THE
University of Vermont
MEDICAL CENTER

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

Carol Muzzy, Director
Accreditation & Regulatory Affairs
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

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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.

Sincerely,

Kathy Mackin

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

Enclosure: CMS-2567
cc: State Survey Agency
TJC

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	470003	A. BUILDING _____ B. WING _____	C 01/22/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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 000		
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.	A 283	SEE ATTACHED PLAN OF CORRECTION	4/1/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: DIRECTOR (X6) DATE: 3/6/20

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.

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A 283	Continued From page 1 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."	A 283	SEE ATTACHED PLAN OF CORRECTION	4/1/20

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A 283	Continued From page 2 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 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 ot (spelling error in report) the ED at 10:30 AM. " There was no documentation in the ED record who received the 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."	A 283	SEE ATTACHED PLAN OF CORRECTION	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	A 951		

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A 951	Continued From page 3 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.	A 951	SEE ATTACHED PLAN OF CORRECTION	4/1/20
A1103	INTEGRATION OF EMERGENCY SERVICES CFR(s): 482.55(a)(2) [If emergency services are provided at the hospital --]	A1103		

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A1103	Continued From page 4 (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."	A1103	SEE ATTACHED PLAN OF CORRECTION	4/1/20

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A1103	Continued From page 5 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 ot (spelling error in report) the ED at 10:30 AM. " There was no documentation in the ED record who received the 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."	A1103	SEE ATTACHED PLAN OF CORRECTION	4/1/20

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

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E 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 Condition of Participation for Emergency Preparedness 482.15 was authorized for investigation by CMS. No regulatory deficiencies were identified.	E 000	SEE ATTACHED PLAN OF CORRECTION	4/1/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | 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.

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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