



**Department of Veterans Affairs
Office of Inspector General**

Healthcare Inspection

**Evaluation of Environment of Care in
Veterans Health Administration
Facilities**

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DEPARTMENT OF VETERANS AFFAIRS
Office of Inspector General
 Washington, DC 20420

TO: Under Secretary for Health (10)

SUBJECT: Healthcare Inspection - Evaluation of Environment of Care in Veterans Health Administration Facilities

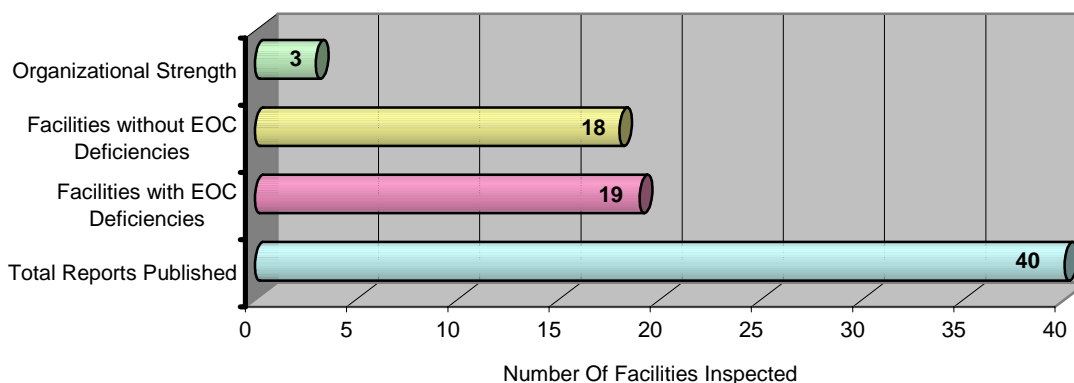
Summary

The Department of Veterans Affairs Office of Inspector General’s (OIG) Office of Healthcare Inspections (OHI) completed an evaluation of Veterans Health Administration (VHA) medical facilities’ Environment of Care (EOC) programs. The purpose of the evaluation was to determine if VHA is maintaining a safe and clean hospital environment.

During the period of October 2003 through October 2004, 40 Combined Assessment Program (CAP) reports were published. OHI conducted EOC reviews at all 40 medical facilities. Inspectors surveyed various areas throughout the facilities, including primary care and specialty outpatient clinics, inpatient wards, emergency rooms, intensive care/coronary care units, nursing home care units, domiciliary units, psychiatry units, surgery suites, rehabilitation areas, kitchens, canteens, and supply processing and distribution areas.

Nineteen (47 percent) of the 40 facility CAP reviews reported EOC deficiencies. Twenty-one facilities maintained a generally clean and safe environment with no reportable findings or recommendations. Of the medical centers with no findings, three had exceptional EOC programs that were reported as an organizational strength.

Table 1: EOC Inspections

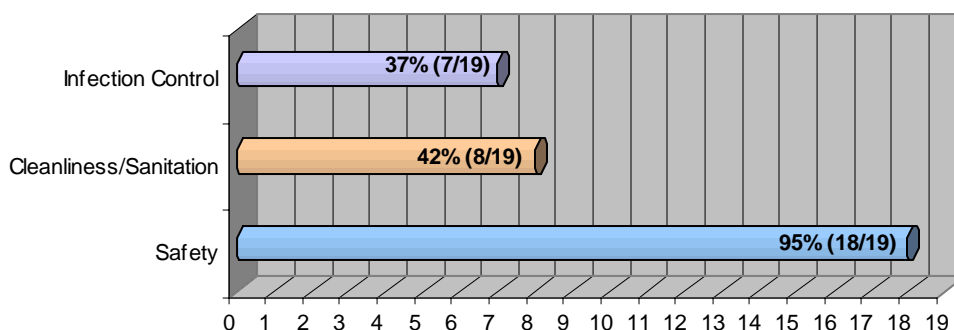


The categories for concern in the environment were safety, cleanliness/sanitation, and infection control issues. Some of the facilities had findings which were a combination of the three

categories, but we made only one recommendation to improve the overall EOC deficiencies. Other facilities that had an elevated level of noncompliance received recommendations for each deficient category. If a facility had a higher degree of concerns with more than one issue in one category, there were additional recommendations for the one specific category.

