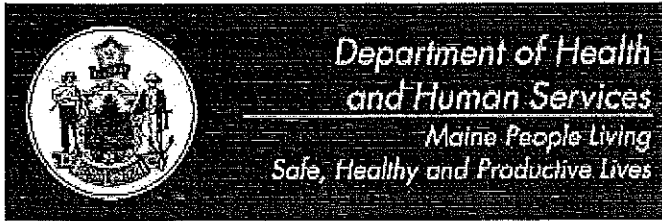


Revised POC



Paul R. LePage, Governor

Ricker Hamilton, Commissioner

Department of Health and Human Services
Licensing and Certification
41 Anthony Avenue
11 State House Station
Augusta, Maine 04333-0011
Tel.: (207) 287-9300; Fax: (207) 287-9307
TTY Users: Dial 711 (Maine Relay)

June 15, 2018

David Tupponce, MD, President
Central Maine Medical Center
300 Main Street
Lewiston, ME 04240

Dear Dr. Tupponce:

The revised Plan of Correction for the complaint survey, completed on May 21, 2018, for Central Maine Medical Center has been received in our office.

Upon review, your revised Plan of Correction received on June 15, 2018 was found to be acceptable as submitted.

If you have any questions, please feel free to call me through Marcia Smith at (207) 287-9259 or by email at Marcia.Smith@maine.gov.

Sincerely,

Elizabeth Church, RN, BSN
Manager of Acute Care and Long Term Care
Division of Licensing and Certification

cc: Nancy Hannah, CMS - Boston Regional Office

Complaint # 27914

Revised per

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

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OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER CENTRAL MAINE MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 300 MAIN STREET LEWISTON, ME 04240	
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A 000	INITIAL COMMENTS Federal Complaint # ME27914 On May 17-21, 2018, a CMS authorized survey was conducted at Central Maine Medical Center, an Acute Care Hospital, to evaluate compliance with 42 Code of Federal Regulations Part 482, Condition of Participation: Governing Body (§482.12). This survey determined the hospital was not in compliance with 42 Code of Federal Regulations Part 482.12, Condition of Participation: Governing Body. The following requirements have not been met:	A 000		
A 043	GOVERNING BODY CFR(s): 482.12 There must be an effective governing body that is legally responsible for the conduct of the hospital. If a hospital does not have an organized governing body, the persons legally responsible for the conduct of the hospital must carry out the functions specified in this part that pertain to the governing body ... This CONDITION is not met as evidenced by: Based on records reviewed and interviews, the Condition Participation for Governing Body Condition was not met as evidenced by evidence that hospital officials contacted law enforcement agencies and Emergency Medical Services (EMS) providers advising them not to transport mental health patients to their emergency department, . Findings included: 1. During an interview on May 14, 2018 at approximately 3:19 PM, the Chief Nursing Officer (CNO) reported that she met with the Police	A 043	<ul style="list-style-type: none"> The President of CMMC will have oversight and accountability for this plan of correction. On June 13, 2018 the Central Maine Medical Center ("CMMC") EMTALA policy was reviewed to ensure that it provides clear guidance as to hospital's system-wide understanding of and commitment to its EMTALA obligations. By June 22, 2018, the CMMC President will send to area law enforcement agencies and EMS providers a letter clarifying CMMC's commitment to serve all patients that present to our ED. The letter will highlight CMMC's understanding of and commitment to EMTALA policy and responsibilities. By June 22, 2018, the CMMC Regulatory Compliance Coordinator, with the support of the Center Maine Healthcare ("CMH") System General Counsel, will provide individual EMTALA compliance training to the Director of Security, as well as to the CMH Senior Operations Team, including the Chief Nursing Officer. Furthermore, by June 27, 2018, the CMMC Regulatory Compliance Coordinator and CMH System General Counsel will provide the CMH System Board of Directors with EMTALA compliance education, highlighting hospital EMTALA responsibilities, including management responsibilities, and review of the CMMC EMTALA policy. 	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: President, Central Maine Medical Center (X6) DATE: 06/15/2018

