IDAHO DEPARTMENT OF
HEALTH & WELFARE

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August 28, 2013

COPY

Lori Schroder, Administrator
North Idaho Endoscopy Center
1607 Lincoln Way, Suite 100
Coeur D'Alene, ID 83814

RE: North Idaho Endoscopy Center, Provider #13C0001044

Dear Ms. Schroder:

On **August 20, 2013**, a complaint survey was conducted at North Idaho Endoscopy Center. The complaint allegations, findings, and conclusions are as follows:

Complaint #ID00006074

Allegation #1: The facility does not have appropriate medications needed for patient emergencies.

Findings #1: An unannounced visit was made to the endoscopy center on 8/20/13. During the complaint investigation, observations were conducted, staff were interviewed, and records were reviewed with the following results:

The facility's drug supplies were observed. On 8/20/13 at 2:25 PM, a vial of succinylcholine (a skeletal muscle relaxant used to facilitate intubation) was observed in an anesthesia cart located in a procedure room.

According to the Malignant Hyperthermia Association of America, malignant hyperthermia, or MH, is a hereditary, potentially fatal musculoskeletal disorder that is associated with the use of succinylcholine. Signs of MH include high body temperature, muscle rigidity, high heart rate and muscle breakdown. MH can usually be reversed with dantrolene, a skeletal muscle relaxant.

However, no dantrolene was located in the anesthesia cart observed on 8/20/13 at 2:25 PM.

During an interview at 2:10 PM on 8/20/13, the nurse manager stated that the endoscopy center performed procedures under moderate sedation, allowing patients to be sedated but still breathing on their own and sometimes able to follow simple commands during a procedure. She stated that conscious sedation was administered by nurse anesthetists and anesthesiologists under contract with the endoscopy center.

She stated that the endoscopy center ordered, stored and provided medication to the anesthesia group needed for conscious sedation, but any emergency drugs, specifically drugs needed for emergency intubation, are obtained and stored by the anesthesia providers in their carts.
She stated that the endoscopy center did not perform procedures under general anesthesia and therefore, did not routinely intubate patients. She stated that a patient would only be intubated in an emergency situation and would immediately be transferred to a hospital.

The facility's "Anesthesia Services Agreement," was reviewed. The contract, signed by the anesthesia provider group on 2/21/13 and the endoscopy center on 2/26/13, stated "Items unique to anesthesia such as anesthesia carts, laryngoscopes, specialty infusion pumps, or supplies outside of the usual and customary required for moderate sedation in endoscopy will be supplied, owned, and maintained by the {anesthesia} Provider."

An anesthesiologist was interviewed on 8/20/13 at 3:15 PM. He confirmed that patients at the endoscopy center only receive moderate sedation. He also confirmed that anesthesia providers supplied and maintained the anesthesia carts. He stated that skeletal muscle relaxants such as succinylcholine and vecuronium are kept in anesthesia carts for emergency intubation use only, and a patient requiring the use of these medications would be immediately transferred to a hospital. He confirmed that dantrolene was not kept at the endoscopy center. He stated he was unaware of any instance in which a patient required emergency intubation and the use of succinylcholine, adding that this would be a "highly adverse event."

The facility did have succinylcholine available in the anesthesia cart, without the presence of dantrolene. However, the succinylcholine was only available for emergency purpose and was not used on a routine basis. Therefore, it could not be established that the facility failed to ensure medications needed for patient emergencies were not available, the allegation was unsubstantiated, and no deficient practice was identified.

Conclusion #1: Unsubstantiated. Lack of sufficient evidence.

As the allegation was not substantiated, no response is necessary. Thank you for the courtesies and assistance extended to us during our visit.

Sincerely,

GARY GUILES
Health Facility Surveyor
Non-Long Term Care

NICOLE WISENOR
Co-Supervisor
Non-Long Term Care

GG/pt

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13C0001044	A. BUILDING _____ B. WING _____	C 08/20/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH IDAHO ENDOSCOPY CENTER	1607 LINCOLN WAY, SUITE 100 COEUR D'ALENE, ID 83814

(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
Q 000	INITIAL COMMENTS A complaint investigation was performed at your ambulatory surgery center on 8/20/13. Surveyors conducting the investigation were: Gary Guiles, RN, HFS, Team Leader Libby Doane, RN, BSN, HFS A survey was conducted to evaluate compliance with the Condition for Coverage of Environment. No deficiencies were identified.	Q 000		

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.