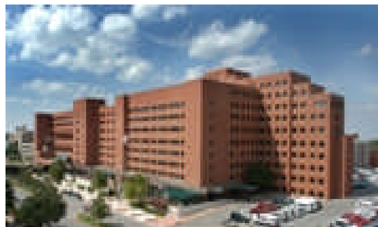
Department of Veterans Affairs
Office of Inspector General

Office of Healthcare Inspections

Report No. 08-01266-176

Combined Assessment Program Review of the Oklahoma City VA Medical Center Oklahoma City, Oklahoma



August 1, 2008

Washington, DC 20420

Why We Did This Review

Combined Assessment Program (CAP) reviews are part of the Office of Inspector General's (OIG's) efforts to ensure that high quality health care is provided to our Nation's veterans. CAP reviews combine the knowledge and skills of the OIG's Offices of Healthcare Inspections and Investigations to provide collaborative assessments of VA medical facilities on a cyclical basis. The purposes of CAP reviews are to:

- Evaluate how well VA facilities are accomplishing their missions of providing veterans convenient access to high quality medical services.
- Provide fraud and integrity awareness training to increase employee understanding of the potential for program fraud and the requirement to refer suspected criminal activity to the OIG.

In addition to this typical coverage, CAP reviews may examine issues or allegations referred by VA employees, patients, Members of Congress, or others.

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Executive Summary

Introduction

During the week of May 5–8, 2008, the OIG conducted a Combined Assessment Program (CAP) review of the Oklahoma City VA Medical Center (the medical center). The purpose of the review was to evaluate selected operations, focusing on patient care administration and quality management (QM). During the review, we also provided fraud and integrity awareness training to 295 medical center employees. The medical center is part of Veterans Integrated Service Network (VISN) 16.

Results of the Review

The CAP review covered four operational activities. We identified the following organizational strength:

- Electronic Communication Device.

We made a recommendation in one of the activities reviewed. For the QM activity, the medical center needed to:

- Ensure that clinical staff have cardiopulmonary resuscitation (CPR) or advanced cardiac life support (ACLS) training and current certification.

The medical center complied with selected standards in the following activities:

- Environment of Care (EOC).
- Pharmacy Operations.
- Survey of Healthcare Experiences of Patients (SHEP).

This report was prepared under the direction of Karen Moore, Associate Director, and Linda G. DeLong, Director, Dallas Office of Healthcare Inspections.

Comments

The VISN and Medical Center Directors agreed with the CAP review findings and recommendation and provided acceptable improvement plans, which have been implemented. (See Appendixes A and B, pages 9–11, for

the full text of the Directors' comments.) We consider the recommendation closed.

(original signed by:)

JOHN D. DAIGH, JR., M.D.
Assistant Inspector General for
Healthcare Inspections

Introduction

Profile

Organization. The medical center is a tertiary care facility located in Oklahoma City, OK, that provides a broad range of inpatient and outpatient health care services. Outpatient care is also provided at five community based outpatient clinics in Lawton, Ardmore, Konawa, and Ponca City, OK, and in Wichita Falls, TX. The medical center is part of VISN 16 and serves a veteran population of approximately 224,700 throughout 48 counties in western Oklahoma and 2 counties in northern Texas.

Programs. The medical center provides comprehensive health care in the areas of medicine, surgery, psychiatry, physical medicine and rehabilitation, neurology, oncology, dentistry, geriatrics, and extended care. It has 139 operating hospital beds and 33 operating nursing home beds.

Affiliations and Research. The medical center is affiliated with the University of Oklahoma and several other educational institutions. It provides training for 300 medical and dental residents per year and for 400 trainees in other disciplines, including nursing, psychology, pharmacy, audiology, social work, occupational therapy, and physical therapy. In fiscal year (FY) 2007, the research program had 152 projects and a budget of more than $2.4 million.

