

*Pennsylvania Department of Health*  
**BRADFORD REGIONAL MEDICAL CENTER**  
**Health Inspection Results**

Information about Acute and Ambulatory Care Inspections

**BRADFORD REGIONAL MEDICAL CENTER**  
**Health Inspection Results For:**

**There are 134 surveys for this facility. Please select a date to view the survey results.**

05/02/2023 

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This report is the result of a special monitoring survey conducted on January 26, 2023, with an unannounced onsite survey conducted on March 8, 2023, with review of additional information concluding on May 2, 2023, at Bradford Regional Hospital. It was determined that the facility was not in compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Hospitals, 28 PA Code, Part IV, Subparts A and B, November 1987, as amended June 1998.

**[Plan of Correction:](#)**

**[101.31 \(5\) LICENSURE](#)**  
**[HOSPITAL REQUIREMENTS](#)**

**Name - Component - 00**  
Medical services, continuous

**[Observations:](#)**

Based on review of facility documentation and employee interview (EMP), it was determined the facility failed to provide 24/7 physician coverage on the Inpatient Care Unit.

Finding include:

Review on March 10, 2023, at approximately 10:25 AM of the "[out-of-state] Medical Staff Bylaws, Part III, Credential Procedures Manual," dated April 18, 2018, revealed, "... Section 6: Clinical Privileges ... 6.11 Completion of History and Physical Examinations ... 6.11.1 A medical history and physical examination must be completed no more than 30 days before or 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services. The medical history and physical examination must be completed and documented by a physician, an oromaxillofacial surgeon, or other qualified licensed individual in accordance with state law and hospital policy. 6.11.2 An updated examination of the patient, including any changes in the patient's condition, must be completed within 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services, when the medical history and physical exam are completed within 30 days before admission or registration. The updated examination of the patient, including any changes in patient condition, must be completed and documented by a physician, an oromaxillofacial surgeon, or other qualified licensed individual in accordance with state law and hospital policy. ..."

Review on April 21, 2023, at approximately 1:38 PM of "Medical Staff Rules and Regulations [out-of-state hospital]," dated April 18, 2018, revealed "... Article IV Standards of Practice 4.1 Attending Practitioner 4.1.1 Responsibilities Each patient admitted to the Hospital shall have an attending practitioner or designee who is an appointee of the Medical Staff with admitting privileges. The attending practitioner, or designee, will be responsible for: a. The medical care and treatment of each patient in the Hospital; b. Making daily rounds; and c. The prompt, complete, and accurate preparation of the medical record. ... 4.2 Coverage and Call Schedules: Each practitioner shall provide the Medical Staff Services Office with a list of designated Medical Staff appointees (usually the members of his/her group practice who are members of the same clinical service and have equivalent clinical and procedure privileges) who shall be responsible for the care of their patients in the Hospital when the physician or practitioner is not available. Each practitioner is responsible for providing the Medical Staff Services Office and the Emergency Department with a current and correct on-call schedule. The service on call schedule shall be submitted by each relevant clinical service Chief, or designee. 4.3 Responding to Calls and Pages Practitioners are expected to respond promptly to calls from the Hospital's patient care staff regarding their patient. Emergency calls must be responded to within thirty (30) minutes. ... 4.9 Supervision of Advanced Practice Professionals: 4.9.1 Definition of Advanced Practice Professionals: Advanced Practice Professionals (APPs), including Clinical Psychologists, Advance Practice Registered Nurses, and Physician Assistants, are licensed or certified health care practitioners whose license or certification does not permit and/or the Hospital does not authorize the independent exercise of clinical privileges. The qualification and prerogatives of APPs are defined in the Medical Staff Bylaws. APPs may provide patient care only under the supervision of a physician who is an appointee to the Medical Staff, and they are not eligible for Medical Staff membership. 4.9.2 Guidelines for Supervising Advanced Practice Professionals a. The physician is responsible for managing the health care of patients in all settings. b. Health care services delivered by physicians and by APPs under their supervision must be within the scope of each practitioner's authorized practice, as defined by state law. c. The physician is ultimately responsible for coordinating and managing the care of patients and, with the appropriate input of the APP, ensuring the quality of health care provided to patients. d. The physician is responsible for the supervision of the APP in all settings. e. The role of the APPs in the delivery of care shall be defined through

