



# The Pulse

## Hospital Education



**September 2022**

## Lunch and learn: Abuse in hospitals

Jamie West, J.D., a compliance officer with the Iowa Department of Inspections and Appeals' (DIA) Abuse Coordinating Unit presented on abuse in hospitals during the department's quarterly lunch and learn on Sept. 14, 2022.

Some of the questions that Jamie reviewed were:

- What should a hospital do if they suspect an abuse has occurred?

## Health Facilities Website

In May 2021, DIA's Health Facilities Division launched a new web application. The new application features a user-friendly interface not only for accessing records for health facilities and submitting self-reports, but also for the Iowa Direct Care Worker Registry for CNAs.

In the new system, entity administrators will need to request access to the new application. Once the administrator's access is approved, the administrator will be able to approve any other authorized facility users (i.e., entity delegate, entity HR) who request access for their facility.

Health facility employees, CNAs, and community college users are able to manage their own accounts, including making changes to their contact information.

Please note:

- Each facility is allowed to have **one** assigned entity administrator.
- Each user should be assigned only one role. If a user is assigned multiple roles, the system may not work properly.
- Users should use **the email address associated with their place of employment** to create their Google or Microsoft account (see PDF guide below).

The new website for the application is [dia-hfd.iowa.gov](https://dia-hfd.iowa.gov).

## Additional resources

- How is a dependent adult defined?
- If you work in a hospital and a member of staff approaches you about possible abuse, what steps should you take?
- When should you contact DHS?
- When should you contact DIA?

If you would like to watch the recorded version, please [click here](#).

## Emergency Medical Treatment and Labor Act (EMTALA) deficiencies: Failure to provide appropriate medical screening

- [DIA Health Facilities Database User Guide](#) (PDF)
- [DIA's Health Facilities Database: Entity Sign-In](#) (YouTube video)
- [DIA's Health Facilities Database: Approving Entity Users](#) (YouTube video for administrators)

### Employee spotlight



Jamie West, J.D., has worked as an attorney and compliance officer in the Abuse Coordinating Unit of DIA since September 2007. DIA's Health Facilities Division is responsible for the investigations of allegations of dependent adult abuse that occur in health care facilities and programs in Iowa. She is involved in all aspects of the investigative and appeal process, including representing division in administrative contested-case hearings. Jamie received her bachelor's degree in history from the University of Iowa, and her law degree from Drake University.

Below are examples of citations A2400 – Compliance with 489.24 and A2406 – Medical Screening Exam, from recent EMTALA deficiencies:

### **Example 1**

A patient presented to the emergency department (ED) with a family member after the patient fell and cut their lip. An RN documented that the patient would need stitches and the family member wanted to know about sedation for the patient. The RN contacted the advanced registered nurse practitioner (ARNP) who advised the technique for repair, which would include numbing the area prior to stitches.

The medical record did not contain evidence that the RN performed a medical screening examination prior to

## **Contact us**

If you have any questions or concerns, or if there are topics you would like to see covered in this newsletter or at a future lunch-and-learn, please contact **Megan**

**Montalvo** at [megan.montalvo@dia.iowa.gov](mailto:megan.montalvo@dia.iowa.gov) or **515.249.9648**.

or after RN's call with the ARNP. The RN documented that the patient's family member wanted the patient to be seen at a different hospital where the patient's doctor was located.

The medical record did not contain evidence that the scheduled provider was on site in the ED to examine the patient. Review of the provider ED call schedule revealed the ARNP was the provider on call to examine and treat ED patients on this specific date.

A review of the ARNP-signed appointment profile/scope of practice form showed the following:  
"Emergency medicine privileges include assessment, work-up, and providing initial treatment to patients of all ages who present in the

emergency department with any illness, injury, condition, or symptom.”

### **Example 2**

A patient presented at the ED in late evening with complaint of migraine that started early that morning. The patient tried some relief with home medications; however, the pain increased and the patient started having light sensitivity. The patient did state they were experiencing increased stress due to two friends with recent cancer diagnoses.

The RN contacted a physician assistant-certified (PA-C) for assessment. Orders were obtained and the patient consented to a telehealth visit. The RN gave the patient medication for pain,

muscle relaxers, and medication for nausea. The patient then stated that they felt better and wanted to go home. The RN reviewed the discharge instructions with the patient, then the patient left with a family member.

The PA-C documented that they had examined the patient via a telehealth visit for a migraine headache; however, the medical record lacked evidence that the PA-C presented to the ED to perform a mental state examination on the patient.

Review of the policy, "Telehealth Services," revealed in part: "Telehealth services provide patients with timely consultation with a physician or other practitioner located at another site. Telehealth services can involve the furnishing of

physician evaluation and management office visits, as well as can be used to supplement in-person services available at the hospital, such as by making tele-stroke consultations available for patients in the emergency department..." The policy did not specify the use of telehealth in lieu of the ED physician or mid-level practitioner presenting to the ED to examine or treat a patient.

Patient presented a few days later at the ED with the same symptoms including elevated blood pressure. The RN gave the patient medication for pain, muscle relaxers, and nausea medication. The medical record lacked documentation that a provider on call was consulted for discharge before the

patient left with a family member.

### **Example 3**

A patient presented at the ED with upper stomach pain. The patient reported some shortness of breath; however, the patient has chronic obstructive lung disease (COPD) and stated it was not any worse than normal. Vital signs were normal with the exception of an elevated blood pressure.

The RN gave report to an ARNP who ordered tests and a mixture of medications used to treat the symptoms of indigestion. The RN documented that the ARNP reviewed the test results and gave the RN follow-up and discharge orders. The RN gave discharge instructions to the patient and they



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patient.

A review of the  
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appointment  
profile/scope of  
practice form  
showed the  
following:  
“Emergency  
medicine privileges  
include assessment,  
work-up, and  
providing initial  
treatment to  
patients of all ages  
who present in the  
emergency  
department with  
any illness, injury,  
condition, or  
symptom.”