Resources. In FY 2007, medical care expenditures totaled $300 million. The FY 2008 medical care budget is $298 million. FY 2007 staffing was 1,588 full-time employee equivalents (FTE), including 103 physician and 408 nursing FTE.

Workload. In FY 2007, the medical center treated 49,433 unique patients and provided 46,723 inpatient hospital days and 7,567 inpatient Nursing Home Care Unit days. The inpatient care workload totaled 7,008 discharges, and the average daily census, including nursing home patients, was 146. Outpatient workload totaled 415,529 visits.

Objectives and Scope

Objectives. CAP reviews are one element of the OIG's efforts to ensure that our Nation's veterans receive high quality VA health care services. The objectives of the CAP review are to:

- Conduct recurring evaluations of selected health care facility operations, focusing on patient care administration and QM.
- Provide fraud and integrity awareness training to increase employee understanding of the potential for program fraud and the requirement to refer suspected criminal activity to the OIG.

Scope. We reviewed selected clinical and administrative activities to evaluate the effectiveness of patient care administration and QM. Patient care administration is the process of planning and delivering patient care. QM is the process of monitoring the quality of care to identify and correct harmful and potentially harmful practices and conditions.

In performing the review, we inspected work areas; interviewed managers and employees; and reviewed clinical and administrative records. The review covered the following four activities:

- EOC.
- Pharmacy Operations.
- QM.
- SHEP.

The review covered medical center operations for FY 2007 and FY 2008 through May 8, 2008, and was done in accordance with OIG standard operating procedures for CAP reviews. We also followed up on selected recommendations from our prior CAP review of the medical center (*Combined Assessment Program Review of the Oklahoma City VA Medical Center, Oklahoma City, Oklahoma*, Report No. 05-01661-72, February 2, 2006). The medical center had corrected all findings related to health care from our prior CAP review.

During this review, we also presented fraud and integrity awareness briefings for 295 employees. These briefings covered procedures for reporting suspected criminal activity to the OIG and included case-specific examples illustrating procurement fraud, conflicts of interest, and bribery.

In this report, we made a recommendation for improvement. Recommendations pertain to issues that are significant enough to be monitored by the OIG until corrective actions

are implemented. Activities in the "Review Activities Without Recommendations" section have no reportable findings.

Organizational Strength

Electronic Communication Device

Communication is the key to providing quality health care to all patients. The Medical Intensive Care Unit (MICU) is currently using a new electronic device that gives patients the ability to communicate. The device has letters and pictures that the patient can easily push. Messages are displayed on both sides of the communication board simultaneously, allowing both the patient and caregiver to see the message, and the device has bilingual capability (English and Spanish). As a result, patients are able to communicate their needs with less frustration, and the caregiver is able to understand and respond in a timely manner. The device has been successfully used with ventilator patients in the MICU.

Results

Review Activities With Recommendations

Quality Management

The purpose of this review was to evaluate whether the medical center's QM program provided comprehensive oversight of the quality of care and whether senior managers actively supported the program's activities. We interviewed the medical center's Director, Chief of Staff, and Chief of QM. We also interviewed QM personnel and several other service chiefs. We evaluated plans, policies, and other relevant documents.

The QM program was generally effective in providing oversight of the medical center's quality of care. Appropriate review structures were in place for 14 of the 15 program activities reviewed. However, we identified one area that needed improvement.

Resuscitation and Outcomes. We found that the medical center did not have a mechanism in place to ensure that clinical staff have CPR training, as required by the Veterans Health Administration (VHA).[1] Additionally, critical service areas identified by the facility that require ACLS training

[1] VHA Directive 2008-008, *Cardiopulmonary Resuscitation (CPR) and Advanced Cardiac Life Support (ACLS) Training For Staff*, February 6, 2008.

were not consistently reviewed for compliance with local policy.[2]

We reviewed the credentialing files of 75 providers in nine service areas (ambulatory care, anesthesiology, medicine, emergency service, and all surgical services). We identified 28 providers who were required to have ACLS training and found no documentation of current certification. Specifically, 5 of 10 (50 percent) emergency physicians and 22 of 36 (61 percent) surgeons were delinquent in ACLS certification. Medicine had one delinquent provider, while anesthesiology was in full compliance with local policy. Without ongoing review of compliance with CPR and ACLS standards, the medical center cannot be assured that quality care and patient safety is ensured when life-threatening events occur.

