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December 30, 2022

Erin King, MD  
Hope Clinic for Women, Ltd.  
1602 21<sup>st</sup> Street  
Granite City, IL 62040

Dear Erin King:

On December 20, 2022 a complaint survey was conducted at the Hope Clinic for Women, Ltd./7001084 by staff of the Illinois Department of Public Health to determine compliance with Illinois Administrative Code requirements. Deficiencies were identified and a Plan of Correction (PoC) was received.

The Department reviewed the PoC for the deficiencies cited during the survey. Based on the review of the PoC, it was acceptable and you are determined to be in compliance with Illinois Administrative Code requirements.

If you have any questions concerning this notice, please contact the Department by phone at 312-793-2222. You may also telephone the Department's TTY number for the hearing impaired at 1-800-547-0466.

Sincerely,

Annette Hodge, RN BSN  
Field Operations Section Chief  
Division of Health Care Facilities and Programs

Copy: File  
Enclosure: 2567

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</b>	(X1) LICENSE NUMBER	SURVEYOR ID	(X3) DATE SURVEY COMPLETED
	IL# 7001084	32822	12/20/22

NAME OF FACILITY The Hope Clinic for Women	STREET ADDRESS, CITY, STATE, ZIP CODE 1602 21st Street, Granite City, IL 62040
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(X4) PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD BE PRECEDED BY FULL REGULATORY IDENTIFYING INFORMATION)	PREFIX TAG	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
T000	<p>An investigation was conducted on 12/19/22 through 12/20/22 for Complaint #IL7001084/2221334. The Hospital was not in compliance with the Illinois Administrative Code 205 Title 77: Public Health Chapter 1: Department of Public Health Subchapter b: Hospitals and Ambulatory Care Facilities Part 205 AMBULATORY SURGICAL TREATMENT CENTER LICENSING REQUIREMENTS, as evidenced by:</p> <p>Abbreviations:</p> <p>E- Employee MD- Medical Doctor RN- Registered Nurse Pt(s)- Patient(s) ASC- Ambulatory Surgical Center</p>			

AGENCY MANAGER/REPRESENTATIVE'S SIGNATURE



*Erin KM, MD*

TITLE

Executive Director

DATE

12/28/2022

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T001	<p>205.540 Postoperative Care</p> <p>d) To ensure availability of follow-up care at a hospital, the ambulatory surgical treatment center shall document an effective procedure for the immediate transfer of patients requiring emergency care beyond the capabilities of the ASTC, to a hospital within 15 to 30 minutes travel time of the ASTC.</p> <p>Based on document review and interview, it was determined for 4 of 4 (Pt 1, Pt #2, Pt #5 Pt #6) patients requiring transfer to a higher level of care, the Ambulatory Surgical Center (ASC) failed to ensure ambulance transfers forms were completed in accordance with its' policy. This has the potential to affect all patients serviced by the ASC with a current average monthly census of 650 patients.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>On 12/19/2022 at approximately 1:00 PM to 4:00 PM, the patient records were reviewed. The patient records reviewed, Pt #1, Pt #2, Pt # 5, and Pt #6 required to be transfer to a higher level of care by ambulance. These patient records did not have the required "Transfer/Emergency Report Form" completed.</li> <li>The ASC policy titled "Hospitalization of a Patient" (reviewed 8/22) was reviewed on 12/20/2022 at approximately 8:00 AM. The policy required "RN/MD prepare "Transfer Emergency Report Form". Make copy of this form and face sheet, medical history form and driver form ready for transfer with patient."</li> <li>On 12/20/2022 at approximately 9:00 AM an interview was conducted with the Executive Director (E #1). E#1 reviewed P #1, Pt #2, P #4 and Pt #6's record. E #1 verbally confirmed the patient charts lacked a completed "Transfer Emergency Report Form."</li> </ol>		<p>205.450</p> <p>Steps were taken to ensure all documentation for transfer of a patient is complete and available in the patient medical record after the transfer occurs. First, the "Hospitalization of a Patient Protocol" was revised to include other staff members ability to start or complete the "Transfer-Emergency Report Form". (see attached)</p> <p>The "Transfer-Emergency Report Form" was simplified and updated to include a checklist for transfer at the bottom to ensure complete documentation and copies made for medical record at Hope Clinic. (see attached).</p> <p><b>Completed</b></p> <p>Copies of the revised "Hospitalization of a Patient Protocol" and the "Transfer-Emergency Report Form" will be immediately available in the operating room and recovery room areas.</p> <p><b>(completed by Supervising RN by 1/6/2023)</b></p>	

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T001			<p><b>205.450 (continued)</b> All clinical staff, nursing and providers will receive education on the updated "Hospitalization of a Patient Protocol" and the "Transfer-Emergency Report Form" in verbal or written (or both) formats. <b>(completed by E. King, MD by 1/6/2023)</b></p> <p>The medical records of any patient requiring transfer will be thoroughly reviewed by E. King (or medical director). Documentation of the transfer and the presence of the "Transfer-Emergency Report Form" will be verified. A report of findings will be made to the Consulting Committee/QAPI in each quarter of 2023. <b>(completed over next 12 months and reports quarterly at Consulting Committee Meetings)</b></p>	

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DATE  
12/22/2022

**Protocol: Hospitalization of a Patient**

Document: Hospitalization of a patient protocol

Department: ALL

Date: 6/24/10, revised 3/18, 2/19, 7/19, 8/20, 7/21, 8/22, 12/22

Reviewer: Consulting Committee 6/23/10

**Policy:** If a patient requires medical care that is not available or appropriate in the outpatient setting, the Hope Clinic will transfer the patient to a higher level of care. If it is anticipated that the patient will require the care of a specific specialty/subspecialty or care team, the attending physician will communicate with the appropriate specialists/care team and coordinate a transfer to the clinically appropriate hospital.