mutually agreed upon Scope of Practice Guidelines that are developed by the MEC with input from the physician and the APP. f. The physician must be available for consultation with the APP at all times, either in person or through telecommunication systems or other means. g. The extent of the involvement by the APP in the assessment and implementation of treatment will depend on the complexity and acuity of the patient's condition and the training, experience, and preparation of the APP, as adjudged by the physician within that practitioner's defined scope of privileges. h. Patients should be made clearly aware at all times whether they are being cared for by a physician or an APP. i. The physician and APP together should review all delegated patient services on a regular basis, as well as the mutually agreed upon Scope of Practice Guidelines. j. The supervising physician is responsible for clarifying and familiarizing the APPs with his or her supervising methods and style of delegating patient care. k. Each APP must document the identity of their supervising or collaborating physician and one or more alternate supervising physicians. l. The supervising or collaborating physician will review records in accordance with current law and regulations concerning APPs. Documentation of record review (signing of documents) will be used as evidence of supervisory contact. ... 4.9.4 Supervising Physician An APP may not provide services to patients if the supervising physician is more than sixty (60) minutes travel time from the Hospital. A physician may not supervise more than two (2) APPs in PA or four (4) APPs in NY. A Medical Staff appointee who fails to fulfill the responsibilities defined in this section and/or in a sponsorship agreement for the supervision of an APP or other dependent health care professional shall be subject to appropriate remedial action as provided in the Medical Staff Bylaws. ..."

1. Email communication from EMP2, received on February 2, 2023, revealed the ER physician was available 24/7 to provide emergency intervention if needed when the hospitalist was not on site. During a virtual meeting on February 24, 2023, EMP3 confirmed the scheduled on-call physician for Inpatient Care was not always within the facility during working hours.

2. Review on March 8, 2023, at approximately 2:00 PM of the Inpatient Care Physician On-Call schedules for December 1, 2022, through February 28, 2023, revealed one physician was scheduled on-call 24 hours/seven days a week for Adult Inpatient Care (EMP3); and one physician was scheduled to be on-call daily for 24-hour increments for seven consecutive days for Pediatric Care (EMP6-EMP9). EMP4 confirmed the physicians identified on the schedule were not always at the facility during working hours.

3. During a facility tour of the Inpatient Care Unit, on March 8, 2023, at approximately 11:30 AM, EMP5 revealed the physician availability as follows: EMP10, an APP, was at the facility during the day through the week, and EMP3, a physician, was on-call. Evenings and weekends were covered remotely.

EMP5 revealed that in the event of an emergency patients were stabilized as much as possible on the floor and then transferred to the Emergency Department for further stabilization.

EMP5 revealed EMP10 conducts daily physician rounds with EMP3 available remotely.

4. During a virtual survey conducted March 15, 2023, between approximately 10:00 AM and 11:30 AM, EMP2 and EMP3 confirmed EMP3 and EMP6-EMP9 (physicians) were not always within the facility during their scheduled physician on-call shifts, resulting in a lack of onsite physician coverage for inpatient care.

