



Department of Veterans Affairs
Office of Inspector General

Report on
Medical Center Sanitation
and
Follow-up of the
Combined Assessment Program Review
Kansas City VA Medical Center

Report No. 02-02280-112

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Washington, DC 20420

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Office of Inspector General Combined Assessment Program Reviews

Combined Assessment Program (CAP) reviews are part of the Office of Inspector General's (OIG's) efforts to ensure that high quality health care and benefits services are provided to our Nation's veterans. CAP reviews combine the knowledge and skills of the OIG's Offices of Healthcare Inspections, Audit, and Investigations to provide collaborative assessments of VA medical facilities and regional offices 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 and benefits services.
- Determine if management controls ensure compliance with regulations and VA policies, assist management in achieving program goals, and minimize vulnerability to fraud, waste, and abuse.
- Conduct fraud and integrity awareness training for facility staff.

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

At the request of the Secretary of Veterans Affairs, the Office of Inspector General (OIG) conducted a review of the sanitation and pest control, as these relate to the quality of care provided to veterans, at the Kansas City Department of Veterans Affairs Medical Center (KCVAMC). The review was conducted from April 1 through April 10, 2002.

In addition we conducted a follow-up review of the actions taken to implement recommendations we reported in our report of the Combined Assessment Program Review of the Kansas City VA Medical Center, dated January 2, 2002, conducted during the week of June 25-29, 2001. The report presents our analysis of the medical center's Environment of Care and then the progress made in implementing our prior CAP recommendations. The appendices provide further explanation of the reviews performed at the medical center over the past 5 years, an analysis of the quality of care as it relates to the reported pest infestations and infection control, pictures of some of the unsanitary and unsafe conditions found during our follow-up review, and VA's management's responses to our recommendations.

Results of Review

We determined that management did not maintain the medical center at appropriate levels of cleanliness or rid the medical center of pests. The unclean conditions date back to at least October 1997; were discussed among medical center management, staff, and patients; and were well documented in medical center records. Management of the Heartland Veterans Integrated Service Network (VISN 15) was also aware of the poor sanitary conditions and pest control at the KCVAMC (see Appendix A).

KCVAMC clinical management implemented effective controls to monitor the quality of care provided to patients as the controls related to infectious diseases and infection control. We also found that the care provided to the two patients discussed in an article entitled, "Nasal Myiasis in an Intensive Care Unit Linked to Hospital-Wide Mouse Infestation" was adequate, but that the incidents described occurred because of poor insect control at the facility (see Appendix B).

The Secretary of Veterans Affairs should ensure that the Under Secretary for Health takes prompt and effective steps to assure veterans are properly served by KCVAMC by:

- Correcting infection control and space deficiencies in the Supply, Processing, and Distribution (SPD) areas.
- Correcting environmental and safety deficiencies throughout the medical center.
- Ensuring timely access to Primary Care services for Mental Health (MH) patients.

Additionally, the Secretary should ensure that the Under Secretary for Health takes steps to:

- Secure patient information and computer workstations throughout the medical center.
- Strengthen time and attendance controls for part-time physicians.
- Update local policy and procedures on inspecting controlled substances.
- Ensure Medical Care Collection Fund (MCCF) employees pursue unpaid accounts receivable, collect and document health insurance information, and make follow-up telephone calls.
- Document follow-up care provided in response to abnormal test results and procedures.
- Improve information technology (IT) security by requiring employees to log-off computers and training all employees in computer security.
- Continue efforts to complete background investigations and establish a system for following up on the immigration status of non-citizens.
- Improve controls over supervisory approval of Government purchase card transactions, and discontinue the practice of splitting purchases to avoid exceeding spending limits,

Management Comments

The Secretary of Veterans Affairs, the Under Secretary for Health, the Assistant Under Secretary for Health and the Medical Center Director concurred with the recommendations made to them and provided acceptable implementation plans for all applicable recommendations. Appendix D contains the full text of their comments to the report recommendations. We consider all issues to be resolved but may follow up on implementation of planned actions.

(original signed by:)
MICHAEL SLACHTA, JR.
Assistant Inspector General for Auditing

Introduction

Medical Center Profile

Organization. The Kansas City Veterans Affairs Medical Center (KCVAMC) is a tertiary care facility located in Kansas City, Missouri. It provides a broad range of inpatient and outpatient health care services. Outpatient care is also provided at four community-based outpatient clinics (CBOCs) located in Nevada, Belton, and Whiteman Air Force Base, Missouri; and, in Paola, Kansas. The KCVAMC is part of VISN 15 and serves a veteran population of about 210,000 in a primary service area that includes 14 counties in Missouri and 5 counties in Kansas.

Programs. The KCVAMC provides medical, surgical, mental health, and advanced rehabilitation services and operates several regional referral and treatment programs, including substance abuse, geriatric care, oncology, vascular diseases, and infectious diseases. In addition, the KCVAMC has sharing agreements with the University of Kansas Medical Center and contracts with Health Midwest and Truman Medical Center for additional medical services.

Affiliations. The KCVAMC is affiliated with the University of Kansas School of Medicine and supports 76 medical resident positions in 20 training programs.

Resources. In FY 2000, medical care expenditures totaled \$101.6 million, in FY 2001 the medical care budget was \$105 million, and in FY 2002 the medical care budget is \$108.8 million. FY 2001 staffing was 957 full-time equivalent employees (FTEE), including 72.8 physician and 256.7 nursing FTEE. In FY 2002 staffing was 978 FTEE, including 76.1 physician and 256 nursing FTEE. The medical center has 125 hospital beds.

Workload. In FY 2000, the KCVAMC treated 28,740 unique patients, 7.7 percent more than in FY 1999. The FY 2000 inpatient care workload totaled 5,281 discharges, the average daily census was 119 patients, and the outpatient workload was 231,619 visits. In FY 2001, the KCVAMC treated 31,510 unique patients, a 9.6 percent increase from FY 2000. The inpatient care workload totaled 4,427 discharges, the average daily census was 99 inpatients, and the outpatient workload was 215,167 visits.

Objectives and Scope of the Follow-up to the CAP Review

Objectives. The review was conducted at the request of the Secretary of Veterans Affairs to determine if: (i) significant deficiencies existed in the sanitary conditions at the medical center, (ii) any deficiencies found had an effect on the quality and outcomes of medical care for patients treated, and (iii) corrective actions were taken to implement the recommendations made in our report of the Combined Assessment Program Review of the Kansas City VA Medical Center, dated January 2, 2002.

Scope. We inspected clinical and administrative areas of the hospital; reviewed selected clinical, financial, and administrative activities to evaluate the effectiveness of patient care administration and quality management (QM), and assessed management controls.

We interviewed KCVAMC management, employees, and patients; and reviewed clinical, financial, and administrative records. We also followed up on actions management took to correct conditions reported in our CAP review in the following activities:

Performance and Patient Care Improvement Program	Part-Time Physician Time and Attendance
Supply, Processing, and Distribution	Controlled Substances Accountability
Ambulatory Care Clinics	Information Technology Security
Inpatient Care Units	Service Contracts
Medical Record Privacy	Government Purchase Card Program
Mental Health Primary Care	Medical Care Collection Fund
Communicating Abnormal Test and Procedure Results	Background Investigations on Selected Clinicians

The review covered the actions taken by KCVAMC management after our June 2001 review through March 2002, and was conducted in accordance with OIG standard operating procedures for CAP reviews. In response to a request from Senator Christopher S. Bond, the report contains a Chronology of Visits, Inspections, and Consultations (Appendix A) made to KCVAMC since calendar year 1997.

In this report, we make recommendations for improvement. These recommendations are made to the management level responsible for implementation. In addition, a Report of Administrative Investigation, LEADERSHIP ISSUES RELATING TO CLEANLINESS AND SANITATION CONDITIONS KANSAS CITY VA MEDICAL CENTER AND VISN 15, KANSAS CITY, MISSOURI, Report No. 02-01779-109, dated June 3, 2002 was issued.

Results of Review

Environment of Care

KCVAMC management did not maintain the medical center at appropriate levels of cleanliness or rid the medical center of pests. The unclean conditions date back to at least October 1997; were discussed among medical center management, staff, and patients; and, were well documented in medical center records. Management of the Heartland Veterans Integrated Service Network (VISN 15) was also aware of the poor sanitary conditions and pest control problems at the KCVAMC.

Medical center electronic messages (e-mail) show that KCVAMC management was aware of some insect and rodent infestations dating back to July 1993. E-mail messages describe incidents involving rodents and insects in the Surgical Intensive Care Unit (SICU), operating room (OR), and patient ward areas in 1993, 1994, and 1995. However, reports of filthy clinical areas, fruit flies, gnats, flies, wasps, and rodents began appearing in e-mail messages and committee minutes with more frequency in 1998. These records document discussions of these problems from calendar years 1998 through January 2002 involving the former Medical Center Director, key clinical managers and providers, environmental and infection control managers, and patients. The current Medical Center Director arrived in January 2002.

In October 1997, the medical center received a consultant's report, requested by the Chief of Facilities that stated the Housekeeping Department was understaffed, needed training for managers and staff, and was not organized to deliver quality service. The consultant found a staffing shortage of approximately 16 FTEE existed based upon the number of square feet that needed to be maintained. At the time the consultant's performed the study, medical center records indicated that Housekeeping had 42 FTEE. The consultant's report also recommended that management:

- Restructure job descriptions to meet the staffing objectives of the medical center.
- Establish a Housekeeping equipment preventive maintenance program.
- Hire intermittent employees to provide relief for permanent staff on leave.
- Establish a comprehensive project or periodic program, which provides for preventive maintenance of floors and walls.
- Develop a quality assurance program.
- Provide specific supervisory and staff training on proper cleaning techniques and chemical use.

- Establish supervisory responsibility for functional activities like training and cleaning geographical areas of the medical center.

The consultant's recommendations were not implemented. In fact, staffing in Housekeeping ranged from 42 full-time in April 1997; to a high of 45 full-time, 3 part-time, and 13 intermittent in March 1999; and to a low of 36 full-time, 1 part-time, and 6 intermittent in June 2000. At the time of our review, Housekeeping staffing was reported for March 2002 as 44 full-time, 1 part-time, and 2 intermittent.