**Procedure:**

- RN and physician in coordination with the Clinical Resource Manager/Assistant Manager will prepare the patient for transfer or delegate others to do so by performing the following tasks:
  - coordinate continued monitoring and medical care of the patient
  - coordinate transfer with doctor/hospital (as detailed below)
  - inform the patient's driver/support person of the planned transfer
  - confirm patient has all belongings
  - RN/MD or other available staff prepare "Transfer/Emergency Report Form" – start recording vitals here;
    - Make copy of this form and facesheet, medical history form and driver form ready for transfer with patient;
    - NOTE: the remainder of the chart does NOT require copying or sending

**Transfer to Gateway Regional Medical Center (GRMC):**

- Contact GRMC:
  - attending physician or RN will call the OB Floor (618-798-3040), the OR Nurses Station (618-798-3057), or the Emergency Department (618-798-3066), as appropriate.
- H&P and written orders may be completed, as needed.
- Transport: wheelchair or ambulance:
  - transport in wheelchair to the appropriate location at GRMC where care will be assumed by GRMC staff; a Hope staff member familiar with patient/course of events should go on transport to give hand off to accepting team
  - ambulance can be called to transport patient (see below)
  - patient's driver should go to Admitting (ER Admitting on evenings or weekends) to give demographic information prior to going to the OB Floor/OR Waiting Room.

**Transfer to Barnes-Jewish Hospital (BJH):***\*Family Planning, Gynecology, and ICU specialists/subspecialists available\**

- Transfer patient:
  - Ambulance transfer via ambulance by support (ALS) equipped ambulance.
  - *If needed*, transfer may be initiated to the BJH Emergency Department BEFORE contacting BJH Family Planning Services; per agreement with Washington University in St Louis School of Medicine Department of Obstetrics and Gynecology initiated 7/1/19, the Department agrees to cover all emergency care for patients of Hope Clinic for Women

**Contact BJH:**

- attending physician or their designee will page the Family Planning Service (pager: 314-360-1234) to discuss pertinent medical information and coordinate transfer of care to BJH Emergency Department.
  - verify that the BJH Family Planning Service will notify the Emergency Department at BJH

- attending physician should eventually make contact with the attending physician on call for Family planning Service; this should occur at a clinically appropriate time
- NOTE: in some cases a transfer to the Women’s Assessment Center in Parkview Tower may be requested by the Family Planning team – the address is below and should be communicated with the ambulance team

**Transfer by ambulance:**

- Have pertinent patient information available: name, age
- Call 911
  - see sample call script below
  - NOTE location patient will be going to
  - if Granite City EMS unable to take patient; call a private ambulance service (Abbott EMS (phone: 618-394-9111))
- Notify building staff and security that 911 has been called
- Select someone to meet the ambulance

**Example 911 Call:**

Hello. This is [NAME\*] I’m calling from Hope Clinic to request emergency transport for a patient to [HOSPITAL] Emergency Department.

[The patient has been discussed with Family Planning physician at Barnes Hospital and they have accepted her care.]

The patient is experiencing [BRIEFLY DESCRIBE CONDITION i.e. heavy vaginal bleeding after D&C procedure; suspected complication requiring further surgery; seizures] and needs emergency transfer to a higher level of care.

Our physical address 1602 21st Street; Granite City 62040 and a staff member will meet you at [EXPLAIN WHICH DOOR TO USE OR ANY OTHER IDENTIFYING INFORMATION ABOUT BEST PATIENT EXIT].

Please use lights and sirens. You can reach us at 618-451-5722

**Phone Numbers:**

Ambulance:

Granite City EMS: 911  
Abbott 618-394-9111

Barnes Hospital:

- Emergency Department: 314-362-9123
  - 400 S. Kingshighway; St Louis, MO 63110
- Women’s Assessment Center; 314-362-5158; 314-362-5159 (fax)
  - Parkview Tower – 5<sup>th</sup> Floor  
1 Parkview Place; St. Louis, MO 63110

Family Planning Fellow: 314-360-1234

Gynecology Resident: 314-305-1297

Labor & Delivery: 314-362-5178

Gateway Regional Medical Center:

Emergency Department 618-798-3066

L&D 618-798-3040

OR Control Desk 618-798-3057

**Transfer/Emergency Report Form: Hope Clinic**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Patient Name/ID#: \_\_\_\_\_

(make copies of: facesheet, demographics, medical history form, and driver information form)

Allergies: \_\_\_\_\_ Initials individual(s) completing form : \_\_\_\_\_

Clinical history: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

IV(1) gauge: \_\_\_\_\_ IV(1) site: \_\_\_\_\_ IV (2) gauge: \_\_\_\_\_ IV(2) site: \_\_\_\_\_

IV Fluids Given type: \_\_\_\_\_ Quantity: \_\_\_\_\_ Estimated Blood Loss: \_\_\_\_\_

Catheters in place:  bladder /  uterine (\_\_\_ mL in balloon) Packing in vagina?  Y /  N

Medications Administered (name/dose/route/time): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Other information: \_\_\_\_\_  
 \_\_\_\_\_

**Vital Signs:**

Time	B/P	Pulse	RR	Temp	SpO2	O2 face mask/NC

**Transfer Checklist:**

- EMS called (if applicable) \_\_\_\_\_ (time)     Other transportation: \_\_\_\_\_
- Hospital/Provider notified/updated \_\_\_\_\_ (who notified/time)
- Copies made of pertinent records/THIS form for EMS/Hospital (if applicable)
- Document transfer/discharge time and mode of transport in patient chart on procedure note