Cross reference  
Content of Bylaws, Rules, and Regulations

**Plan of Correction:**

1. The facility initiated in house 24/7 hospitalist credentialed inpatient physician coverage for the facility on March 27th 2023, all credential files for physicians providing inpatient and observation care have been reviewed and are currently updated to include hospitalist medicine privileges. Physician on call schedule was updated March 27th to include 24/7 in house physician coverage for the inpatient unit.
2. The facility initiated in house 24/7 hospitalist credentialed inpatient physician coverage for the facility on March 27th 2023, all credential files for physicians providing inpatient and observation care have been reviewed and are currently updated to include hospitalist medicine privileges. Physician on call schedule was updated March 27th to include 24/7 in house physician coverage for the inpatient unit.
- 3 The facility initiated 24/7 hospitalist credentialed in house inpatient physician coverage for the facility on March 27th 2023, all credential files for physicians providing inpatient and observation care have been reviewed and are currently updated to include hospitalist medicine privileges. Physician on call schedule was updated March 27th to include 24/7 in house physician coverage for the inpatient unit.
4. The facility initiated in house 24/7 hospitalist credentialed inpatient physician coverage for the facility on March 27th 2023, all credential files for physicians providing inpatient and observation care have been reviewed and are currently updated to include hospitalist medicine privileges. Physician on call schedule was updated March 27th to include 24/7 in house physician coverage for the inpatient unit.
5. All credential privilege files for physicians will be reviewed for compliance by the medical executive committee and board.
6. The Chief Administrative Officer has scheduled a Monthly Regulatory Review Meeting to ensure completion and follow up on all PA DOH POC's. Any open POC's will be reviewed monthly at each meeting until final completion date for compliance is met. POC completions or non-compliance with completion will be discussed at each meeting.

**107.12 (2) LICENSURE**  
**CONTENT OF BYLAWS, RULES, REGULATONS**

**Name - Component - 00**

107.2

(2) Staff privileges. Qualifications for staff membership shall be specified, as shall procedures for admission, retention, assignment, and reduction or withdrawal of privileges. This delineation of privileges shall also address specifically the privileges of house staff and house staff officers.

**Observations:**

Based on review of facility documentation, credential files (CF), and employee interview (EMP), it was determined the facility failed to ensure physicians providing Telemedicine Psychiatric Services were granted privileges; failed to ensure physicians

providing Telemedicine Services for Inpatient Care were granted privileges; and failed to ensure physicians providing Inpatient Care were granted privileges.

Findings include:

On January 26, 2023, during a scheduled Chapter 5100 Mental Health Procedures Act Survey, it was determined the facility was providing Telehealth Services on the Inpatient Psychiatric Unit and the Inpatient Drug and Alcohol Unit, effective July 19, 2021.

During a virtual meeting conducted on February 24, 2023, EMP2 confirmed the use of Telemedicine Psychiatric Services.

Review on January 30, 2023, at approximately 10:00 AM of "Telemedicine Use: Behavioral Health Services, "Effective Date July 26, 2021," revealed Statement of Policy: a. Behavioral Health Services use of telemedicine for psychiatric services at Bradford Regional Medical Center is only provided by the hospital's current contracted psychiatric agency. ... Services provided via telemedicine be confidential, efficient and will meet or exceed the quality of care provided at an in-person setting. ... 2. Designated Personnel: a. Psychiatrists; b. Licensed Independent Practitioners (LIPs); c. BRMC Behavioral Health Services staff ..."

Review on January 30, 2023, at approximately 10:25 AM of the "Bradford Regional Medical Center Upper Allegheny Health System: Psychiatric Medical Services Agreement," effective July 7, 2016, revealed "Agreement made as of the 7th day of July, 2016 by and between Bradford Regional Medical Center and [OTH5] ... Telemedicine: The Practice may provide services by means of telemedicine provided that: (i) its Practitioners qualify under and comply with all applicable Hospital bylaws, rules, regulation, policies and procedures and regulatory guidelines governing the use of the same Hospital; ..."

Review on March 13, 2023, at approximately 10:10 AM of the "[out-of-state hospital] Medical Staff Bylaws," dated April 18, 2018, revealed "... Part III: ... 6.9 Telemedicine Privileges ... 6.9.2. Requests for telemedicine privileges at the hospital includes patient care, treatment, and services will be processed through the following mechanism: a. The hospital fully privileges and credentials the practitioner; The hospital has evidence of an internal review of the practitioner's performance of these privileges and send to the distant site information that is useful to assess the practitioner's quality of care, treatment, and services for use in privileging and performance improvement. ..."