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 043	<p>Continued From page 1</p> <p>Chiefs for both cities of Lewiston and Auburn, regarding which hospitals the police transport individuals in custody.</p> <p>The CNO also stated that she met with the local ambulance service to discuss behavioral health patients transported to CMMC (Central Maine Medical Center). The CNO reported several emergency department (ED) physicians had expressed concern regarding psychiatric patients coming to a facility with no psychiatric services.</p> <p>During interviews on May 17-19, 2018, with several Emergency Medical Services providers, it was reported that on arrival at CMMC ED with patients seeking mental health care, the Paramedics reported that the ED staff would question the EMT's decision to transport the patient to CMMC. EMT #1, who manages the local ambulance service, reported that the CNO contacted him regarding mental health patients being transported to CMMC. EMT #1 stated that he advised the CNO that the patient has the right to choose which hospital they are transported to. EMT #2 reported that once on arrival to the CMMC ED, a staff nurse asked, "Why are you taking a mental health patient here?" And when EMS #2 was working for a different ambulance he/she was told to call in by phone and was informed that mental health patients should be transported to a different hospital. EMS #3 reported that a patient had requested transport to CMMC and when the ambulance called in they were advised to divert to the other hospital, since "we don't offer those services." It was reported that the nurse called the Ambulance Officer later and reported that she "messed up."</p> <p>The Director of Security sent an email to the</p>	A 043	<ul style="list-style-type: none"> On May 18, 2018, the CMMC Emergency Department Nurse Manager provided staff education on EMTALA requirements, including the requirement that the hospital serve all patients that present to our Emergency Department ("ED"), including those who present with behavioral health or psychiatric needs. As well, on May 18, 2018, a power point presentation and subsequent discussion period for questions was provided to ED clinical staff by the ED Nurse Manager. EMTALA education will continue to be provided as part of new employee regulatory orientation. EMTALA education and training also will become part of the annual education provided to clinical staff in the Emergency and Maternity departments. Onboarding and annual EMTALA education will be delivered through the HealthStream® employee continuing education program. 	

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A 043	<p>Continued From page 2</p> <p>Androscoggin County Sheriff's Office instructing the Sheriff's Office; "...if someone is in custody and is suicidal or in need of mental health issues that person is to be transported to [other hospital]. CMMC is a trauma center and cannot provide the proper care for mental health."</p> <p>The Director of Security confirmed on May 16, 2018 at approximately 11:00 AM that he did send an email to the Sheriff's Office.</p> <p>The CNO confirmed on May 18, 2018 at approximately 9:05 AM that she had discussed transporting mental health patients with the local ambulance service.</p> <p>2. Standard: §482.12(a)(5) Medical Staff Accountability also known as A0049 - Based on record reviews and interview, it was determined that the Governing Body failed to assure the quality of patient care determination by Emergency Department (ED) Providers, were based on complete and accurate medical record information provided by contracted providers completing emergency crisis evaluations for 11 of 27 sampled patient records (Patient #2, #5, #6 - 2 records, #7 - 2 records, #9, #12 - 3 records, and #14). See A0049 for details.</p> <p>3. Standard: §482.12(e) Contracted Services also known as A0083 - Based on record review and interviews, the Governing Body failed to assure through the Quality Assessment and Performance Improvement that contracted services were monitored to identify performance problems and to assure improvement activities are implemented for 1 of 1 Crisis Service contracts reviewed. See A0083 for details.</p>	A 043	<ul style="list-style-type: none"> • With the support and oversight of the CMH Chief Quality Officer, the CMMC Nurse Leaders of the ED and Maternity Departments will monitor staff compliance with EMTALA continuing education requirements. The afore-referenced Healthstream education application produces a training completion report that is reviewed by the applicable CMMC Nurse Leaders. The reporting flows up through leadership as follows: <ul style="list-style-type: none"> o The Nurse Leaders will report compliance to the CMMC Emergency Department leaders, including the Medical Director of the ED (who has oversight of the physician leaders in the ED) and the CMMC Director of Capacity Management (who has oversight of the clinical operations of the ED, excluding the physician leaders). o The CMMC Director of Capacity Management will provide compliance reporting documentation to the CMH Chief Quality Officer, the CMH Chief Compliance Officer, the CMMC Chief Medical Officer and the President of CMMC. The CMH Chief Quality Officer will report out findings to the CMH Quality and Clinical Integration Council. The CMH Compliance Officer will report out findings to the CMH Compliance & Internal Audit Committee (a committee of the CMH System Board of Directors). The CMMC Chief Medical Officer will report out findings to the CMMC Medical Executive Committee, and the President of CMMC will report out findings to the CMH Quality, Value & Community Health Committee (also a committee of the CMH System Board of Directors). 	