At this time it is not clear what actions, if any, that KCVAMC top management took to address the cleanliness issues in the medical center prior to the last Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) visit in October 2001. However, there is evidence that senior managers were advised of cleanliness and pest infestation problems over a number of years. Some examples include:

- March 2, 1998 – A Kansas City Health Department inspection (requested by the medical center's Facilities Management Service) found mice feces under the dishwashing machine in the Canteen on the 4th floor. Overall, the inspector found a general state of uncleanliness in the Canteen and its storage areas.
- July 16, 1998 – The Infection Control Nurse reported that the entire Canteen needed to be “terminally cleaned.” The report stated that a complete shut down was needed until all areas of the Canteen were entirely clean. “The dirt build up has been permitted for too long.”
- October 16, 1998 – A Quality Improvement Team report identified cleanliness problems in the intensive care units (ICUs), recommended that the responsibilities of Environmental Management Service (EMS) workers and ICU staff regarding the “cleanliness and orderliness” of the units be identified, and noted the need for an ongoing monitoring program to maintain cleanliness and orderliness of the units on a daily basis.
- November 3, 1998 – An Infection Control Committee (ICC) memorandum to the Environment of Care Committee stated that it was evident the EMS was not thoroughly cleaning rooms. In addition, there was an apparent lack of knowledge on the part of EMS staff as to what needed to be cleaned and how. A lack of overall supervision contributed to the confusion on the part of housekeepers as to proper cleaning procedures and there was inadequate staffing of EMS personnel for the ICUs.
- November 9, 1998 – ICC minutes noted the following actions were recommended to the KCVAMC top management: (i) reevaluate/readjust staffing patterns in EMS to include adequate levels, as well as unit-dedicated personnel, to ensure thoroughness and consistency in cleaning of assigned areas; (ii) identify an experienced EMS manager to supervise all housekeeping activities; (iii) establish a detailed schedule of daily, weekly, monthly, quarterly, yearly, etc. cleaning functions; and (iv) provide orientation and recurring training to EMS personnel including training on infection control and other relevant matters.

- January 11, 1999 – The ICC minutes document that the committee recommended that the Nurse Managers be made solely responsible for determining whether a patient room is clean. The committee recommended training for employees and supervisors as to what “clean” is and proper cleaning procedures.
- August 16, 1999 – ICC minutes reported that the OR just recently had a new infestation of “meat-eating flies.”
- August 22, 2001 – A consultation was requested by the Acting Director in order to prepare the medical center for its upcoming JCAHO inspection. A memorandum to the Acting Director from the Manager, Environmental Programs, Salt Lake City VAMC stated that: staffing and equipment shortages prevent their ability to maintain an aesthetically pleasing environment for patients, visitors, and medical personnel. Cleaning procedures and directives were outdated and staff did not understand their duties. Work assignments should be documented, an inventory (of supplies and equipment) should be made, and procedures describing how to perform tasks should be readily available in each work area for staff reference.
- March 28, 2002 – A white paper (for the record, explaining actions taken to pass JCAHO inspection) from the Deputy Network Director, VISN 15 reported, “...The environmental management staff had a number of vacancies which had been frozen for recruitment. I immediately ordered the full recruitment of those positions as a priority for the medical center. It was immediately clear that even with these positions filled it wouldn’t be possible to get the medical center up to standard in the time available. I authorized a contract with a cleaning service to concentrate on the large public areas that didn’t require special healthcare cleaning techniques for a one time major overhaul. The existing staff was then able to concentrate on those areas requiring special skills and training.” In reference to the August 22, 2001, memorandum, the Deputy Network Director stated: “The experienced manager did find that the EMS portion of Facilities was understaffed for a physical plant the size of Kansas City. However, he found that the lack of front line leadership and misallocation of staff by shifts were larger problems than actual numbers of staff.”

As the above chronology demonstrates, the actions that the outside consultant recommended in October 1997 continued to be raised for the next 5 years. However, actions taken by management through March 2002 were concentrated on addressing specific cleaning and pest conditions, and not on the organizational failures that permitted the problems to persist.

Infection Control

We found that KCVAMC management had a program for ongoing surveillance for pathogens of medical importance, took specific effective actions to address infestation issues and outbreaks of

disease, and conducted ongoing training directed toward general and specific infectious disease topics.¹

In 1999, two KCVAMC employees developed stomach cramps and gastrointestinal symptoms after eating ice from a medical center ice machine. Medical center staff found that the ice machines and the area around and under them in the patient care areas were "...contaminated and were in need of thorough cleaning." The machine was cleaned, however, we did not find evidence that all other ice machines in the medical center were checked and cleaned at the time. Facilities Service managers implemented a cleaning and inspection regimen and each ice machine was to be inspected twice a year. We made spot reviews of ice machines that showed some of the machines did not have documented evidence of inspection since August 2001.

As a result of ongoing surveillance, two peaks (outbreaks) in the incidence of Methicillin-Resistant *Staphylococcus aureus* (MRSA), Vancomycin-resistant *Enterococcus* (VRE) and *Clostridium difficile* were noted.

The first outbreak of an increase in infectious disease was identified in May and June of 2000 in the SICU and operating suite, as a result of poor aseptic technique. A re-education program on the maintenance of sterile technique for the relevant health care staff brought an end to the outbreak. The second outbreak in March 2001, on a medical ward, was determined to be the result of a breakdown in housekeeping protocol.² This outbreak was controlled by a re-education effort aimed at the housekeeping staff and all who came in contact with patients who were on isolation precautions.³ To further reduce nosocomial infections (diseases contracted in the hospital), in February of 2001, an antiseptic agent was added to soap used in the medical center.⁴ In spite of management's actions to improve hand washing, our review found that many soap dispensers were empty.

Management Actions

Position management was centralized to the Network's Executive Resources Board (ERB) and Network Director in FY 1999. Network position management records showed that a decision was made not to fill vacancies in dietetics, engineering, and housekeeping in order to offset budgetary shortfalls at the KCVAMC in 1999 and 2000. Most notable was the Network ERB's decision not to fill the Environmental Program Manager position. ERB minutes in FY 2000 stated, "The KCVAMC has lost several housekeeping employees over the past year, but has delayed filling vacant positions in order to meet the budgetary needs of the medical center and Network." Filling all vacancies must be approved by the VISN before action can be taken to hire.

¹ Ongoing surveillance for Methicillin Resistant *Staphylococcus aureus*, *Clostridium difficile*, Vancomycin-Resistant *Enterococcus*, and other nosocomial infections is demonstrated in the ICC minutes.

² Housekeepers were not changing water and cleaning mop heads before moving on to clean the next patient's room which was under isolation precautions, among other shortcomings in isolation procedures.

³ Data from the ICC committee and medial staff interviews.

⁴ Chlorhexidine Gluconate in the ICUs and soap with Triclosan for other clinical areas

Pest control problems persisted from 1999 through the summer of 2001, when we conducted the CAP review and noted continuing pest infestation at the facility. In March 2002, the new Director, as a result of the inability of the current contractor to abate the pest problem, hired a nationally recognized pest elimination firm to inspect and survey the KCVAMC. The firm found the former pest control contractor did not follow generally accepted or comprehensive pest control techniques such as anchoring bait stations so that no one could tamper with or be harmed by the visible rodenticide. One bait station was found not to have any bait placed in the box. The pest elimination firm's survey confirmed there was still a serious infestation of rodents and other pests in the KCVAMC. The Director informed us that he cancelled the former contract.

Conclusion

The medical center continues to experience serious pest infestation and sanitation issues (see Appendix C). These conditions exist because Network and KCVAMC management had not acted aggressively to respond to numerous warnings and incidents brought to their attention for years. In October 1997, an outside consultant reported housekeeping problems and provided recommendations to management, which were not implemented. In 1998, clinicians reported to management that they had to interrupt one surgical operation because a wasp entered the room and broke the sterile field. Clinicians also contended with several other insect problems in the operating and recovery areas during 1998 and 1999. The ICC reported to management three separate outbreaks of illnesses and infections caused by a contaminated ice machine, breaks in aseptic technique, and improper housekeeping protocols in 2000 and 2001. The absence of sufficient support, supervision, and training for housekeepers, caused some clinicians to complain to us during the CAP in 2001, and again during our follow-up in 2002, that they feel compelled to clean their own areas.

Despite these events and complaints from staff and patients, the Medical Center Director did not take the administrative actions required to respond to the KCVAMC's longstanding pest control and sanitation issues. Management did not approve requests for additional housekeepers or to fill vacancies in order to use the monies for VISN and medical center budget deficits. The Medical Center Director did not act on recommendations from outside and inside consultants, as well as KCVAMC program managers to address: (i) deteriorating preventive maintenance and repair issues, (ii) the need for more supervision, and (iii) better training of housekeepers on staff. We believe top managers were able to avoid major illnesses at KCVAMC only because of the dedicated efforts of the healthcare team who compensated for the lack of aggressive pest management actions and institutional housekeeping support.

A new Medical Center Director arrived in January 2002. He concurred with our assessment that the level of cleanliness at the medical center was unsatisfactory and must now be addressed through a rigorous, aggressive program to enhance the environmental services in all areas. These efforts are also necessary to regain the confidence of patients, visitors, and employees at the medical center. The Medical Center Director was responsive to our briefings and is in the process of preparing an environment of care action plan (see Appendix D).

Recommendation 1:

We recommend that the Medical Center Director ensure that:

- a. The Statement of Work for a new pest control contract include routine monitors that will show evidence of successfully reducing infestation problems at the medical center, and that managers responsible for the implementation of the contract are held accountable to monitor and document progress reports, and report deficiencies in contractor performance immediately.
- b. Soap dispensers and other related supplies are routinely monitored and kept stocked.
- c. Ice machines are periodically inspected and tested to maintain safe and sanitary operation.

Medical Center Director's Comments

Concur with recommendation 1 a. A new pest control firm has been hired and a new contract has been developed, which includes monitoring the success of the overall pest control program.

Concur with recommendation 1 b. As of May 8, 2002, housekeeping staff began using performance check sheets. These will be reviewed by the Supervisory Housekeeping Aides to routinely monitor performance. These check sheets include a review of soap dispensers and other related supplies to make sure they are properly stocked.

Concur with recommendation 1 c. The Draft IG report indicated that "We made spot reviews of ice machines that showed some of the ice machines did not have documented evidence of inspection since August 2001." The IG team was referring to inspection sheets that were taped to the inside of the ice machines. These are not the forms that document the actual periodic inspection and testing. Preventive maintenance records that were provided to the IG showed that the ice machines are being inspected tested and cleaned twice a year. Ice machines have been and will continue to be included as part of our computerized preventive maintenance program. The preventive maintenance includes cleaning the machines twice each year.