Review on March 13, 2023, at approximately 10:45 AM of the "Telehealth Coverage Services Agreement," effective February 24, 2023, revealed, "This Telehealth Coverage Services Agreement ("Agreement") is entered effective the 24th day Feb, 2023 ("Effective Date") by and between [OTH6] and [OTH7] ..." The covered locations and services included "Coverage Locations: Bradford Regional Medical Center; Type of Clinician: Psychiatrist; ... Short Term acute care hospital ... Encounter Definitions: Emergency Telephone Consult; Emergency Telephone Consult + Order(s); Emergency Video Encounter; Follow-Up Video Encounter; Inpatient Med Consult via Video ..."

EMP11 confirmed the out-of-state hospital provided tele-health services for Psychiatry, and this agreement was in collaboration with the out-of-state hospital Medical Staff Bylaws, dated April 18, 2023.

Review on April 24, 2023, at approximately 10:04 AM of the "Medical Staff Rules and

Regulations [out-of-state hospital]," revised April 18, 2028, revealed "Medical Staff Rules and Regulation Article I Introduction These Rules and Regulations are adopted by the Medical Executive Committee, and approved by the Board of Directors, to further define the general policies contained in the Medical Staff Bylaws, and to govern the discharge of professional services within the hospital. ... Article IV: Standards of Practice 4.1 Attending Practitioner 4.1.1 Responsibilities Each patient admitted to the Hospital shall have an attending practitioner or designee who is an appointee of the Medical Staff with admitting privileges. The attending practitioner, or designee, will be responsible for: a. The medical care and treatment of each patient in the Hospital; b. Making daily rounds; and c. The prompt, complete, and accurate preparation of the medical record ... 4.6 Critical Care Units 4.6.1 Critical Care Unit Privileges The privilege to admit patients to, and manage patients in, critical care units shall be specifically delineated. ..."

1. Review on January 26, 2023, at approximately 11:45 AM of the credential files for CF1-CF3 revealed no delineation of privileges for Telemedicine for Psychiatric Services.

EMP12 confirmed CF1-CF3 provided Telemedicine Psychiatric Services beginning July 19, 2021.

EMP4 confirmed the credential files did not include privileges for Telemedicine Services.

2. On March 15, 2023, at approximately 10:15 AM upon request for documentation of delineation of privileges for use of Telemedicine Services for Inpatient Care, EMP4 confirmed EMP3 and EMP9 provided Telemedicine Services for Inpatient Care. EMP4 confirmed their delineation of privileges did not include Telemedicine Services for Inpatient Care.

3. Review on March 14, 2023, between approximately 10:00 AM and 11:30 AM of the credential files for CF4-CF10 revealed the privileges did not include Inpatient Care. Review of the December 2022 and January 2023 Emergency Department physician schedules revealed CF4-CF10 provided care in December 2022 and January 2023.

Interview with EMP3 on February 24, 2023, confirmed in the event of an emergency, the Emergency Department physicians (CF4-CF10) respond to the inpatient unit.

Interview with EMP4 on March 8, 2023, at approximately 1:48 PM, revealed the on call physicians listed on the December 2022 schedule work remotely.

Cross reference  
Hospital Requirements

### **Plan of Correction:**

1. All Physicians including Psychiatric Services have been credentialed with telemedicine privileges and delineation of Privileges are being updated to include Telehealth where applicable.
2. The facility ceased to provide inpatient and observation patient telemedicine hospitalist services on March 27th, 2023. and initiated 24/7 hospitalist credentialed

inpatient physician coverage in the facility on March 27th 2023, all credential files for physicians providing inpatient and observation care have been reviewed and are currently updated to include hospitalist medicine privileges. All physicians who provide approved telemedicine services per the Pa DOH have been credentialed with telemedicine privileges.

3. Initiated 24/7 hospitalist credentialed physician coverage in the facility on March 27th 2023, all credential files for physicians providing inpatient and observation care have been reviewed and updated to include hospitalist medicine privileges.

4. All credential privilege files for physicians will be reviewed for compliance by the medical executive committee and board.

5. The Chief Administrative Officer has scheduled a Monthly Regulatory Review Meeting to ensure completion and follow up on all PA DOH POC's. Any open POC's will be reviewed monthly at each meeting until final completion date for compliance is met. POC completions or non-compliance with completion will be discussed at each meeting.