



Complaint Summary for Public Viewing Reports for:
PRESBYTERIAN/ST LUKE'S MEDICAL CENTER

Intake ID: CO00008141

Facility: PRESBYTERIAN/ST LUKE'S MEDICAL CENTER

Date of Complaint: 6/13/2006

Date of Investigation: 6/19/2006

Total Number of Allegations for Complaint: 1

Allegation: 1

Type: EMTALA (Patient Dumping)

Findings: Unsubstantiated

Allegation Detail: The Health Facilities and Emergency Medical Services Division received a complaint on June 7, 2006. The complainant alleges that the facility failed to accept the transfer of the --- ---- patient --- ---- even though they had allegedly said that they had a bed for the patient. Allegedly, the physician --- ---- who was contacted by the potentially receiving facility --- ---- to accept the case refused to accept the patient --- ----. Because the physician refused to accept the case, the facility refused to accept the transfer.

Findings Detail: On 6/19/2006 through 6/19/2006 an unannounced onsite EMTALA complaint investigation authorized by CMS (Centers for Medicare and Medicaid) was conducted by two surveyors. Policies/procedures and medical records were reviewed. Staff and physician interviews were conducted. The findings were:

According to the ED --- ---- record, dated 5/26/06, from the transferring facility the patient was a male in his forties who presented to the ED at 12:20 am for evaluation of --- ----. " --- ---- The patient had a history of --- ----. At 3:30 a.m., the patient "calm and cooperative at this time, agrees not to pick at staples and agrees not to try to harm self while in the ED, released from restraints, pt. then apologizes to staff for yelling and verbally abusive behavior earlier". During this time the ED at --- ---- was determining placement for this patient. --- ----. At 8:45 a.m., it was documented that --- ---- was denying the admission of this patient.

On 6/19/06 at 10:00 am an interview was conducted with --- ----, manager of Outpatient Behavioral Health. He stated he recalled the incident. H/she stated there was concern about managing this patient at that time. The unit `s acuity was changing, staffing had been adequate but due to the acuity of the patients already on the unit they were considering going on " Capability Status " or divert. The psychiatrist --- ---- had been consulted with regarding this patient. The physician had said that this patient `s behavior would have impacted the milieu of the unit, staffing would not have been adequate to care for him on a 1:1. He had reviewed the information from the transferring hospital and declined to accept the patient due to " capability " .

Review of the document " Unit Capability Status Checklist " dated 5/26/06, documentation revealed the current census was 14. They had attempted, but was unable to get additional staff from Staffing Department. Capability start time was 12:30 pm on 5/26/06 and end time was 10:40 am on 5/27/06.

On 6/19/06 an interview was conducted with --- ---- the support line clinician who was on duty the day of 5/26/06. S/he stated she came on duty at 8:00 am on that day. S/he had received a call from --- ---- regarding the potential transfer. After reviewing the patient ` s labs, Mental Health Hold, ED evaluation, she presented this information to the psychiatrist. After 4 to 6 phone calls between the two --- ---- it was determined by --- ---- approximately 9:00 am that they would not be able to accept the patient due to insufficient future staffing. The support line clinician was asked how this denial of patient admission was communicated to the facility trying to locate placement for the patient. H/She could not recall the exact statement --- ----. H/She explained the statements used are typical within the profession and had the context of "not reinforcing this type of behavior" as the patient had already --- ---- again if admitted to the new facility for psychiatric inpatient treatment. H/She stated "there were 4, 5, to 6 calls made" to the receiving facility's ED since h/she arrived at 8:00 a.m on 5/26/06. The clinician involved explained h/she "felt she had communicated they were considering the need for capability status due to insufficient future staffing".

H/she indicated the standard procedure was to obtain pertinent information from the receiving facility which would include the patient's name and face sheet, a medical screening evaluation with laboratory results, and a copy of the patient's mental hold status. This information was faxed over for h/her review on 5/26/06. H/She explained she arrived at 8:00 a.m., and it was typically the charge nurse that made calls to staffing and management for initiating the status of "going on capability", which would then page the managers. In this case, h/she explained there was concern regarding lab values because the patient had --- ----, and they were questioning their current staffing resources and how to safely manage this patient admission. It was explained this patient would require "1:1" monitoring, however staffing resources were not available due to the high acuity of the current inpatient setting. The clinician communicated upon obtaining potential admission input h/she would consult with the physician for approval of patient admissions.

An interview was conducted with the psychiatrist --- ---- on 6/19/06. H/she stated that he personally did not speak with the transferring facility. After reviewing the information from the transferring facility he determined that due to the high acuity of patient ` s already on the unit, and the lack of future staffing, they would not be able to safely care for him. H/She explained the case was reviewed and h/her assessment was the patient was demonstrating "manipulative behaviors". The patient had stated, --- ----. It was the physician's determination at --- ---- the patient had a "---- ----. The physician communicated his decision to decline the admission to the support line clinician.

On 6/19/06 at 9:30 a.m., a mental health counselor --- ---- who participated in patient care on 5/26/06 on the inpatient psychiatric unit at --- ----. H/She was involved in a group evaluation and assisted with patient care and routine 15 minute checks of the patients. H/She described the unit as being "high acuity" on that day. H/She specifically described the needs of the current inpatient psychiatric population of the unit as follows: --- ----.

Review of the staffing schedule revealed for 5/26/06 there were four RN's (Registered

Nurses) and one mental health counselor for the day shift through the hours of 7 a.m. through 3 p.m. on 5/26/06. From the hours of 3 p.m. through 7 p.m., the unit had a census of 14 patients --- ----. Staffing was adequate at that time but it was anticipated by 11:00 p.m., the unit would be short by one RN. The unit contracts for two RN's and one mental health counselor on the night shift. The staffing schedule did indicate a scheduled RN and a per diem RN were present for the night shift.

Additionally, the manager of outpatient behavioral health --- ---- explained that while this decision to divert was being determined, "there may be gaps of a couple of hours" to finalize that decision as they do their best to accommodate and respond to patient care needs throughout the community. The support line covers 6 medical centers and 2 free standing ED's within the Health One health care system. H/She explained during this time frame at approximately 10:00 a.m., 20 patients were being assessed on the support line from all of the ED's combined in addition to this particular case. --- ----.

Documentation from the --- ---- indicated a psych re-evaluation was in progress at 6:48 p.m.. The patient denied suicidal ideations and was discharged at 9:45 p.m. and sent home with medications and had a plan for follow up care and states h/she "will return if h/she feels suicidal".

In summary, the allegation was unsubstantiated due to lack of sufficient evidence. While there was evidence that possible placement for a psychiatric patient was in process between the facilities, physician assessment of this patient determined the admission was inappropriate due to patient's continued threats of suicide if admitted to the new facility. The physician did not feel this situation would be manageable with the current lack of staffing resources available and declined the admission. The patient ultimately received treatment and underwent a psychiatric re-assessment at the facility attempting an inpatient psychiatric admission, however was discharged on his own later that evening. No Federal Deficiencies cited.