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A 049	<p>Continued From page 4</p> <p>confusion or psychosis. [He/She] is able to contract for safety." A further review of the record found that the record failed to contain documentation of the crisis assessment.</p> <p>- A review of the record for Patient #5 found an ED Physician note, dated 10/22/17 at 12:21 PM, which stated, in part, "Seen by Tri-County intervention. Patient has been accepted to Deer Run for respite care ...". A further review of the record found that the record failed to contain documentation of the crisis assessment.</p> <p>- A review of the record for Patient #6 found a ED Physician note, dated 4/06/18 at 12:52 PM, which stated, in part, "The patient became agitated when [community provider] Act Team worker suggested that [he/she] would be OK to go home." The record also contained the following nurse's documentation, dated 4/6/18 at 4:10 PM, "After pt's ACT team member visited and recommended pt be discharged, pt became upset and said [he/she] needs to stay in the hospital ... [ED Physician] spoke to the patient and decided the patient was safe to be discharged with the recommendation from [community provider] Mental Health." A further review of the record found that the record failed to contain documentation of the referenced [community provider] Mental Health assessment and recommendation that patient be discharged.</p> <p>- A review of an additional record for Patient #6 found an ED Provider note, dated 4/26/18 at 7:26 AM, which stated, in part, "Medical Decision Making ... [Patient] was signed out to me pending psychiatric placement following evaluation by [crisis provider]." The record also contained Nursing documentation dated 4/26/18 at 3:26 AM</p>	A 049	<p>o As of June 11, 2018, a designated work area has been established within the ED to enable contracted crisis workers to complete documentation at the hospital and soon after providing the assessment.</p> <p>o As of June 11, 2018, the contracted crisis workers have been informed of the expectation to complete documentation prior to leaving the hospital. If a contracted crisis worker must leave the hospital emergently, then crisis documentation will be due within 24 hours of the time of the assessment completion.</p> <p>o As of June 11, 2018, a full chart review has been performed on each chart in which missing documentation was identified.</p> <p>• As of June 11, 2018 all missing crisis documentation has been received from the contracted crisis team and uploaded into the electronic medical record.</p>		

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A 049	Continued From page 5 stating; "0145-[Crisis Provider Agency #2] Representative/councillor at bedside to assess pt." And, "0217- [Crisis Provider Agency #2] Rep. informed me that she will be looking for inpatient, psychiatric care at [other hospital]; no beds available tonight; provider aware." A further review of the record found that the record failed to contain documentation of the referenced assessment/evaluation of the patient by [Crisis Provider Agency #2]. - A review of the record for Patient #7 found an ED Provider note, dated 4/10/18 at 4:02 AM, which stated, in part, "[patient] who was signed out to me awaiting evaluation by [Crisis Provider Agency #1] for suicidal ideation ... [He/she] was violent by [Crisis Provider Agency #1] who is seeking an inpatient bed." A further review of the record found nursing documentation, dated 4/11/18 at 1943 (7:43 PM) which stated [Crisis Provider Agency #1] Rep informed me that Pt was accepted to [psychiatric hospital]. Additionally; Suicide Precautions Monitoring documentation dated 4/10/18 at 9:31 AM, "Observed Pt Activity: Sitting up in chair, Other: talking with [Crisis Provider Agency #2]". A further review of the record found that the record failed to contain documentation of the referenced assessment/evaluation of the patient by Crisis Provider Agency #1 or #2. - A review of an additional record for Patient #7 found an ED Provider note, dated 5/8/18 at 2:45 AM, which stated, in part, "[Patient #7] was seen by [ED Physician] and medically cleared signed out to me awaiting crisis evaluation. This was completed [Patient #7] felt to be appropriate for inpatient care in the process of placement as started." Patient Care Note documented on	A 049	<ul style="list-style-type: none"> As of June 11, 2018, CMMC ED providers requesting crisis services for any patient are required to enter an electronic order for "Consult for Crisis Intervention". This order enables the hospital to generate a report of all consults for crisis assessments and provides a tool for identifying all records requiring a crisis assessment. This report will be reviewed weekly by the Director of Capacity Management to ensure the contracted crisis team's compliance with the documentation requirement of crisis assessments in the patient medical records. As of June 18, 2018, a QAPI plan will be initiated within the Health Information Management Department in which the Director will ensure that a weekly audit is completed to assess contracted service compliance with documentation terms. Weekly audits will continue until there is evidence of sustainable compliance. Once sustained compliance is achieved, internal audits will occur monthly to monitor for completeness of ED records. Compliance with ED medical record completeness will be tracked through the QAPI plan with weekly/monthly reports provided to the Director of Health Information Services who will then forward the report to the Director of Capacity Management. On a quarterly basis, the Director of Capacity Management will report the results of the Emergency Department medical records tracking to the CMH Chief Quality Officer, the CMH Chief Compliance Officer, the CMMC Chief Medical Officer and the President of CMMC. The CMH Chief Quality Officer will report out findings to the CMH Quality and Clinical Integration Council. The CMH Compliance Officer will report out findings to the CMH Compliance & Internal Audit Committee. The CMMC Chief Medical Officer will report out findings to the CMMC Medical Executive Committee, and the President of CMMC will report out findings to the CMH Quality, Value & Community Health Committee. 		