At the 19 VA Medical Centers (VAMCs) where we identified EOC deficiencies, there were a total of 56 findings with actions recommended and improvements suggested. Safety concerns were identified at 18 VAMCs. Safety problems occurred as a result of management’s failure to monitor staff’s actions and update policies. The cleanliness and sanitation concerns identified at eight facilities were primarily due to a lack of general housekeeping and maintenance. All of the infection control issues identified at seven facilities were related to noncompliance with previously established policies and procedures.

Table 2: Areas Of Deficiencies



Background

VAMCs must be maintained in a state of cleanliness that fully meets all VHA and Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards. The Veterans Integrated Service Network (VISN) participates by conducting Annual Workplace Evaluations. Managers set the expectation for cleanliness, provide appropriate staffing, and conduct EOC inspection rounds. Managers also determine manpower requirements for the EOC based on local determination of square footage coverage, facility age, frequencies of cleaning, and scope of service. The Safety Officer identifies EOC problems when incidents occur related to the environment. The Chief of Facilities Management Services is responsible for the cleanliness and sanitation of the facility. The EOC should support the medical facilities mission and services.

Scope and Methodology

The scope of this inspection included all CAP reports published from October 1, 2003, until October 31, 2004. The 40 facilities included in the data collection represented a mix of facility size, affiliation, geographical location, and VISNs. Two weeks prior to the VAMC onsite visit, inspectors reviewed minutes from the EOC Committee, Safety Committee, and Infection Control Committee for the past six months. The two previous JCAHO survey reports relating to

environment and safety and the pest control logs for the past year were examined as well. Likewise, previous CAP reports were reevaluated for unresolved recommendations.

Inspection Results

Issue 1: Safety

We found safety deficiencies in 18 of the 19 (95 percent) facilities that had EOC deficiencies. VHA directives require that facilities meet the National Center for Patient Safety, Occupational Safety and Health Administration, and JCAHO requirements. VHA's goal is to minimize the chance of the occurrence of untoward outcomes. VAMCs are required to identify safety risks, as well as plan and implement processes to minimize the likelihood of risks that may cause incidents.

The majority of the safety concerns involved unsecured sharp instruments, medication carts, prescription pads, and cleaning chemicals. Additional problematic conditions were: no available eye wash stations, patient privacy and confidentiality was compromised, no assessments for suicide risks on patients in locked and unlocked psychiatry units, and medication refrigerator temperatures were not monitored.

Facility managers at all 18 facilities concurred with our findings and recommendations and took actions to improve patient, visitor, and employee safety. The actions included: education and reinforcement training, implementation of new and modified safety procedures, revised local policies, and enhanced safety inspection team member awareness of environmental safety issues. Several safety concerns were added to the Environmental Rounds Inspection Team checklist at most facilities.

Issue 2: Sanitation and Cleanliness

We found sanitation and cleanliness deficiencies in 8 of the 19 (42 percent) facilities. The Chief of Building Management Services is the facility Sanitation Officer. The chief and the Building Management Service personnel are responsible for maintaining an effective, efficient, and economic EOC program which encompasses cleaning and protective-surface maintenance, waste handling, glazing maintenance, bed services, safety, infection control, security, equipment and supplies, staffing, testing and evaluation, training, and contractual services. Building Management Services promote quality management principles for facility EOC operations.

Facility managers concurred with our findings and recommendations and provided acceptable improvement plans. Improvement plans included: increased housekeeping coverage in high-use areas for general cleaning; comprehensive cleaning schedules for dirt build-up around walls, baseboards, and behind equipment; emphasized importance of routine cleaning and maintenance according to VHA standards; increased supervision and training; filled vacant positions; and incorporated cleanliness concerns into the monthly environmental rounds.