Recommendation 1

We recommended that the VISN Director ensure that the Medical Center Director requires clinically active staff to have CPR or ACLS training and current certification.

The VISN and Medical Center Directors concurred with the findings and recommendation. Following the OIG CAP review, a process was implemented to ensure that CPR and ACLS certifications are monitored for compliance with VHA requirements. Status reports are run quarterly, and this information is forwarded to the appropriate service chiefs for action. The improvement plan is acceptable, and we consider this recommendation closed.

Review Activities Without Recommendations

Environment of Care

The purpose of this review was to determine if VHA medical centers maintain a safe and clean health care environment. Medical centers are required to provide a comprehensive EOC program that fully meets VHA National Center for Patient Safety, Occupational Safety and Health Administration, and Joint Commission standards. We evaluated the infection control (IC) program to determine compliance with VHA directives based on the management of data collected and processes in which the data was used to improve performance. Additionally, we reviewed the locked acute inpatient psychiatric unit to determine if managers identified environmental hazards that pose a

[2] Medical Center Memorandum 11-34, *Management of Code Blue*, December 31, 2006.

threat to patients and to ensure that staff received specialized training.

We inspected acute care units, long-term care units, the locked acute inpatient psychiatric unit, and primary and specialty care clinics. The medical center maintained a generally clean and safe environment. The IC program monitored and reported data to clinicians for implementation of quality improvements. Safety guidelines were met, and risk assessments complied with VHA standards. Furthermore, managers on the locked acute inpatient psychiatric unit complied with safety regulations, and staff were trained to identify environmental hazards. We made no recommendations.

Pharmacy Operations

The purpose of this review was to evaluate whether VA health care facilities had adequate controls to ensure the security and proper management of controlled substances (CS) and the pharmacies' internal physical environments. We also determined whether clinical managers had processes in place to monitor patients prescribed multiple medications to avoid polypharmacy, especially in vulnerable populations.

We reviewed VHA regulations[3] governing pharmacy and CS security, and we assessed whether the medical center's policies and practices were consistent with VHA regulations. We inspected inpatient and outpatient pharmacies for security, EOC, and IC concerns, and we interviewed appropriate pharmacy and police personnel, as necessary. Additionally, we reviewed policies and procedures and interviewed appropriate personnel to determine if clinical pharmacists monitored patients prescribed multiple medications to avoid polypharmacy.

Pharmacy Controls. Our review showed that the medical center had appropriate policies and procedures to ensure the security of the pharmacies and CS. CS inspections were conducted according to VHA regulations. Training records showed that the 2 CS Coordinators and 30 inspectors received appropriate training to execute their duties. The pharmacies' internal environments were secure, clean, and

[3] VHA Handbook 1108.1, *Controlled Substances (Pharmacy Stock)*, October 4, 2004; VHA Handbook 1108.2, *Inspection of Controlled Substances*, August 29, 2003; VHA Handbook 1108.5, *Outpatient Pharmacy*, May 30, 2006; VHA Handbook 1108.6, *Inpatient Pharmacy*, June 27, 2006.

well maintained. The biosafety cabinet, where sterile intravenous medications were prepared, complied with VHA regulations[4] and IC standards.

