20

### A 951 Operating Room Policies CFR(s): 482.51(b)

Surgical services must be consistent with needs and resources. Policies governing surgical care must be designed to assure the achievement and maintenance of high standards of medical practice and patient care.

This STANDARD is not met as evidenced by: Based upon interview and record review, the facility failed to ensure policies governing surgical services, as they pertain to color blindness testing, were consistently implemented in accordance to standards of practice for 1 of 3 Operating Room (OR) staff.

Per interview with Human Resources (HR) staff and confirmed on 1/22/20 at 3:03 PM, there is no evidence that Surgical Technician (ST) #1 had the required color blindness test done since date of hire on 5/8/95. HR first notified ST #1 on 10/31/17 that she/he was required to have the color blindness test done; HR sent a 2nd notification to ST #1 on 12/11/17; HR send a 3rd notification on 1/15/18, which included the Supervisor. The color blindness test was not done following the 3 notifications sent by HR to ST #1. No additional follow up with ST #1 or the Supervisor was done by HR. In addition, HR confirmed that OR Tech #1's job description includes that color blindness testing be done.

Per record review of "Job Title: Surgical Technician, Job Code 079N"; created 10/29/18, Version 2, the sensory functions required for this job include Color Vision.

### **ACTION PLAN**

- On 1/23/20 Surgical Technician referenced in the survey report underwent color vision testing per protocol.
- UVMMC has now incorporated vision testing into global new employee health screening. Previously, color vision testing was dependent on role or change in status.
- Leadership notification for Employees hired prior that require color blindness testing per job description began effective February 2020.

### A 1103 Integration of Emergency Services CFR(s): 482.55(a)(2)

If emergency services are provided at the hospital 2) the services must be integrated with other departments of the hospital.

**This STANDARD** is not met as evidenced by: Based on record review and staff interviews, the facility failed to assure that services were integrated between Radiology and the Emergency Department (ED) in 1 of 6 ED records reviewed. Findings include:

Based on record review, Patient # 1 had a fall on 9/6/19 that resulted in lacerations on the right forehead and the right ring finger. The patient was transferred to the Emergency Department for treatment and arrived at 1:12 AM. Sutures were required to treat the lacerations. X-rays were obtained of Patient # 1's right hand in addition to a chest X-ray, CT scan (procedure which x-rays cross sections of tissue) of the cervical spine and the head.

The ED physician's notes stated that Patient #1's lacerations were located on the right third finger, described as being a three centimeter laceration on the volar surface and a one centimeter laceration on the medial aspect of the distal phalanx (fingertip). This was in addition to a three centimeter laceration on the right forehead. The notes also stated the patient had full extension of the right third finger with no deformities. The physician documented that imaging reports were reviewed and independently interpreted. The physician notes stated "Patient had a right hand x-ray, which was significant for no acute fracture or foreign body of the right 3rd finger "and" "Imaging was obtained, reviewed, and interpreted by myself and radiologist. Please see radiology report for further details."

The Radiology report dated 9/6/19 for Patient #1 stated "fell, 3 centimeter laceration on ring finger." The findings stated "There is a nondisplaced crush fracture of the distal phalanx (tip of finger) on the right 4th finger. Bandage material is seen around the ring finger. There is no radiopaque foreign body. There is a difference between this interpretation and that provided by the preliminary resident report which requires non-urgent notification. The findings were telephoned to (spelling error in report) the ED at 10:30 AM. "There was no documentation in the ED record who received the updated interpretation from radiology, if the treating physician was notified or if the patient was notified. Patient #1 was discharged from the ED on 9/6/19 at 10:28 AM. The discharge information stated there was no fracture present. Patient #1 was discharged with orders for pain medication and an antibiotic.

During interview and record review on 1/22/20 at 2:00 PM with the ED physician who treated Patient #1 on 9/6/19, the physician stated "I had already left when radiology called. The patient was nearing discharge or had already left. Not sure who was given the x-ray results. Normally radiology documents who they spoke to." The ED physician was unsure if radiology notified Patient #1 after h/she was discharged and stated h/she "would follow up and check with them."

An unannounced onsite complaint investigation was conducted by the Division of Licensing & Protection on 1/21/20 - 1/22/20 as authorized by the Centers for Medicare and Medicaid Services for complaints 18356 & 18390. The Condition of Participation for Emergency Preparedness 482.15 was authorized for investigation by CMS. No regulatory deficiencies were identified

#### **ACTION PLAN**

- The UVMMC Policy Radiology Reporting and Discrepancy Management was updated by the Radiology
  and Emergency Department Division Chiefs and Network Regional Director of Radiology to include the
  expectation that the Attending Radiologist or delegate will communicate the discrepancy according to
  policy and include documentation of the closed loop communication: specifically the provider notified and
  date and time of notification.
- The Radiology Quality Assurance Chair and the Emergency Department Quality Assurance Chair will reinforce with department faculty policy updates specifically: documentation of the provider notification and any subsequent follow-up,
  - Through a combination of meetings and electronic communication.
- Monthly review of discrepancy list for compliance with the UVMMC Radiology Reporting and
  Discrepancy Management notification documentation by the Quality Assurance Chair will occur. Feedback
  will be provided at the provider level and data will be shared at the respective Quality Assurance
  Committee Meetings.
- All actions will be completed effective 4/1/20