Issue 3: Infection Control

We found infection control deficiencies at 7 of the 19 (37 percent) facilities. Sanitation is an important facet of a multidisciplinary approach to infection control. A continuing program of soil removal that reduces disease vectors and sanitizes surfaces is an integral part of the infection

control process. The Center for Disease Control (CDC) and Prevention estimates that 90,000 deaths per year are due to nosocomial (hospital acquired) infections and estimates that 50 percent of deaths are clearly preventable (2002 CDC Guidelines on Hand Hygiene).

Specific concerns consisted of: the processing of outdated sterile supplies; storing and securing biohazardous materials; damaged pillows, mattresses, and furniture; unsecured construction areas; and the need for a memorandum regarding infection control issues.

Facility managers concurred with our findings and recommendations and took immediate actions to correct deficiencies. The improvement actions included: on-going education and training; establishing a memorandum to outline cleaning and maintenance expectations to prevent cross-contamination; and monitoring compliance with, and increasing awareness of, infection control policies and directives.

Conclusion

Overall, the majority of CAP reports identified issues that were resolved at the supervisory level. The results of the CAP inspections allowed corrective actions to be established before issues became too costly or adverse outcomes occurred. Increased supervision, enhanced training, and continuing education corrected 84 percent of the recommendations. Various other actions, such as revising existing policies, instituting clarifications of procedures, and hiring needed staff, corrected the remaining 16 percent.

Additional Information

The EOC inspection focus guide was significantly changed in February of 2005 based on revised standards in JCAHO, Occupational Safety and Health Administration, and VHA directives. Therefore, this report will stand as a summary of past practices and will not be used in future comparative analysis of EOC outcomes.

(original signed by:)

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

Outdated EOC Focus Guide

INSTRUCTIONS

ENVIRONMENT OF CARE (EOC) AND LABORATORY SECURITY SURVEYS FOR CAP REVIEWS FISCAL YEAR 2003

In April 2002, major Kansas City, Missouri VAMC environmental issues reached the attention of the media and the VA Secretary, resulting in an OIG review. The resulting report identified major environmental problems that should have been identified and acted upon by VAMC or VISN managers. As a result, OHI has committed to performing more extensive environmental surveys of VAMCs during scheduled CAPs.

We are continuing to review laboratory security because of ongoing concerns that VHA facilities have not improved physical security in research and clinical laboratories since September 11, 2001. The House Veterans' Affairs Committee is aware of ongoing security deficiencies. OHI has committed to continued physical security inspections in research and clinical laboratories.

1. Preparation Phase, Preliminary CAP Visit:

During CAP preparation, review documents for evidence of Environment of Care (EOC) and laboratory security related problems. Review documents such as:

- Minutes of the EOC Committee, Safety Committee, and Infection Control Committee for past 6 months
- Previous two JCAHO survey report findings related to environment and safety
- Pest control log related to employee reports of pest problems, for past year
- Local Laboratory Security policy and minutes of committees that may have addressed security-related concerns

Interview key managers, including the Chief of VA Security Police, to determine if security has been improved since September 11, 2001, whether new VACO policies have been implemented, and whether laboratory security has been upgraded, etc.

Also, look at the OIG MCI system to determine any previous identified hotline or CAP findings related to EOC issues or laboratory security issues at the facility. Also, employee survey results or complaints, if available during CAP preparation, should be considered when determining the EOC scope of coverage.

During preliminary meetings with VAMC managers, CAP team leaders should tell them that there will be EOC surveys and reviews of laboratory security. Also, explain that cameras may be used to photograph evidence. There may be a need for tour guides to some areas depending on

local circumstances (e.g., facility maintenance managers, a safety officer, VA police supervisors, infection control, etc.). Appropriate representative(s) to accompany the inspector should be determined by the OIG Regional Manager and the Facilities Director. Notify the following of possible inspections in their areas so that they can be ready to accompany team members as needed: nurse and other patient care/unit managers; Canteen Service managers; Nutrition and Food Service managers.

