

COPY



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

DEBRA RANSOM, R.N., R.H.I.T., Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, ID 83720-0009  
PHONE 208-334-6626  
FAX 208-364-1888

January 18, 2012

Sheryl Rickard, Administrator  
Bonner General Hospital  
520 North Third Avenue Box 1448  
Sandpoint, ID 83864

Provider #131328

Dear Ms. Rickard:

On **December 14, 2011**, a complaint survey was conducted at Bonner General Hospital. The complaint allegations, findings, and conclusions are as follows:

**Complaint #ID00004866**

**Allegation:** The hospital did not closely monitor surgeons and take action to prevent surgical complications.

**Findings:** An unannounced visit was made to the critical access hospital on 12/12/11 to 12/14/11. Staff were interviewed. Fifteen medical records, as well as administrative documents and quality improvement documents were reviewed.

Fifteen medical records were reviewed of patients who had undergone surgery at the hospital. All of these medical records documented examinations and services provided to patients at least daily. Physician orders and treatment provided were documented. Any complications experienced by these patients were promptly diagnosed and treated.

The hospital had several medical staff committees, including a Surgical Committee, Emergency Committee, etc. The Surgical Committee minutes documented the group had met 5 times from 1/01/11 through 10/30/11. Criteria had been established to identify cases referred for peer review such as unplanned return to surgery, infections, patient complaints, and others. Cases of 15 surgical patients had been reviewed by the Surgical Committee in 2011 and 19 cases had been

Sheryl Rickard, Administrator  
January 18, 2012  
Page 2 of 2

reviewed in 2010.

The Surgical Committee was active in the appointment of physicians to the medical staff and the granting of privileges to those physicians. The hospital maintained a "Physician Performance Feedback Report" for each physician, which included numbers of complications from surgical cases. The committee discussed the work done by surgeons and either recommended or did not recommend reappointment.

Credentials files of 6 surgeons were reviewed. All of the physicians were board certified in their specialties. All of the physicians had been appointed in the past 2 years. All of the files documented review and recommendation for approval of the appointments by the appropriate medical committee, the Credentials Committee, and the Medical Executive Committee.

The hospital identified a possible increase in complications in March of 2011. At that time, the hospital hired an outside physician to review the cases. External peer review and proctoring were conducted by a board certified surgeon in the same specialty.

Based on the above information, the complaint was not substantiated.

**Conclusion:** Unsubstantiated. Lack of sufficient evidence.

As none of the allegations were substantiated, no response is necessary. Thank you for the courtesies and assistance extended to us during our visit.

Sincerely,



GARY GUILLES  
Health Facility Surveyor  
Non-Long Term Care



SYLVIA CRESWELL  
Co-Supervisor  
Non-Long Term Care

GG/srm