Polypharmacy. Pharmacological regimens involving multiple medications are often necessary to prevent and maintain disease states; however, excessive use of medications can result in adverse reactions and increased risks of complications. Polypharmacy is more complex than just the number of drugs that patients are prescribed. The clinical criteria to identify polypharmacy are the use of: (a) medications that have no apparent indication, (b) therapeutic equivalents to treat the same illness, (c) medications that interact with other prescribed drugs, (d) inappropriate medication dosages, and (e) medications to treat adverse drug reactions.[5] Some literature suggests that elderly patients and mental health patients are among the most vulnerable populations for polypharmacy.[6]

Our review showed that managers had developed effective processes to ensure that clinical pharmacists identified patients who were prescribed multiple medications, reviewed their medication regimens to avoid polypharmacy, and advised providers as appropriate. We made no recommendations.

Survey of Healthcare Experiences of Patients

The purpose of this review was to assess the extent that VHA medical centers use quarterly survey results of patients' health care experiences with the VHA system to improve patient care, treatment, and services. The Performance Analysis Center for Excellence of the Office of Quality and Performance within VHA is the analytical, methodological, and reporting staff for SHEP. VHA set performance measure results for patients reporting overall satisfaction of "very good" or "excellent" at 76 percent for inpatients and 77 percents for outpatients. Medical centers are expected to address areas that fall below target scores.

Figures 1 and 2 on the next page show the medical center's SHEP performance measure results for inpatients and outpatients, respectively.

[4] VHA Handbook 1108.6.
[5] Yvette C. Terrie, BSPharm, RPh, "Understanding and Managing Polypharmacy in the Elderly," *Pharmacy Times,* December 2004.
[6] Terrie, *Pharmacy Times*, December 2004; Vijayalakshmy Patrick, M.D., et al., "Best Practices: An Initiative to Curtail the Use of Antipsychotic Polypharmacy in a State Psychiatric Hospital," *Psychiatric Services*, 57:21–23, January 2006.