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A 049	Continued From page 6 5/8/18 at 7:21 AM, "Patient Care Followup: 0721 (7:21 AM) [Crisis Provider Agency #2] arrived to talk with patient ...". A further review of the record found that the record failed to contain documentation of the referenced assessment/evaluation of the patient by crisis provider agency #2. - A review of the record for Patient #9 found an ED Provider note, dated 4/2/18 at 10:54 PM, which stated, in part, "I have asked crisis to see [him/her]. I do not think [he/she] requires acute inpatient hospitalization. Signed out to my colleague pending crisis eval." The ED Provider note, 4/2/18 at 11:45 PM, stated, in part, "Medical Decision Making: [Patient #9] with suicidal ideation without specific plan signed out to me awaiting crisis evaluation." The record also contained Suicide Precautions Monitoring documentation dated 4/3/18 at 3:57 AM, stating, in part, "Observed PI activity: Lying in bed. Other: talking with [Crisis Provider Agency #1]." A further review of the record found that the record failed to contain documentation of the referenced assessment/evaluation of the patient by [crisis provider agency #1]. - A review of the record for Patient #12 found an ED Provider note, dated 4/27/18 at 1:24 AM, which stated, in part, "Medical Decision Making ... I have also contacted [Crisis Provider Agency #2] for psychiatric evaluation. Crisis evaluation and placement is pending at the end of my shift." A further review of the record found that the record failed to contain documentation of the referenced assessment/evaluation of the patient by [crisis provider agency #2]. - A review of a second record for Patient #12	A 049			

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A 049	<p>Continued From page 7</p> <p>found an ED Provider note, dated 4/28/18 at 10:54 PM, which stated, in part, "Medical Decision Making ... [Patient #12] here with suicidal ideation with plan although limited means. Patient is currently awaiting psychiatric evaluation." A further review of the record found that the record failed to contain any documentation of the referenced psychiatric evaluation of the patient being performed:</p> <p>- A review of a third record for Patient #12 found an ED Provider note, dated 5/13/18 at 2:55 AM, which stated, in part, "Medical Decision Making ... I spoke with crisis for evaluation for patient's spell polysubstance abuse as well as depression and SI. They evaluated the patient. They recommended inpatient placement ...". The record also contained a patient care note dated 5/13/18 stating, "1530 (3:30 PM) - [Crisis Provider Agency #2] rep speaking with patient at this time. AS RN". A further review of the record found that the record failed to contain documentation of the referenced assessment/evaluation of the patient performed by [crisis provider agency #2].</p> <p>- A review of the record for Patient #14 found an ED Provider note, dated 1/12/18 at 10:16 PM, which stated, in part, "Medical Decision Making ... Pt met with [Crisis Provider Agency #1] who will seek inpatient treatment". The record also contained Patient Care Note dated 1/13/18 at 9:11 PM stating, in part, "Patient Care Followup: [Crisis Provider Agency #1] Called at this time. Per [Crisis Provider Agency #1] patient will be assessed in the morning. No beds for placement at this time ..." A further review of the record found that the record failed to contain documentation of the referenced assessment/evaluation of the patient performed</p>	A 049			