Inspector General's Comments

The Director agreed with the findings and recommendation, and provided acceptable implementation plans for all parts of the recommendation. We will follow up on the planned actions until they are completed.

In reference to the maintenance of the ice machines, the Medical Center Director acknowledged that the inspection sheets taped to the inside of the ice machines were incomplete and informed us that preventive maintenance records showed the ice machines were tested and cleaned twice a year. We reviewed the preventive maintenance records provided to us from Facility Management and identified 23 ice machines in various locations of the medical center. There was no evidence of preventive maintenance for 10 of the ice machines after July 30, 2001.

Documents for two other ice machines had no recorded activity beyond September 6, 2001, and three of the ice machines were out-of-service. Further analysis found that the remaining 8 ice machines had been inspected within prescribed timeframes (between October 2001 and February 2002). Based on the documents made available to us, and interviews with facility managers, we believe that managers need to ensure all ice machines are periodically inspected and tested to maintain safe and sanitary conditions. The Medical Center Director concurred with the recommendation and his efforts to ensure all ice machines are inspected, as part of his computerized preventive maintenance program, should achieve this goal. We will follow-up on the planned actions until they are completed.

Recommendation 2:

We recommend that the Under Secretary for Health ensure that the sanitation and pest control problems at the medical center are corrected.

Under Secretary for Health's Comments

I agree with your recommendation that I ensure that identified sanitation and pest control problems at the Kansas City VAMC are resolved. The environmental conditions described in your review, as well as the lack of appropriate and timely management intervention to rectify the situation, are disturbing. Even before your team concluded their site visit, we had begun implementation of an aggressive plan of corrective action developed by the Acting Network Director and Medical Center Director, and fully supported by the Assistant Deputy Under Secretary for Health. I am personally committed to the proposed implementation goals and will closely monitor progress until all actions are completed.

Inspector General's Comments

The Under Secretary for Health agreed with the finding and recommendation, and provided an acceptable implementation plan. We will follow up on planned actions until they are completed.

Recommendation 3:

We recommend that the Secretary of Veterans Affairs ensure that managers are held accountable for the sanitation at the KCVAMC.

Secretary of Veterans Affairs Comments

I concur with your recommendation that I ensure that managers are held accountable for the sanitation of the VA Medical Center Kansas City. I will require the Under Secretary for Health to closely monitor and provide my office with a quarterly report on the implementation of the aggressive plan of corrective action developed by the Acting Network Director and Medical Center Director

Inspector General's Comments

The Secretary agreed with the finding and recommendation, and provided an acceptable implementation plan. We will follow up on planned actions until they are completed.

Follow-Up of the Combined Assessment Program Review

The following section describes the recommendations that were made during our initial CAP review, and the status of their implementation at the time of the follow-up review. In each case we have presented the unimplemented portion of the recommendation, as set forth in the CAP report, along with the former Acting Medical Center Director's comments and agreed upon implementation plans. We also discuss the results of our follow-up review for specific recommendations and in some cases we propose new corrective actions.

Supply, Processing, and Distribution (SPD) Areas

CAP Recommendation 1

We recommended that the Acting Medical Center Director take immediate action to correct infection control and safety concerns in the SPD Section.

Acting Director's Comments

The Acting Medical Center Director concurred with the recommendation and stated that work began September 15, 2001, to correct infection and safety concerns in the SPD. Further, a project to construct a new SPD had received approval with activation scheduled for FY 2003.

Results of Follow-up Review

Managers acted to correct some of the deficiencies identified in the CAP report, however, in its current condition, this area remains unacceptable to carry out sanitary patient care support. The following conditions continue to warrant management attention.

- Evidence of rodent infestations was found in cabinets of the sterile preparation room and in the decontamination area.
- Clinicians in SPD informed us that they were still not receiving adequate housekeeping support.
- Air handling systems were not providing the necessary climate control and needed cleaning.
- Space deficiencies still hindered separation and storage of, sterile, clean, dirty, and decontaminated areas.
- Walls and ceiling areas still needed repair.

- Peeling paint needed to be removed.

In response to our CAP report, the Medical Center Director reported that a new SPD would be constructed. Current plans are to activate the newly constructed SPD by April 2003. We will continue to follow-up to ensure this project is completed.

Follow-up Recommendation 1

We recommend that the Medical Center Director ensure the deficiencies noted in the SPD are corrected and air-handling equipment is cleaned and working properly.

Medical Center Director's Comments

Concur. Aggressive rodent control has been implemented as previously discussed. A thorough cleaning of the SPD area has taken place and standard cleaning procedures developed. The air handling equipment has been cleaned and is working properly. Sterile, clean and dirty supplies are properly separated in the SPD area. Space issues will be corrected when the replacement SPD is constructed next year

Inspector General's Comments

The Director agreed with the finding and recommendation, and provided acceptable implementation plans. We will follow up on the planned actions until they are completed.

Medical Center Cleanliness

CAP Recommendation 2

We recommended the Acting Medical Center Director take immediate action to correct all of the environmental and infection control deficiencies noted in our review.

Acting Medical Center Director's Comments

The Acting Medical Center Director concurred with the recommendation. In an October 5, 2001 report to the OIG, management reported that the Acting Director of Facilities moved most housekeeping staff to the day shift to improve cleanliness and removed the rodent traps from all patient care areas. KCVAMC management also had begun to fill housekeeping vacancies, approved overtime pay for housekeeping staff as needed, established a temporary work leader position to assist with supervision within housekeeping, and planned to implement improved performance measures for housekeeping.

Results of Follow-up Review

While the Acting Medical Center Director addressed some of the issues discussed in the prior CAP review, management did not aggressively fill housekeeping staff vacancies, increase staff,

or realign supervisory positions. We found that environmental and infection control concerns continue to pose threats to safe, high quality patient care. While management moved housekeeping employees to the day shift, there still wasn't enough staff to adequately clean the medical center. Management also spent approximately \$200,000 a year for housekeeping overtime wages. Management also removed rodent traps from patient care areas, but we found a few traps in nursing meeting rooms and ward lounges. During the follow-up visit, we found the following examples of unacceptable conditions in numerous areas throughout the medical center.

- Rodent droppings, dead flies, cockroaches, ladybugs, and other insects found in various areas of the medical center.
- Floors in clinical and administrative areas were dirty, especially edges and wall boards. Some floors needed to be repaired or replaced.
- Horizontal surfaces in many areas of the facility, including surfaces on equipment, were dusty and had not been cleaned in some time.
- Matted wall coverings in clinic hallways and other areas of the facility had accumulated years of dirt and should be removed.
- While the carpeting in the main lobby had been replaced, other carpeted areas in the medical center, such as the Silver Clinic waiting room, needed to be replaced. Carpeting in some areas of the medical center needed cleaning.
- Significant amounts of trash were found in Building 15, in the bushes behind the medical center, and near exit doors where employees, visitors, and patients tend to congregate and smoke. Trash accumulation may have contributed to the continuing rodent and other pest infestation.
- Bathroom tiles, baseboards, sinks, commodes, portable fans and ceiling tiles should be cleaned, repaired, or replaced.
- Uncorrected water damage was found in several areas of the medical center and we found water leaks in the Patient Meals space near the food preparation area and other areas of the medical center.
- Supply cabinets and rooms were not locked and some construction sites were not secure from entry, creating a safety hazard for patients who are wandering risks.
- The animal research facility needed cleaning. About 30 unused cages contained feces and dead cockroaches were found in the area. Entry to the research facility was not secured and biohazard signs were not posted on a freezer storing dead animal carcasses (which needed disposal).
- Faucets in patient rooms were corroded or needed replacement.

- Scissors, tweezers, needles, syringes, and razors were not properly secured, posing a safety hazard to patients and staff.
- Tripping hazards were identified in patient rooms.
- Expiration dates were not labeled on patient nourishment items.
- Walk-in refrigerators in the Patient Meals area had blocked vent covers and unclean sticky floor surfaces. Electrical outlets were not properly grounded and, just before our arrival on site, one employee suffered an electrical shock when she plugged in pallet heating equipment on the tray line.
- We observed an employee washing trays in a sink with a broken garbage disposal who carried-out food garbage in a pan, through the cooking area. Some employees were preparing food adjacent to an area where dirty pots and pans were cleaned and others were not following proper food preparation procedures.
- The Canteen had multiple cleaning-related deficiencies due to inadequate housekeeping support from the medical center. KCVAMC is required by VA policy to provide the Canteen Service with certain services, including housekeeping, sanitation, and maintenance.⁵

We provided the Medical Center Director detailed results of our inspection of clinics, wards, ancillary and support areas, research, building grounds, and canteen. The Medical Center Director began correcting many of the noted deficiencies during our visit. He told us 23 additional positions for housekeeping had been approved and was establishing detailed procedures to obtain objective performance data and customer feedback on housekeeping activities. He said the performance data would serve as the basis to establish staff and supervisory accountability, and to take corrective actions for poor performance. The Medical Center Director said he expected to implement this initiative by the end of April 2002.

Employee Survey on Environmental Issue

We conducted a survey of KCVAMC clinicians during our CAP review in the summer of 2001. We received survey responses from 101 clinicians and found that 82 (81 percent), expressed concerns about housekeeping support. Some of the narrative comments received from clinicians were as follows:

- The hospital is dirty.
- Clinics could be mopped more often.
- I can tell which person cleaned my area the night before by the quality of the work.

⁵ M-1, Part IV, Chapter 1, paragraph 1.02g.

- Cleaning is generally left up to me to do.
- I have to call daily to have my area cleaned and it's part of the OR.
- Bathrooms could be cleaner, toilet seat covers should be provided, soap dispensers should be filled regularly, and sinks should actually work.

We received similar comments from employees during our follow-up tours throughout the medical center.

Patient Complaints on Environmental Issues

We reviewed 124 patient complaints (from 1998 to April 5, 2002), concerning the filthy environment at the medical center. The Patient Advocate reported these complaints quarterly to program managers and the Medical Center Director. The following comments were extracted from the Patient Advocate's record of complaints.