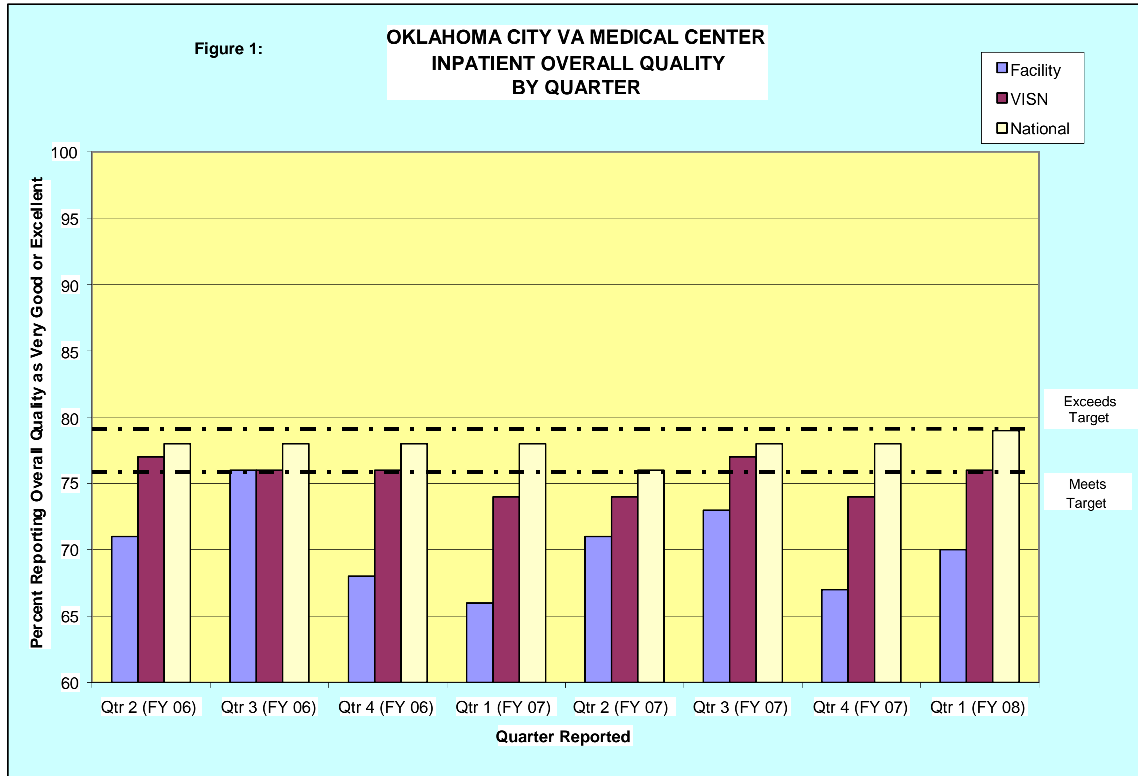


Figure 1:
OKLAHOMA CITY VA MEDICAL CENTER
INPATIENT OVERALL QUALITY
BY QUARTER
Facility
VISN
National
Percent Reporting Overall Quality as Very Good or Excellent
100
95
90
85
80
75
70
65
60
Exceeds Target
Meets Target
Qtr 2 (FY 06)
Qtr 3 (FY 06)
Qtr 4 (FY 06)
Qtr 1 (FY 07)
Qtr 2 (FY 07)
Qtr 3 (FY 07)
Qtr 4 (FY 07)
Qtr 1 (FY 08)
Quarter Reported