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A 049	Continued From page 8 by with [Crisis Provider Agency #1]. During an interview with RN #3 on May 15, 2018 at approximately 12:30 PM, it was confirmed that the medical records provided did not all contain documentation of the crisis evaluation, when the record indicated that an evaluation had been performed. RN #3 reported that Medical Record staff were not able to locate the crisis evaluations for several of the requested records, where a crisis evaluation had been documented. RN #3 stated; "We need to monitor getting these reports from crisis". Additionally, RN #3 stated, "[MD #1] noticed the same thing, difficulty getting information from [Crisis Provider Agency #1]. Part of the contract with [Crisis Provider Agency #2] is to assure information is provided."	A 049			
A 083	CONTRACTED SERVICES CFR(s): 482.12(e) The governing body must be responsible for services furnished in the hospital whether or not they are furnished under contracts. The governing body must ensure that a contractor of services (including one for shared services and joint ventures) furnishes services that permit the hospital to comply with all applicable conditions of participation and standards for the contracted services. This STANDARD is not met as evidenced by: Based on record review and interviews, the Governing Body failed to assure through the Quality Assessment and Performance Improvement that contracted services were monitored to identify performance problems and to assure improvement activities are implemented for 1 of 1 Crisis Service contracts reviewed.	A 083	<ul style="list-style-type: none"> The President of CMMC will have oversight and accountability for this plan of correction. As of June 11, 2018, the Sweetser Clinical Crisis Services contract is under review to ensure that it provides detailed requirements related to the quality and quantity of services provided, including documentation to be provided by clinicians. This review and any required contract revisions will be completed by June 22, 2018. 		

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A 083	Continued From page 9 The finding includes: A review of the "Crisis Services Agreement" contract that was in effect from August 24, 2016 to May 1, 2018, indicated "Crisis worker will provide the written assessment to the Clinical supervisor at CMMC, or designee. If circumstances prevent crisis worker from completing the written assessment at the time of the interview, crisis worker will fax the assessment to the ... at CMMC." A review of 17 patient records where the record documented a crisis evaluation was done, only 6 records contained a copy of the crisis assessment. The "Clinical Contract Evaluation Form" failed to monitor compliance with providing documentation as required in the contract. This finding was confirmed with the Regulatory Compliance Coordinator and the Covering Compliance Officer on May 21, 2018 at approximately 11:00 AM, who agreed that the hospital was not monitoring the receipt of documents from the crisis provider at that time.	A 083	<ul style="list-style-type: none"> • As of June 11, 2018, CMMC ED providers requesting crisis services for any patient are required to enter an electronic order for "Consult for Crisis Intervention". This order enables the hospital to generate a report from which a weekly quality check of contracted crisis team's compliance with documentation expectations to ensure a complete and accurate patient record is maintained. o Compliance will be tracked through the QAPI plan with weekly/monthly reports provided to the Director of Health Information Services who will forward the report to the Director of Capacity Management. o On a quarterly basis, the Director of Capacity Management will report the results of the contractor ED crisis services performance tracking to the CMH Chief Quality Officer, the CMH Chief Compliance Officer, the CMMC Chief Medical Officer and the President of CMMC. The CMH Chief Quality Officer will report out findings to the CMH Quality and Clinical Integration Council. The CMH Compliance Officer will report out findings to the CMH Compliance & Internal Audit Committee. The CMMC Chief Medical Officer will report out findings to the CMMC Medical Executive Committee, and the President of CMMC will report out findings to the CMH Quality, Value & Community Health Committee. o By June 30, 2018, the process and schedule for oversight of the crisis assessment services contracts will be reviewed by the Chief Quality Officer to ensure all compliance expectations are consistently assessed. When compliance expectations are not met, the Chief Quality Officer will ensure that appropriate follow up occurs with the leadership of crisis services contractors to establish a performance improvement plan. 	