- The plastic light panels over my bed are infested with large dead flies. It's disgusting and has really bothered me to lie here looking up at them! It really has bothered me. I can't believe a hospital would have bugs much less have a room with a large light panel infested with huge dead ones.
- 4-East care was all right, but they need to clean the rooms before patients are checked in. My call button was dirty and food was caked on it. The lounge chair also was dirty and sticky. My wife had to clean it before using it. When I checked in as the only patient in this room there was trash in the trashcan and the other two beds were vacant. Even though I was the only patient to check in, the trashcan had not been emptied. No telling how long that trash had been in there and what germs had been germinating. Also, during my stay the housekeeping people didn't really clean my room. Mostly all they did was pick-up the paper off the floor. They never swept or mopped and the bathroom was not cleaned.
- My medical care has been wonderful, but this room is filthy. The bathroom is disgusting! I've been in this room since Tuesday, October 19th, and there hasn't been a janitor in here once! That toilet in there is horrible. Someone used the restroom and the toilet seat has feces on it since Tuesday too. No one has even bothered to come in and pretend to sweep the floor or dust. I've never been in a hospital so dirty. There's blood on the floor even. Also, the shower doesn't have hot water at all. This is deplorable!

During our follow-up visit, patients also complained about the cleanliness of the medical center.

Housekeeping Staff Comments

Housekeepers informed us that they had been inadequately staffed for some time and management had not supported their requests for help. They said they did not have enough staff

to do their jobs properly, and scheduled duties were often interrupted to provide assistance in other higher priority areas. They told us KCVAMC management always hired temporary employees to help clean up just prior to JCAHO visits, but then the temporary employees were terminated after the cleanup was done. They also said that Compensated Work Therapy patients hired to assist with housekeeping actually caused more work than they saved because of their lack of training.

We interviewed six housekeepers and all six appeared to be genuinely concerned employees who wanted to do a good job. Five were familiar with their duties, assignments, and cleaning steps for their areas. They said they had received as much as 40 hours overtime in one week, but said that overtime was not the answer as it only resulted in employee burnout and injuries. In addition, housekeepers said that from time to time supervisors visited them at their assigned worksites, but did not give them feedback on their work. Most of the feedback they received was from the nurses. One housekeeper told us that employees need more training, as he observed housekeepers sweeping the floor before beginning high dusting in the same area.

In September 2001, KCVAMC management requested a consultative review of housekeeping activities from an Environmental Program Manager from VAMC Salt Lake City (KCVAMC does not have an Environmental Program Manager). The consultant reported that to conduct effective housekeeping a medical center should have 1-housekeeper for every 11,000 to 15,000 square feet of space to be maintained. KCVAMC staffing was approximately one housekeeper for 26,000 square feet and the Environmental Program Manager recommended that KCVAMC increase staffing by 24 positions. However, it was not until the week of April 1, 2002, when the Network gave the current Medical Center Director authority to hire 23 additional positions.

Follow-up Recommendation 2

We recommend that the Medical Center Director:

- a. Correct the sanitation and maintenance issues identified during this review.
- b. Hire an Environmental Program Manager and the necessary housekeeping support needed to satisfactorily manage the environmental aspects of the medical center.
- c. Determine whether there are sufficient food service workers, and engineering employees to accomplish the workload.
- d. Ensure adequate housekeeping and engineering support is provided to the Canteen Service.

Medical Center Director's Comments

Concur with Recommendation 2 a. The attached detailed plan of action outlines how and when this is to be accomplished. Medical Center and Network management will monitor performance through the use of progress reports on the Medical Center's Action Plan. Currently formal review of progress is undertaken weekly.

Concur with Recommendation 2 b. On April 1, 2002, a very seasoned, knowledgeable Environmental Care Manager from the VA Eastern Kansas Health Care System, Leavenworth Division, was detailed to Kansas City VAMC. A permanent position has been established, was classified May 3, 2002 and recruitment is underway. It is expected that the position will be filled before the end of June 2002.

Concur with Recommendation 2 c. A benchmarking review was conducted on food service functions in March 2002 and on engineering functions in June 2001 within the Facilities Program. Based on these two studies, the numbers and types of food service and engineering employees needed were identified. Recruitment is currently underway for Food Service Workers, Maintenance Workers, Air Conditioning Mechanic, Plumbers, electrician and Painters. It is expected that the majority of these new employees will be on board by June 30, 2002.

Concur with Recommendation 2 d. A comprehensive agreement has been developed between the Canteen and medical center management to correct this situation. (Note: the medical center was informed that Canteen Service might utilize this agreement throughout the country as a model.)

Inspector General's Comments

The Director agreed with the findings and recommendations, and provided acceptable implementation plans. We will follow up on the planned actions until they are completed.

Medical Record Privacy

CAP Recommendation 3

We recommended that the Acting Medical Center Director ensure that computer workstations and patient information are secured throughout the medical center.

Acting Medical Center Director's Comments

The Acting Medical Center Director concurred with the recommendation and on October 5, 2001, responded that appropriate actions would be taken to address the problems identified during the review. VA police officers would randomly check areas for improper computer security. Weekly environmental rounds would include a review of patient information privacy.

Results of Follow-up Review

Action to implement the recommendation was slow, and protecting the privacy of patient information continued to warrant management attention. We were told that VA Police and Security Service employees were not made aware of their responsibility to look for computer security violations until March 2002. We were provided copies of six e-mail messages initiated by the Chief, Police and Security Service to the Information Security Officer (ISO) regarding findings of computer terminals that were logged on to the network (created the vulnerability to

access sensitive information) during routine police inspections. Officers were able to identify seven employees who did not log off. In each instances, the officer logged off the terminal and noted the room number and/or individual's name that was signed on. During March 2002, police officers found 19 terminals logged on. Management decided to provide computer users two warnings before taking action to cancel their access or initiate other administrative actions.

During our re-inspection of patient care units, we found sensitive patient information on clipboards in the hallways. We did not find sensitive information on index cards taped to patient door, as we had during our previous CAP inspection. Our re-inspection of all clinical and administrative areas found one computer terminal with the Computerized Patient Record System still logged on. We also found a small number of other terminals with the desktops open, allowing individuals to access the computers and open applications. There were significantly fewer open terminals found during our re-inspection versus the initial CAP.

We also found that the Leadership Rounds Team (LRT) looked for computer security violations; however, we noted that the LRT had not followed-up on areas needing improvement. We sampled the results of the LRT reviews for August 2001 and February 2002, and found they were identifying deficiencies; however, there was no formal follow-up process in place to ensure actions were taken to resolve all of the identified issues.

Follow-up Recommendation 3

We recommend that the Medical Center Director:

- a. Issue reminders and increase employee-training efforts to ensure patient information is protected from unauthorized view or access.
- b. Ensure a formal follow-up process is defined to correct deficiencies identified during LRT environmental inspections.

Medical Center Director's Comment

Concur with Recommendation 3 a. Employees will be reminded at Town Hall Meetings and with employee newsletters about the importance of Patient Confidentiality. On April 3, 2002, a mailman message was sent to all employees reminding them to log off and secure their workstations when not in use. The Information Security Officer (ISO) will send out this mailman message to all employees on a quarterly basis. In addition, all employees receive annual training on protecting patient privacy/information by the ISO. A daily walk-through of clinic areas is being conducted by the ISO to ensure that patient information is maintained in a secure manner. The VA Police are conducting random checks of work areas for unsecured workstations. A log is maintained listing the workstations that are left unsecured

Concur with Recommendation 3 b. Violations found during the leadership rounds by the Leadership Rounds Team (LRT) are to be reported by the Safety Officer to appropriate management for follow-up as indicated in medical center policy 00-91.

Inspector General's Comment

The Director agreed with the findings and recommendations, and provided acceptable implementation plans. We will follow up on the planned actions until they are completed.

Primary Care for Mental Health Patients

Recommendations to improve written policies for the provision of primary care to mental health patients with co-morbid medical conditions were implemented; however, that portion of the recommendation concerning the timeliness of appointments was still unimplemented.

CAP Recommendation 4

We recommended that the Acting Medical Center Director ensure that:

- a. Facility policies are updated with specific guidelines about referring mental health patients for primary care services for their medical conditions.
- b. Mental health patients can schedule appointments with their primary care providers to meet their pressing medical needs within 7 days.

Acting Medical Center Director's Comments

The Acting Medical Center Director concurred with the recommendations. Mental Health management revised the Mental Health Scope of Care to include referral of mental health patients to primary care, including Primary Care Day Clinic or the Emergency Room as needed, and would continue efforts to assist mental health patients to schedule appointments with their primary care providers within 7 days for non-emergent care and within 30 days for routine appointments.

Results of Follow-up Review

We reviewed the revision of the Mental Health Scope of Care to include referral procedures and the Mental Health quality improvement plans for 2001 and 2002, and found that written policies had been updated to ensure patients receive timely primary care referrals.

We interviewed 10 patients and found that 9 of them had been seeing the same primary care provider for scheduled appointments. However, only 3 out of 10 patients said they were able to obtain scheduled appointments within 7 days. We interviewed Nurse Managers in the Primary Care Clinics and found that the backlog for clinic appointments had been growing and some patients had to wait for up to 4 months to obtain scheduled appointments in their clinics.

Follow-up Recommendation 4

We recommend that the Medical Center Director improve the timeliness of referrals from the Mental Health Clinic to primary care clinics. The delay in obtaining timely Primary Care Clinic appointments for mental health patients may be an indication of a systemic problem that points to the need to increase overall Primary Care Clinic services.

Medical Center Director's Comments

Concur. A process action team is currently exploring ways to deal with the specific needs of Mental Health patients. In addition, a plan has been developed to reduce wait times for all patients in Primary Care, which will be completely implemented by September 30, 2002.

Inspector General's Comments

The Director agreed with the finding and recommendation, and provided an acceptable implementation plan. We will follow up on the planned action until completed.

Part-Time Physician Timekeeping

CAP Recommendation 5

We recommended that the Acting Medical Center Director ensure that:

- a. Timekeepers and approving officials accurately account for and record all part-time physicians' on-duty time and leave.
- b. The Employee Accounts Section personnel conduct semi-annual audits of timekeepers.
- c. All timekeepers and approving officials receive training on the importance of recording and certifying timecards that reflect actual hours worked.
- d. All part-time physicians and their supervisors receive training on VA time and attendance policies.