Do not allow the facility to schedule OHI inspections. Allowing them to do so can compromise the purpose of the review. CAP team leaders should document preliminary CAP survey EOC review efforts and the rationale used for choosing on-site EOC survey areas. Also, it may be possible to perform EOC surveys during a preliminary CAP visit.

According to the Assistant Inspector General for Healthcare Inspections, laboratory security reviews will be conducted at each facility that has *any* biosafety level (BSL) 2 or 3 designated laboratories, in either research or clinical lab, *regardless* of whether the facility has inventory of sensitive/select agents.

2. Survey Phase:

Table 1 below identifies the EOC areas to be inspected. A sample from these areas should be determined in conjunction with the Healthcare Coordinator on-site. On-site EOC surveys must include any of the problematic areas identified during preliminary survey work.

CAP team leaders need to use their judgment in determining the most needed areas for EOC on-site survey. Judgment will especially be required for those facilities with multiple campuses.

Hair coverings or nets are required when accessing food preparation areas. If one is not offered, ask for it.

When entering patients’ rooms, be sure to knock on the door before entering.

Laboratory surveys will be made according to instructions on the applicable forms. All research and clinical laboratories will be surveyed for physical security, including storage.

Table 1: Instruction for EOC Areas to be Inspected		
A Sample of these Required Areas	Required Areas to be Inspected	Eliminate Areas*
In-patient Units (sample to include Medical-Surgical, SCI, NHCU)	Mental Health Inpatient Units	Warehouse
Out-patient Clinics (Choose 1-3 from Primary Care and 1-2 from Specialty Clinics)	All ICUs (SICU, CCU, MICU); and Dialysis	Facility grounds
Choose 1 among other	NFS Main Kitchen; Main	Retail Store

patient dining areas	facility patient dining room; Canteen Kitchen and dining area	
Choose 1 among ER, Triage-Urgent Care	Recovery/PACU	Exterior Buildings
	Construction areas for safety concerns	Ancillary areas (SPD, Pharmacy, Radiology and imaging, clinical or research laboratories, diagnostic or procedure areas)
	CBOC or free-standing OPC <i>(to be discussed June 12)</i>	

*Only inspect these areas, as needed, based on previously identified problems (i.e. Pest control log, hotline, CAP, JCAHO, Committee minutes).

Forms:

The Nutrition and Food Service and Canteen areas have their own inspection form. All *other* facility areas will be inspected using the standard form. Please specify the location and type of area on the form (i.e. 2E/Type – specify if it is SICU, NHCU, Medical Inpatient, etc.)

There are two forms for laboratory security reviews; instructions are contained in them. VHA is in process of issuing a new laboratory security directive. A copy is being faxed to each region for informational purposes along with pages from the CDC’s biosafety manual pertaining to security.

3. Reporting:

Once completed, CAP team leaders should send Laboratory Security Surveys to the Bedford Office (54BN) and EOC/NFS forms to the Dallas Office (54DA) for data analysis. Indicate that some form of supervisory review of the forms was completed before doing so.

VAOIG Office of Healthcare Inspections (54BN)
 Attn: Wendy Sparks
 200 Springs Road, Bldg. 2, Room 216
 Bedford, MA 01730

VAOIG Office of Healthcare Inspections (54DA)
 Attn: Yolanda Young
 1420 West Mockingbird LN, Suite 550
 Dallas, TX 75247

CAP team leaders must ensure that EOC and laboratory security reviews are appropriately discussed in CAP reports. Ensure that the scope of coverage, key findings, and suggested

improvements or recommendations is clearly defined in reports. Regional feedback suggested the following general list of items to consider in making recommendations to VAMC managers regarding EOC issues:

Environment - General

- Problems with fire and security standards
- Any condition that jeopardizes patient and/or employee safety
- Lack of cleanliness in patient care areas

Nutrition/Canteen Areas

- No hand washing sink
- General poor maintenance of equipment/facility and poor housekeeping

OIG Contact and Staff Acknowledgments

OIG Contact	Shirley Carlile, Healthcare Inspector Intern, Dallas Office of Healthcare Inspections, (214) 253-3337
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