IDAHO DEPARTMENT OF HEALTH & WELFARE

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February 12, 2010

Mark Schwartz
St. Lukes Magic Valley RMC
P.O. Box 409
Twin Falls, ID 83301

Provider #130002

Dear Mr. Schwartz:

On **January 20, 2010**, a complaint survey was conducted at St. Lukes Magic Valley RMC. The complaint allegations, findings, and conclusions are as follows:

Complaint #ID00004265

Allegation: Patient's medical needs were not attended to.

Findings: An unannounced visit was made to the hospital on 1/19 through 1/20/10. Ten medical records and Incident/Accident reports were reviewed. Staff were interviewed.

One patient's record documented a Psychiatric History and Physical, dated 7/21/09 at 6:36 PM, stating the patient was placed on a protective hold and transported to the hospital's Emergency Department after a drug overdose.

The Emergency Room (ER) Visit physician's note, dated 7/21/09 at 5:44 PM, stated the patient was unable to void (urinate). The physician's note stated the patient had recently had a shoulder surgery and was currently taking morphine. The Nursing 2008 Drug Hand Book did list urinary retention as a common side effect of this medication. The physician's note also stated the only new medication the patient was started on was Geodon (a medication used to treat schizophrenia and bipolar disorder). However, the patient had taken this medication previously. The Nursing 2008 Drug Hand Book did not list urinary retention as a side effect of Geodon.

An ER nursing note dated 7/21/09 at 4:14 PM, stated the nurse had catheterized the patient and 1000 cc (cubic centimeters) of urine was retrieved. The ER physician's note stated the urinary retention may have been caused by narcotic usage associated with postoperative symptoms as well as possibly the Geodon that was reinstituted. The physician suggested the patient continue her current medications and follow up with an urologist as needed. The patient was transferred to the hospital's psychiatric center.

On 7/23/09 at 11:10 AM, the psychiatrist ordered the patient's morphine to be tapered down and by 8/13/09, all scheduled doses of morphine would be discontinued. This was confirmed during an interview with the psychiatrist on 1/20/10 at 8:50 PM, at which time he stated that morphine use was often associated with urinary retention. He also stated that he had never seen a patient have urinary retention with the use of Geodon.

A nursing note, dated 7/24/09 at 11:15 PM, stated the patient complained that she had not been able to void. The note stated that staff reported they had witnessed the patient voiding. The patient was confronted and she responded "Oh I didn't remember." The note stated the physician was called and advised of the situation.

A Psychiatric Inpatient Progress Note, dated 7/25/09 at 9:59 AM, stated the psychiatrist was called by staff the evening of 7/24/09, about the patient's report of being unable to void. The note stated that 2 different staff members reportedly had witnessed the patient urinating twice that day. He noted the patient stated that she was feeling better and reported no pain or discomfort.

A Psychiatric Inpatient Progress Note, dated 7/26/09 at 10:35 AM, stated the patient reported she was unable to void on 7/25/09. The psychiatrist documented that he was going to order a culture on the patient's urine to rule out an infection.

A Physician's Order sheet documented the patient was transferred to the ER on 7/26/09 at 1:30 PM, for an ER physician's evaluation. A psychiatric nursing note, dated 7/26/09 at 2:00 PM, stated the patient complained that she was unable to void. The nurse obtained a bladder scan (a noninvasive method of assessing bladder volume and other bladder conditions using ultrasonography to determine the amount of urine retention) and documented the patient had 875 ml's (milliliters) of urine in her bladder (a typical adult has the urge to urinate when 250 mls of urine is in the bladder). The ER note stated a Foley catheter (a catheter that was inserted and retained in the bladder for continuous drainage of urine into a closed system) was inserted and the patient was to see a urologist.

On 7/28/09 at 2:30 PM, the urologist's office that was consulted regarding the urinary retention was called by the psychiatric staff to make an appointment for the patient.

The office stated they would call back after the Urologist had an opportunity to review the ER reports.

A verbal order was received from the Urologist on 7/29/09 at 8:25 AM, directing nursing to remove the Foley catheter and if the patient did not void in 6 hours to do a self-intermittent catheterization, or if self catheterization if not effective, place chronic Foley catheter.

A nursing note dated 7/29/09 at 1:30 PM, stated the Foley catheter was removed and the nurses instructed the patient to increase her fluids and try to void frequently.

A nursing note on 7/29/09 at 10:00 PM, documented a bladder scan was performed. The results indicated the bladder contained approx 1000 cc's of urine.

A nursing note dated 7/29/09 at 10:30 PM, documented the patient was catheterized at 10:30 PM, and 1400 cc's urine was retrieved.

On 7/30/09 at 11:00 AM, the psychiatrist discontinued the patient's Geodon.

On 7/30/09 at 8:42 PM, a nursing note stated the patient was only able to void a small amount of urine and requested to be catheterized. The nurse documented the patient asked to go to the ER and a physician order was written on 7/30/09 at 9:01 PM, sending the patient to the ER. A nursing ER note, written on 7/30/09 at 9:50 PM, stated the patient urinated spontaneously, and then was catheterized for an additional 175 cc's. The patient was then returned to the psychiatric facility with instructions to limit her fluid intake to 2500 cc's.

Physician Progress Note, dated 7/31/09 that was untimed, stated that the patient's urinary retention seemed to have been caused by the Geodon and the patient was discharged to home on 8/03/09 without any further complaints of urinary retention.

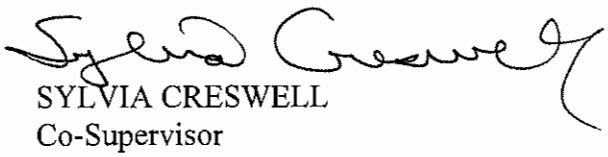
While the degree of urine retention experienced by the patient would have caused discomfort, no evidence was found that the hospital failed to address the patient's urinary retention. Other records reviewed, of psychiatric patients, also documented that their health care needs were met.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

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

Sincerely,

PATRICK HENDRICKSON
Health Facility Surveyor
Non-Long Term Care



SYLVIA CRESWELL
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PH/mlw