Acting Medical Center Director's Comment

The Acting Medical Center Director agreed with the recommendations. KCVAMC management reported that they had reviewed all current scheduled tours and core times for all part time physicians and planned to conduct spot reviews of part-time physician timekeeping over the next 6 months. Management also agreed that Employee Accounts Section personnel would conduct semi-annual audits of timekeeper records and provide the results to the Chief of Staff. All current timekeepers and approving officials would receive refresher training, and all part-time physicians would receive a memorandum regarding the timekeeping and leave process.

Results of Follow-up Review

Management took the following corrective actions on our recommendations.

The Chief of Staff sent two memorandums– dated September 19, 2001 and March 6, 2002 – to all timekeepers and part-time physicians reminding them about time and attendance policies and procedures. Specifically:

- Who the timekeepers are and their assigned areas.
- Tours of duty requirements with regards to core and non-core times.
- Requirements to record all VA time on subsidiary time sheets and to submit the subsidiary time sheets to their assigned timekeepers.

Based on this action, we consider Recommendation 5 (a) closed.

The employee accounts section was scheduled to conduct semi-annual audits of timekeepers, beginning with an audit by March 31, 2002. However, according to the semi-annual audit coordinator, the audit was not completed because this task was not in her position description and staff was not assigned to work with her. The audit coordinator has recently received directions and additional staff resources to initiate the recommendation by May 15, 2002.

In addition, during our follow-up visit a review of scheduled tours and core times for all part-time physicians was on-going with changes to occur if found necessary. Management's plans also included a spot-review of timekeeping practices. These unannounced reviews are scheduled to begin upon completion of the timekeeper and part-time physician time and attendance training.

As part of our follow-up review, we performed additional audit tests related to part-time physicians and found that management needs to take additional actions to make sure that part-time physician time and attendance controls are in place and physicians are used appropriately.

Time and Attendance Controls

The medical center did not have effective controls in place to ensure that part-time physician time and attendance was accurate and effectively managed. This occurred primarily because managers did not exercise sufficient oversight over both the part-time physicians and their respective timekeepers. We found that oversight of time and attendance responsibilities was decentralized with the responsibility for control lying with the clinical specialty section leaders. However, the Surgical Service specialty section leaders told us that they didn't consider themselves as "chiefs" of the sections with direct authority over the physicians.

We found that physician time and attendance controls were in place for the Medical Service clinics. Each physician and clinic had a set schedule that was used by the clinic scheduler to

schedule patients. However, the Surgical Service clinics did not have an effective method for accounting for staff time. As a result of OIG and medical center managements efforts, significant part-time physician time and attendance problems were identified in Surgical Service's specialty clinics within the last 6 months, which have led to administrative actions against the Clinical Leader for Surgery and other physicians. In addition, we have identified instances of excessive and inappropriate use of authorized absences. These physician attendance problems have culminated in cancelled clinics and clinic scheduling backlogs, which exceed the 30-day wait thresholds.

Physician Oversight. To identify part-time physician control and oversight responsibilities we interviewed the Chief of Staff, Clinical Leader for Surgery, and four of the Surgery Service's specialty section leaders. We determined that oversight responsibilities were decentralized when the mid-level management positions were cut out of the budget and service operations and functions were reorganized. The Chief of Staff stated that supervision of staff and management of workload was the responsibility of the specialty section leaders. He stated that his office evaluated workload backlogs and staffing, to include physician resources, on an annual basis. However, he did not recall any staff efficiency or time and attendance analyses performed to determine whether adding physician resources was the best alternative to addressing significant workload or staffing issues.

The Clinical Leader for Surgery also told us that he was not involved in the day-to-day operations of the specialty clinics and did not routinely know who was scheduled to be on duty at a given time. He stated that he was responsible for "signing off" on the authorized absence requests for the physicians assigned to Surgery Service and forwarding the forms to the Chief of Staff's office for signature.

However, all four of the surgery specialty section leaders we interviewed told us they were not "in-charge" and did not perform supervisory duties. They indicated that they were in more of an administrative or liaison type position between their sections and the Clinical Leader for Surgery.

Timekeeping Controls. To evaluate the effectiveness of part-time physician timekeeping controls, we attempted to locate part-time physicians during their scheduled tours of duty during the period April 1-3, 2002. We were able to locate or account for 26 of the 27 physicians scheduled for duty. The physician who was not present during his scheduled tour of duty was performing surgery at the University of Kansas Medical School (KUMed). According to the physician's secretary at KUMed, the Ear, Nose, and Throat (ENT) physician performed surgeries at KCVAMC every third Wednesday even though he is scheduled to be at the VA medical center every Wednesday.

We also reviewed the Surgery Service's part-time physicians subsidiary time sheets for the first quarter FY 2002 and found that most of the timesheets were not filled out completely. On most subsidiary timesheets the scheduled tour and core times were completed. However, many of the timesheets did not have the "time worked" and "leave used or excused absences" sections completed.

Management needs to conduct a 100-percent review of the tours of duty for all part-time physicians and make sure the hours are correctly shown in the timekeeping system. In addition, each physician needs to have an understanding that his or her obligation to the VA includes attendance at clinics and committees.

Ear, Nose, and Throat. We reviewed the instance of a physician who performed surgeries at KCVAMC every third Wednesday even though he was paid for every Wednesday. Our review did not substantiate any wrongdoing on the part of the surgeon for performing surgeries on a rotational basis. The physician also had a Merit Review Research Award that accounted for a considerable amount of his time.

While the review did not recommend corrective action regarding the 3-week rotational work schedule, the review did substantiate that another ENT physician was regularly absent from his VA duties without leave, and a second ENT physician misused sick leave to work at the KUMed. Corrective administrative actions were recommended and implemented for these two physicians as well as the Clinical Leader for Surgery for not ensuring that physician core hours were worked and appropriate leave submitted. In addition, KCVAMC management stated that ENT specialists' duty tours will be adjusted immediately; a review of all part-time physicians' currently scheduled tours and core time will be conducted; a memorandum will be issued to all part-time physicians identifying timekeeping and leave requirements, including those relating to subsidiary time sheets and core time; and a follow-up review of physician timekeeping will be conducted in 6 months.

As a result of management's review of the ENT specialists' duty tours, medical center management decided that a contract would be the best method of procuring the ENT physician services. Management told us that the contract would be a sole-source agreement with KUMed since they are the affiliated university and expect to sign the contract within the next few months.

ENT Sole Source Contract. Based on our review of the draft contract, we believe that several issues need to be addressed. The specifications show that the medical center was contracting for 2.25 FTEE, which equals the amount they were paying for the part-time physician services. However, this may be excessive to KCVAMC's clinical needs since the 2.25 FTEE staffing includes a 3/8ths physician who was allowed time for a Merit Review Research Award. In addition, the contract needs to contain acceptable performance measures and strict language to ensure physicians are present for all required duties (clinics, surgeries, committees, etc). Also, the contract should have a provision to allow the VA to adjust the number of FTEEs, based on clinical need, without penalty.

Surgical Specialty. We identified one surgeon who had no documented workload during his core time. At our request, medical center management investigated and determined there were actually two part-time surgeons who were not reporting for their scheduled tours of duty. For the first 4 pay periods of calendar year (CY) 2002 the 2 physicians combined worked only 65 hours, but were paid for 220 hours. The review also highlighted that the timekeeper committed errors for three of the dates in question for one of these physicians. Medical center management has since referred the results of this review to the Office of Investigations for possible further action.

Research Time. A part-time physician was awarded a Merit Review Research Award that required the physician's appointment to be at least 5/8ths time and allowed the physician up to 3/8ths of his time for the research project. In addition, the terms of the award stated that research would be conducted at both VA and KUMed facilities. Our review found that the researcher was conducting all of his research at KUMed. The KCVAMC Director of Research was unable to verify the amount of time allocated to the research project by the physician since all of the work on the research project was done at KUMed Research facilities. The Director of Research also stated that another researcher's project renewal was rejected this past year since it was to be completed only at KUMed Research facilities.

The Director of Research provided us with the original documentation for the VA-funded Merit Review Research Award, which indicated that research facilities were established and utilized at both VA and KUMed facilities. The project was awarded and begun in 1999. At that time \$15,000 was awarded for a microscope and computer, among other items, in addition to annual expenses of \$15,900 for supplies and other expenses. We observed the laboratory space at KCVAMC that was to be used for this research project and found that the room was very dirty, used mostly for storage, and most of the materials in the room remained from the prior research project. Management needs to review the research project and determine if funding should be continued and whether the project should be conducted at the medical center.

Authorized Absences. We also identified that controls over authorized absences were lacking. We reviewed authorized absences for 12 part-time physicians for the period January 1, 2001, to April 6, 2002, (33 pay periods) and identified 2 part-time surgery specialty physicians whose usage appeared excessive when compared to their appointments. Both of these physicians were 2/8ths time (1 day per week) with 22 percent and 10 percent of their paid time spent on authorized absence.

Tour of Duty Hours per Pay Period	Total Hours in Scope of Review (33 pay periods)	Total Hours Charged to Authorized Absence	Percent of Total Hours to Hours Charged to Authorized Absence
20	660	147	22%
20	660	67	10%
50	1650	101	6%
20	660	31.5	5%
50	1650	67	4%
30	990	35.5	4%
30	990	31	3%
30	990	31	3%
70	2310	49.5	2%
20	660	10.5	2%
20	660	5	1%
20	660	0	0%

The Chief of Staff as well as the Clinical Leader for Surgery was unaware of any authorized absence limits. The Clinical Leader for Surgery stated that he was sure that someone in the

Chief of Staff's office or the Network's timekeepers at VAMC Leavenworth kept track of the amount of authorized absences taken by each physician and how much was allowed. However, we found no one who kept track of authorized absences. Additionally, we determined that for the second quarter FY 2002, for these 2 physicians, only 7 of 12 authorized absence actions had the required approval documentation supporting the requests.

KCVAMC management needs to develop a formal policy on the use of authorized absence by physicians that includes guidance on reasonable limits on the amount of authorized absences granted to physicians in accordance with the amount of time (appointment) they are committed to provide services to the VA. The guidance should provide for the Chief of Staff's approval when absences reach a determined reasonable level of absence limit.

Clinic Cancellations and Wait Times. Surgery specialty clinics were cancelled because of physician absences. According to the surgery clinic scheduler, clinic appointments were frequently cancelled and rescheduled. The scheduler stated that this was usually due to the surgical residents requesting time off and the part-time staff physicians being unavailable for clinic appointments. We were provided documentation to support several instances in which the attending physicians and/or residents notified the scheduler that they would be unavailable and needed to have the veterans' appointments rescheduled. The clinic scheduler was usually not told the specific reasons that the physicians would not be available, nor does she inform the timekeepers about the physicians being unavailable. The clinic scheduler also indicated that appointments were cancelled and rescheduled so often that some veterans waited a year or more for clinic appointments.