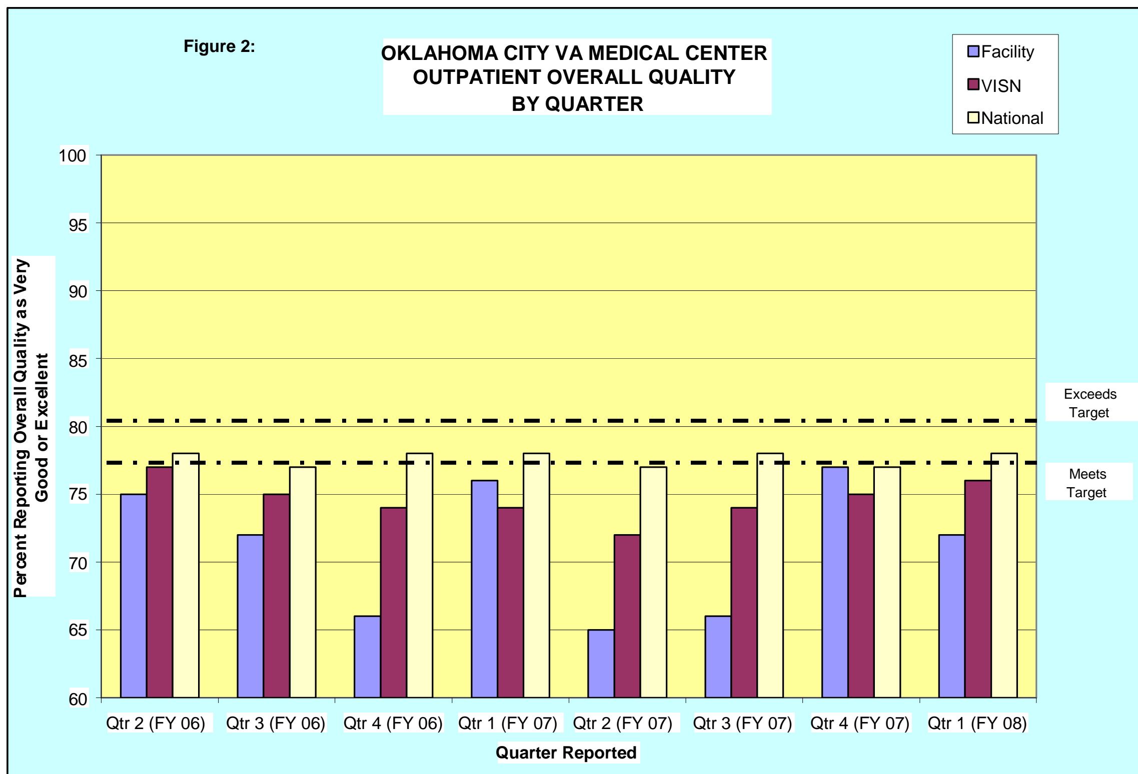


Figure 2:
OKLAHOMA CITY VA MEDICAL CENTER
OUTPATIENT OVERALL QUALITY
BY QUARTER
Facility
VISN
National
Percent Reporting Overall Quality as Very Good or Excellent
100
95
90
85
80
75
70
65
60
Exceeds Target
Meets Target
Qtr 2 (FY 06)
Qtr 3 (FY 06)
Qtr 4 (FY 06)
Qtr 1 (FY 07)
Qtr 2 (FY 07)
Qtr 3 (FY 07)
Qtr 4 (FY 07)
Qtr 1 (FY 08)
Quarter Reported

The medical center had identified opportunities for improvement based on the SHEP scores and had developed action plans targeting specific services and departments. Staff provided documentation of implementation of action plans, ongoing activities, and evaluation of action plan effectiveness for the areas that fell below the targeted scores. We made no recommendations.

VISN Director Comments

Department of
Veterans Affairs **Memorandum**

Date: June 27, 2008

From: VISN Director

Subject: **Combined Assessment Program Review of the Oklahoma City VA Medical Center, Oklahoma City, Oklahoma**

To: Director, Dallas Healthcare Inspections Division (54DA)

Director, Management Review Service (10B5)

1. The South Central VA Health Care Network (VISN 16) has reviewed the response from the Oklahoma City VA Medical Center and concurs with the response.

2. If you have any questions, please contact Donna Delise, Director, Office of Performance, Oklahoma City VAMC, at 405-270-5179.

(original signed by:)

George H. Gray, Jr.

Appendix B

Medical Center Director Comments

Department of Veterans Affairs **Memorandum**

Date: June 26, 2008

From: Medical Center Director

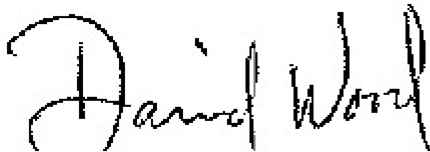
Subject: **Combined Assessment Program Review of the Oklahoma City VA Medical Center, Oklahoma City, Oklahoma**

To: Director, Dallas Healthcare Inspections Division (54DA)

1. We appreciate the opportunity to work with the Office of Inspector General as we continuously strive to improve the quality of healthcare for America's Veterans.

2. I concur with the finding and recommendation of the OIG CAP Survey Team. The importance of this review is acknowledged as we continually strive to provide the best possible care. The specific actions taken for the recommendation are on the following page.

3. If you have any questions, please contact Donna Delise, Director, Office of Performance and Quality, at (405) 270-5194.



David P. Wood, MHA, FACHE
Medical Center Director

Comments to Office of Inspector General's Report

The following Director's comments are submitted in response to the recommendations in the Office of Inspector General report:

OIG Recommendation

Recommendation 1. We recommended that the VISN Director ensure that the Medical Center Director requires clinically active staff to have CPR or ACLS training and current certification.

Concur

Following the OIG CAP review, a process was implemented to ensure CPR and ACLS certifications are monitored for compliance with Veterans Health Administration requirements. Reports are run out of PRIVPlus showing the status of ACLS and CPR certification quarterly. This information is forwarded to the appropriate service chief for action.

Completed: June 18, 2008

OIG Contact and Staff Acknowledgments

Contact	Karen Moore, Associate Director Dallas Office of Healthcare Inspections (214) 253-3332
Contributors	Linda DeLong, Director, Dallas Office of Healthcare Inspections Shirley Carlile, Healthcare Inspector Wilma Reyes, Healthcare Inspector

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