As of April 2, 2002, only 14 of the 31 "Gold" clinics had appointments available during April. The remaining 17 clinics had next available appointments ranging from early May to late October 2002. The Orthopedic, ENT, and Neurology clinics all had next available appointments beginning in June or later. These wait times substantially exceed the VHA 30-day goal and may adversely affect the quality of patient care provided at KCVAMC. Residents and attending physicians should be counseled on the need to maintain their clinic schedules. Leave should be scheduled so as to not interfere with scheduled clinics. The chief of service should approve all leave that would result in the canceling of veterans' appointments.

Physician Workload

The medical center's surgical staffing was not adequately supported by workload. This occurred because KCVAMC managers had not established an effective process to determine the appropriate number of part-time surgical physicians to have on staff based on current workload.

We asked the Chief of Staff how he determined the number of part-time physicians to have on staff. He told us that he was not aware of any methodology to calculate the number of physicians based on workload. The medical center's current number of physicians was generally based on historical precedent and discussions that occur at KCVAMC leadership meetings. We also asked the Clinical Leader for Surgery and four Surgery Service specialty section leaders for the process they used to determine staffing needs. They all told us that they had not done any

staffing needs analyses and stated that staffing needs were generally based on historical staffing levels.

We analyzed the workloads for all 16 part-time Surgery Service physicians, as of March 31, 2002, by obtaining all documented workload (such as operating room time and patient encounter forms for a 10-week period ending March 23, 2002. We found that for 11 physicians their workloads accounted for 50 percent or less of their total hours on duty.

Specialty	a) Hours on Duty	b) Total Number of OR Procedures	c) Total OR Time (hours)	d) Number of Encounters	e) Encounter Time (hours)	f) Work Hours Accounted For	g) Percent of Accounted OR/Clinic Time	h) Add 20%
Otolaryngology	103.0	40	68.4	35	8.8	117.13	114%	134%
Plastic Surgery	135.0	61	76.7	45	11.3	148.93	110%	130%
Orthopedic Surgery	220.0	19	48.7	145	36.3	103.98	47%	67%
Orthopedic Surgery	50.0	3	6.2	45	11.3	20.40	41%	61%
Orthopedic Surgery	372.5	32	57.2	127	31.8	120.92	32%	52%
Surgery	196.0	22	25.7	47	11.8	59.48	30%	50%
Otolaryngology	200.0	14	39.5	24	6.0	59.47	30%	50%
Ophthalmology	81.5	11	9.2	11	2.8	22.97	28%	48%
Otolaryngology	59.0	5	8.2	6	1.5	14.72	25%	45%
Orthopedic Surgery	90.0	7	8.4	27	6.8	22.13	25%	45%
Neurosurgery	95.5	5	14.4	11	2.8	22.10	23%	43%
Neurosurgery	125.5	8	13.4	8	2.0	23.40	19%	39%
Neurosurgery	127.5	5	14.9	13	3.3	23.18	18%	38%
Urology	100.0	5	9.6	4	1.0	15.55	16%	36%
Surgery	70.0	6	3.1	4	1.0	10.10	14%	34%
Urology	20.0	0	-	0	-	-	0%	20%

- a) Reported hours on duty: Paid hours less leave hours (such as annual, sick and authorized absence)
- e) We used an average of 15 minutes per encounter.
- f) Includes OR time plus 1-hour for each procedure performed in the OR to account for Pre and Post Op activities plus Encounter Time
- g) This column reflects the percentage of net hours on duty that is accounted for with OR and clinic time.
- h) This column reflects the percentage of hours on duty that is accounted for with OR/clinic time and an additional 20 percent for other clinical and non-clinical duties (e.g. grand rounds, inpatient follow-ups, administrative, etc).

We also analyzed daily physician activity for a 2-week period (February 24 through March 9, 2002) by comparing the tours of duty for 11 part-time physicians to several electronic measures of workload activity:

- Times the physician logged on to the facility’s computer system.
- Patient encounters.
- Progress notes.

- Orders written and orders entered by the physician.
- OR procedures and the time spent in the OR.

We found that for 65 percent of the days these physicians were on duty, there was no or minimal activity. For example:

- An urologist was paid for 10 hours on 1 day; however, there was no workload data.
- A plastic surgeon was paid for 6 hours on 1 day; however, there was no workload data.
- An orthopedic surgeon was paid for 9 hours on 1 day; however, the only activity was one operation totaling 80 minutes and he logged on the computer six times.
- An orthopedic surgeon was paid for 9.5 hours on 1 day. On this day she had no operations, four encounters, four progress notes, four sign-ons to the computer system, and one order written.
- A plastic surgeon was paid for 9 hours on 1 day; however, the physician's activity consisted of two operations totaling approximately 4 hours.

In response to these observations, KCVAMC managers and physicians provided us with a myriad of explanations for absence of workload data such as administrative time (conference and committee meetings) and resident supervision. The most common explanation was that generally the residents see the patients in the clinics and virtually all of the care documentation would be attributed to the resident. Surgery Service's physicians told us that supervising the residents was a significant part of their work; however, they could not estimate what percentage of their time is devoted to this activity. However, our analysis of resident workload does not adequately explain the lack of substantial workload. For example, we analyzed 2 days in March 2002 for Orthopedics that had minimal part-time staff activity. On these 2 days the resident also had minimal outpatient workload (two encounters on one day and none on the other day).

In our discussions with the Chief of Staff and surgery specialty section leaders, we found that they were most concerned with the productivity of part-time physicians during their core work hours. Current VA policy states that if part-time physicians work adjustable hours, they must designate at least 25 percent of their regular biweekly tours of duty as core hours. During core hours, they must be present at the VA facility unless granted leave or excused absences. Non-core hours are considered flextime. However, even during flextime physicians should be conducting VA business generally at the VA facility.

We analyzed the tours of duty for 11 of the surgical part-time physicians and found that 4 of the 11 physicians had designated core hours that accounted for less than 25 percent of their total tour of duty hours.

Pay Period 02-06 (March 24 – April 6, 2002)		
Tour of Duty Hours	Core Hours	Percent
21	17	81%
21	15	71%
52	34	65%
18	8	44%
68	24	35%
31	8	26%
52	13	25%
31	7.5	24%
21	5	24%
31	5	16%
21	2.5	12%

Core time is generally scheduled during the physicians’ operating room and/or clinic times. In addition, we found that even during a physician’s core time they may not be seeing patients. We found that staff physicians rely on the residents to operate the clinics. If the resident needs to consult with an attending on a case, he calls the staff physician. In at least one clinic, there was no staff physician on duty. If the resident needed an attending, he/she kept the patient until the afternoon when the staff person was scheduled.

Because part-time physicians have, in some cases, a large portion of their time designated as flextime, KCVAMC managers need to make sure that all physicians remain at the facility providing service to the VA. Additionally, managers should consider increasing the amount of core hours to ensure increased patient services.

Follow-up Recommendation 5

We recommend that the Medical Center Director:

- a. Conduct semi-annual audits of timekeepers. At a minimum, the audits should include reviews of physician subsidiary timesheets.
- b. Review tours of duty with all part-time physicians and make sure the hours are correctly shown in the payroll system. Make sure each physician understands his or her obligation to VA to include clinic time, surgical time, and committee time.
- c. Ensure the ENT contract contains acceptable performance measures and provisions to ensure physicians are present for all required duties (clinics, surgeries, committees, etc).
- d. Ensure the ENT contract has a provision to allow VA to adjust the number of FTEEs without penalty.
- e. Take the appropriate actions upon completion of the investigation into the part-time physicians’ time and attendance.

- f. Make sure that all research physicians comply with the terms of their research awards.
- g. Develop guidance on the use of authorized absence by physicians. The guidance should include limits on the amount of authorized absences granted to physicians based upon their appointments and the Chief of Staff should approve administrative absences when the specialty section leaders specified guidance is exceeded.
- h. Monitor clinic cancellations and the reasons for the cancellations to determine how often clinics are cancelled or rearranged because of physician conflicts. Take appropriate actions when conflicts are excessive.
- i. Monitor clinic wait times and, where necessary, adjust the part-time physician hours to reduce the wait time to an acceptable level.
- j. Ensure that all clinics have staff physicians on duty during all scheduled clinic hours.
- k. Make sure that all part-time physician tours of duty reflect current workload.
- l. Establish an annual process to assess the number of part-time physicians needed to complete the current workload and when necessary, adjust the number of part-time physicians to match current workload.
- m. Ensure each part-time physician understands that flextime is still an obligation for services to VA and should be spent at the VA facility. Additionally, managers should consider increasing the amount of core hours to ensure increased patient services.

Medical Center Director's Comments

Concur with Recommendation 5 a. In coordination with Network Payroll Section, semi-annual audits of timekeepers began in April 2002. The first audit cycle will be completed by May 31, 2002. Audits will include review of subsidiary timesheets for physicians. Results of audits will be forwarded to the Medical Center Director and appropriate Program Directors.

Concur with Recommendation 5 b. Tours of duty for all part-time physicians will be reviewed for accuracy and necessary changes will be made. The Chief of Staff, or designee will reaffirm obligations and established duties with each part-time physician. Scheduled completion date is June 14, 2002

Concur with Recommendation 5 c. The ENT contract has been established based on workload over the past two fiscal years, not FTEE. The contracting officer is removing incorrect references to FTEE. Due to the cost of this contract it will receive the normal OIG reviews done for all contracts that exceed the local/network dollar amount. The statement of work clearly indicates the schedules for clinics, OR days, estimated surgeries (minor/major), outpatient encounters and other duties required of the contractor.

Concur with Recommendation 5 d. The contract is based on fee for services. The contract allows for adjustment of payment based on changes in workload.

Concur with Recommendation 5 e. An OIG investigation team is still reviewing the findings regarding part-time physicians. We have been instructed not to continue a medical center review of this matter until the OIG have completed their review. Completion date is pending.

Concur with Recommendation 5 f. The Research and Development Committee will perform annual reviews of ALL VA research activities including analyses of sites where the research will be conducted.

Concur with Recommendation 5 g. The current Professional Services Memorandum includes stipulations on the limits of the authorized absence granted to physicians, however it has not been consistently enforced. A new review process has been put in place to ensure enforcement of the memorandum.

Concur with Recommendation 5 h. In adherence to the current VISN policy, provider clinics will not be cancelled with less than 30 days notification. The Chief of Staff will review exceptions.

Concur with Recommendation 5 i. All clinics will be monitored for waiting times and adjustments will be made based upon findings. The waiting times and clinic adjustment information will be reviewed by the Executive Committee of Medical Staff (ECMS) and/or Director's Advisory Board.

Concur with Recommendation 5 j. Attending physicians will be on duty during all scheduled clinics, including Resident clinics. This requirement will be in force by May 31, 2002.

Concur with Recommendation 5 k. Resource needs are based on workload, both historical and projected, as well as projected changes in mission. When possible, full-time permanent staff providers are utilized; however, when recruitment difficulties occur the need to use part-time providers increases. Services to patients are provided in the most efficient, expedient and cost effective method possible utilizing all avenues. These include hiring of permanent full-time staff, part-time staff, contracts, etc. A new review of workload and physician coverage will be completed by July 15, 2002.

Concur with Recommendation 5 l. A new review of workload and physician coverage will be completed by July 15, 2002.

Concur with Recommendation 5 m. By June 10, 2002, the Chief of Staff or designee will communicate to all part-time physicians that flextime is part of obligated time to the facility. Included in this communication will be the need for accurate recording of time on subsidiary time sheets to include flex time. Core hours have been established utilizing VHA policy and regulation for part-time physicians. Tours of duty changes are sent for review and approval through the immediate supervisor and Program Director

Inspector General's Comments

The Director agreed with the findings and recommendations, and provided acceptable implementation plans. We will follow up on the planned actions until they are completed.

Narcotics Inspection Program

CAP Recommendation 6

We recommended that the Acting Medical Center Director ensure that the narcotics inspection program complies with VHA policy by:

- a. Updating local policy and procedures on inspecting controlled substances awaiting destruction and verifying a sample of dispensing entries to doctors' orders and patients' records.
- b. Replacing two nurse inspectors with employees who do not handle drugs as part of their duties.
- c. Documenting inspector training.
- d. Ensuring that narcotics inspectors review all areas on the same day, verify a sample of dispensing entries, and randomly select inspection dates.
- e. Resolving all discrepancies between perpetual inventory records and inspection counts, including documenting the steps taken to resolve the discrepancies.
- f. Reporting any controlled substances losses and missing perpetual inventory records to the appropriate authorities and officials.
- g. Trending all inspection results to identify potential problem areas.

Acting Medical Center Director's Comments

The Acting Medical Center Director concurred with the recommendations. The local policy memorandum concerning inspection of controlled substances was rewritten. The Acting Director replaced the nurses previously on the inspection teams with new inspectors and prepared forms to document inspector training. Top management plans to stress inspection of all areas on the same day and resolution of discrepancies in all future training. All discrepancies and missing inventory records would be reported to the appropriate officials and would be trended by the Pharmacy and Therapeutics Committee.

Results of Follow-up Review

KCVAMC management took the following corrective actions on our recommendations.

The Inspection Coordinator:

- Replaced two nurse inspectors with employees who do not handle drugs as part of their duties.
- Prepared forms and documented inspector training provided from July 1, 2001, to date.
- Met with narcotics inspectors and stressed to them that they are required to inspect all areas on the same day, verify a sample of dispensing entries to doctors' orders and patients' charts, and document the steps they took to resolve any inventory count discrepancies. The Inspections Coordinator also stresses this in her training of new narcotics inspectors.

KCVAMC management needs to take additional actions to fully address parts of our recommendations. We reaffirm our recommendation that KCVAMC management update local policy and procedures for narcotics inspections to include inspecting controlled substances awaiting destruction in the Inpatient Pharmacy vault. The Acting Director had stated that the policy was rewritten. We found that the policy was still in draft stage and had not yet received final approval. In addition, the rewording still did not clarify that the inspectors should include these substances in their inventory counts. The pharmacy technician in charge of the Inpatient Pharmacy vault verified that narcotics inspectors were not counting the controlled substances that were stored in the vault pending destruction during their monthly inspections.

We also reaffirm our recommendation that the narcotics inspections teams select inspection dates that are random. We found that nearly all of the inspections conducted from July 2001 through February 2002 were performed in the last half of the month. Only the December 2001 inspection, done on the 12th, was not performed in the last half of the month. The Inspection Coordinator agreed to schedule some inspections for the first half of the month.

Follow-up Recommendation 6

We recommend that the Medical Center Director:

- a. Update local policy and procedures on inspecting controlled substances awaiting destruction.
- b. Select random inspection dates.

Medical Center Director's Comments

Concur with Recommendation 6 a. The revised local policy was sent to the Executive Committee of the Medical Staff and approved on April 19, 2002. The policy has been signed by the Medical Center Director and is being implemented.

Concur with Recommendation 6 b. Inspection sites will be randomly selected so that they will occur at different times of the month

Inspector General's Comments

The Director agreed with the findings and recommendations, and provided acceptable implementation plans. We will follow up on the planned actions until they are completed.

Pharmacy Security

CAP Recommendation 7

We recommended that the Acting Medical Center Director enhance security over controlled substances and pharmaceuticals by:

- a. Restricting access to pharmacy areas by canceling electronic access codes issued to four non-pharmacy employees.
- b. Securing keys to locked areas containing controlled substances.
- c. Designating a second delivery point in the pharmacy areas for controlled substances packages.
- d. Performing inventories of all bulk stock of controlled substances at a minimum of every 72 hours.
- e. Securing pharmaceutical items stored in patient units.

Acting Medical Center Director's Comments

The Acting Medical Center Director concurred with the recommendations. Management removed pharmacy access for the individuals noted and secured all pharmaceutical items stored throughout the medical center. They planned to put a PYXIS® automated dispensing unit in the pass/discharge area within 2 months to eliminate the need for keys to access these areas. The Joplin, Missouri warehouse agreed to deliver controlled substances directly to the Pharmacy Service personnel who sign for them. Pharmacy Service management reeducated the narcotics technician on the need for 72-hour inventories of pharmacy bulk stock and developed a log to document performance of the inventories.

Results of Follow-up Review

The Chief, Pharmacy Service implemented the following corrective actions:

- Cancelled electronic access codes issued to four non-pharmacy employees.
- Closed the pass/discharge area, eliminating the need for key controls in this area.
- Contacted the pharmaceutical prime vendor to discuss direct delivery of controlled substances packages from the backup warehouse in Joplin, Missouri. The prime vendor no longer has the alternate warehouse send (FedEx) controlled substances to the medical center. Any controlled substances needed from Joplin are sent first to the prime vendor's primary warehouse and then delivered directly to Pharmacy areas.
- Provided training and monitored 72-hour inventory of bulk stock of controlled substances.
- Secured pharmaceutical items stored in patient units.

There have not been any controlled substances losses or missing perpetual inventory records that have required reporting since our review in June 2001. The Pharmacy and Therapeutics Committee is trending all inspection results to identify potential problem areas. We consider this recommendation closed.

Medical Care Collection Fund (MCCF)

CAP Recommendation 8

We recommended that the Acting Medical Center Director take steps to:

- a. Bill episodes of care in a timely manner to reduce billing lag times and expedite billing on the backlogged claims.
- b. Make follow-up telephone calls on all unpaid bills.
- c. Provide refresher training for all MCCF employees to stress the importance of health insurance coverage identification in the medical records.

Acting Medical Center Director's Comments

The Acting Medical Center Director concurred with the recommendations and the associated monetary benefits. Management hired seven coders to reduce the backlog and planned to fill two

vacancies in the accounts receivable section so they could resume regular telephone calls and to conduct refresher training for all intake personnel.

Results of Follow-up Review

We reviewed 20 bills of collection for patient care totaling \$11,001 and found that the average billing lag time (date of care to date of bill) was 99 days. This represented an improvement from the average of 179 days at the time of our prior review in June 2001. We also found that billings had increased from \$12 million in FY 2000 to \$17.4 million in FY 2001, and to a projected \$24.2 million in FY 2002. However, the backlog of unbilled care has continued to increase, and, as of February 28, 2002, it totaled \$8.4 million. This is an increase from \$3.5 million as of June 30, 2001, and \$5.1 million as of September 30, 2001.

We also determined that there was only one MCCF staff member assigned to make follow-up telephone calls to insurance companies on unpaid bills. Management had recently hired two accounts receivable clerks to perform the follow-up function and was recruiting an accounts receivable supervisor. Also, the Network planned to establish a call center to perform this function VISN-wide.

The medical center made a slight improvement in the identification of veterans having medical insurance. The percentage of veterans identified as having medical insurance increased from 37.1 percent at the time of our CAP review to 39.1 percent at the time of our follow-up.

Improvement had been made in each of the three areas in which recommendations were made. However, efforts should be continued in each area to maximize insurance and veteran co-pay collections.

Improper Billings - Since the CAP review in June 2001, the Medical Center Director received a complaint that MCCF staff improperly billed veterans receiving treatment at KCVAMC. At the Medical Center Director's request, we reviewed billings for 22 veterans provided by the complainant. Our review substantiated the allegation. Specifically, we found the following:

- Four veterans were inappropriately billed \$768.30 for medical care.
- One veteran's bills, totaling \$134, were inappropriately written off.
- Another veteran's bills, totaling \$42, were inappropriately cancelled.

These inappropriate billings, write-offs, and cancellations occurred because:

- The facility did not have accurate veteran entitlement information. The Health Eligibility Certification system was not updated to reflect current veteran Compensation and Pension (C&P) award information. For example, VHA's records showed the veteran was not receiving a pension, but the Benefits Delivery Network (BDN) showed that the veteran was receiving a pension.

- MCCF staff were not adequately trained in accounts receivable procedures. Formal training was finally provided to new accounts receivable staff in December 2001.
- MCCF staff were directed to increase billings to meet collection goals, but did not properly screen the veterans to ensure that they should have been billed. This is evident in the following table. Billings increased significantly in FY 2001 to \$17.4 million, and the increase has continued into FY 2002. However, collections had not increased in proportion. In fact, the percentage of collections had decreased since FY 2000.

	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001	FY 2002 (EST.)
Amount Billed (Millions)	\$8.4	\$11.5	\$10.5	\$12.0	\$17.4	\$24.2
Amount Collected (Millions)	2.9	3.0	2.8	3.8	4.4	4.3
Percentage Collected	33.4%	26.3%	26.4%	32.1%	25.4%	17.7%

We are following up our review of the billings for the 22 veterans with a match of active first party (veteran) billings and the C&P Master file for the KCVAMC to determine if other veterans were improperly billed. While this review is not yet complete, we are finding similar results (MCCF staff inappropriately billed veterans who were either receiving pension or had a service-connection greater than 50 percent) for the same reasons discussed above.

Also during this review, we found that MCCF staff lost accountability over third-party payments. Specifically;

- Twenty-four undeposited first and third party checks were found in an unsecured desk drawer. These checks, totaling approximately \$29,000, were susceptible to theft.
- Two third-party insurance payments, totaling \$2,639, were not received by the Agent Cashier. The insurance providers stated that they issued these checks in late October and early November 2001. We contacted the insurance providers and found that the checks were still outstanding. Stop payments were placed on the checks and one provider has sent VA a new check.

This occurred because prior medical center management allowed MCCF staff to receive, process, and prepare deposits for third-party checks. Management did not devote adequate resources to allow the Agent Cashier to perform those duties according to VA policy. In 1998, the VISN MCCF Coordinator reviewed MCCF payment receipt and deposit procedures and recommended that all incoming checks be sent to the Agent Cashier. MCCF staff did not comply with this recommendation. During our review, facility management changed the procedures to ensure that the payments are received and deposited by the Agent Cashier. These new procedures will safeguard third-party payments from potential misappropriation and fraud.

Follow-up Recommendation 8

We recommend that the Medical Center Director ensure that MCCF staff:

- a. Continue to reduce billing lag time and billing backlogs, make required follow-up telephone calls to insurance companies, and identify veterans with insurance coverage to maximize collections.
- b. Access the Benefit Delivery Network in order to ensure that the most current C&P award information is available for billing purposes.
- c. Follow up on identified inappropriate billings and either cancel the billings or refund inappropriate collections to the respective veterans.
- d. Do not receive any third-party payments. The payments should go to the Agent Cashier for deposit according to VA policy.

Medical Center Director's Comments

Concur with Recommendation 8 a. Eight coders were hired last year. They are currently working on the backlog. By September 30, 2002 we will be current. One RN is calling on all the high dollar insurance billings, negotiating payments, and sending necessary documentation to insurance companies. By June 30, 2002, all positions will be filled; the Accounts Receivable (AR) section will have four AR technicians with two doing follow-up calls. Patient Information staff is to be increased to help with insurance verification. Completion June 30, 2002.

Concur with Recommendation 8 b. We have requested access from the St. Louis Regional Office and are awaiting notification.

Concur with Recommendation 8 c. Procedures have recently been changed to more closely monitor action on billing appropriateness. Efforts to decrease back billing, which have also been implemented, should increase billing accuracy.

Concur with Recommendation 8 d. A new policy has been instituted that all payments go to the Agent Cashier from the mailroom. No payments are received in MCCF. To facilitate communication between the Agent Cashier and MCCF, scanners have been purchased.

Inspector General's Comments

The Director agreed with the findings and recommendations, and provided acceptable implementation plans. We will follow up on the planned actions until they are completed.

Communicating Abnormal Test and Procedure Results

CAP Recommendation 9

We recommended the Acting Medical Center Director ensure that:

- a. Appropriate providers are notified of abnormal test and procedure results.

- b. Patients are notified of abnormal test and procedure results, and are provided with instructions for follow-up care.

Acting Medical Center Director's Comments

The Acting Medical Center Director concurred with the recommendations and noted that Radiology Service had established two Quality Assurance monitors that specifically address "abnormal" findings. These monitors provide that the individual who requested the procedure be notified of an abnormal result via an electronic "alert" message. Pathology and Laboratory Medicine notify the ordering provider of abnormal test and procedure results. These notifications are documented with an electronic flag called "critical value." The Primary Care Physician is notified of test results if the ordering provider is not available for communication or if appropriate follow-up has not been indicated. Notification of abnormal results to the patient and instructions for follow-up care are the responsibility of the clinical provider. If the tests or procedures occur on a weekend or outside normal working hours, the results are provided to the ER and the patient is contacted by the on-duty ER physician concerning the results and follow-up care.

Results of Follow-up Review

We reviewed 30 medical records for provider and patient notifications of abnormal clinical diagnostic examinations that included 10 radiology, 10 laboratory, and 10 pathology examinations. The 30 medical records reviewed contained evidence that laboratory personnel timely notified clinicians of abnormal test and procedure results. However, one of the 10 medical records reviewed for provider and patient notifications of abnormal pathology examinations showed no evidence of patient notification or follow-up care by the attending physician.

At our request, the Chief of Staff and the Director of Laboratory and Pathology Service contacted the physician responsible for this patient and confirmed that follow-up care was provided to him. The patient's medical record was updated on April 4, 2002, to reflect the care the physician provided for the patient since the test results had been received.

Follow-up Recommendation 9

We recommend that the Medical Center Director remind physicians to document receipt of their requested test results and instructions for follow-up care in the medical records once treatment actions are implemented.

Medical Center Director's Comments

Concur. The Chief of Staff has reminded physicians to document receipt of their requested Pathology test results and instructions for follow-up care in the medical records once treatment actions are implemented. Pathology has modified the automated electronic notification software so abnormal Laboratory results go directly to the requesting clinician as well as the Primary Care

provider. Pathologists have been reminded that they must call the requesting clinician with abnormal test results and document that this call was made.

Inspector General's Comments

The Director agreed with the finding and recommendation, and provided an acceptable implementation plan. We will follow up on the planned action until completed.

Information Technology Security

CAP Recommendation 10

We recommended that the Acting Medical Center Director take the following actions to improve IT security:

- a. Remind all employees of the policy to log off computers when leaving their workstations.
- b. Require VA Police during evening and night patrols to periodically check computers to determine if they are shut down and notify the ISO of computers not shut down.
- c. Require program managers to comply with VA and local policies to provide security training to employees who have not received the training.
- d. Require IT staff to periodically review the list of disabled users and terminate users who no longer need computer access.

Acting Medical Center Director's Comments

The Acting Medical Center Director concurred with the recommendations. Management plans to conduct a Fall Education Campaign to address these information security issues and to train any employees as needed. VA Police would check areas for violations during normal off-tour rounds. Also, the KCVAMC staff was writing software to automatically terminate users with more than 60 days of inactivity.

Results of Follow-up Review

During our follow-up, the Acting Chief, Information Resources Management (IRM) stated that e-mail messages were sent to all employees reminding them to log off computers when leaving their workstations. Individual computer access passwords were assigned to all employees and IRM staff implemented individual password policy in mid-March 2002. Beginning in March 2002, the VA police during their evening and night patrols began checking computers to determine if they are shut down. For FY 2001, training records show that 99 percent of employees received the IT security training. IRM staff installed new software to periodically

review the list of disabled users and IRM staff review the list to determine if users still need computer access.

We toured the facility and found eight instances in which employees had left their workstations and had not logged off their computers.

Follow-up Recommendation 10

We recommend that the Medical Center Director continue to emphasize with all staff the need to exercise computer security practices by periodically reminding them to log off computers when leaving their workstations.

Medical Center Director's Comments

Concur. Employees will be reminded at Town Hall Meetings and with employee newsletters about the importance of Patient Confidentiality.

Inspector General's Comments

The Director agreed with the finding and recommendation, and provided an acceptable implementation plan. We will follow up on the planned action until completed.

Background Investigations

CAP Recommendation 11

We recommended that the Acting Medical Center Director ensure that:

- a. Background investigations are requested and completed for all licensed independent clinicians hired in the future.
- b. A review of the official personnel files of previously hired practitioners is conducted and background investigations are requested as needed.

Acting Medical Center Director's Comments

The Acting Medical Center Director concurred with the recommendation and agreed to request background investigations on all licensed independent clinicians hired in the future. They plan to monitor the requests with an electronic tracking system. Management also planned to review the official personnel files of all previously hired practitioners to assess the adequacy and completeness of their background investigations.

Results of Follow-up Review

KCVAMC management was in the process of implementing the recommendation at the time of our follow-up review. We sampled 20 of the official personnel files for 68 physicians and nurses

hired during the preceding 12 months.⁶ We found that 5 of the 20 files (25 percent) did not contain completed Office of Personnel Management (OPM) background investigations. Also, a sixth case showed evidence of a completed OPM background investigation, but there was no OPM Certificate of Investigation.⁷ None of the 20 cases we reviewed showed evidence of unfavorable background information that would preclude the employees from VA employment.

KCVAMC Human Resources employees did not send requests to OPM for background investigations on three of the reviewed cases. The other two cases we found without evidence of OPM background investigations were VA staff physicians who had transferred to the KCVAMC from other VAMCs. There were no interruptions in their VA employment status. Because the physicians had no interruption in their employment, the transferring stations sent their official personnel files directly to the Leavenworth, Kansas VAMC, where all VISN 15 employees' files are maintained. VISN 15 Human Resources Management employees did not have a procedure for reviewing the physicians' files to determine if background investigations had been properly completed.

To follow up on KCVAMC's implementation of our earlier recommendation that a retrospective review be performed on previously hired employees, we reviewed Human Resources Management records for the 20 cases that we had sampled in June 2001. We found that 2 of the 20 cases (10 percent) still did not have completed OPM background investigations.

In addition, a KCVAMC employee tracked requests for OPM background investigations with a spreadsheet maintained on their desktop computer. However, this was not an automated system, it did not have automated reminders, to help managers identify cases of delinquent background investigations on newly hired employees. We discussed our findings with the VISN 15 Human Resources Management Officer who informed us that corrective actions were still in process.

We also found that an automated tracking system needed to be established to follow up and update visa and work permit information for non-citizens working in KCVAMC research laboratories. A review of VA records disclosed that some work permits allowing non-citizens to work in the United States, had expired. However, we were able to follow up with the researchers and obtain information that they had valid work permits.

Follow-up Recommendation 11

We recommend that the Medical Center Director ensure:

- a. Background investigations are requested and completed for all licensed clinicians hired in the future, as well as for any other employees who are subject to OPM background investigations.

⁶According to a listing provided by the KCVAMC Human Resources office.

⁷During our review, KCVAMC Human Resources staff contacted OPM and before we left site, received a replacement certificate, which they then completed on the employee.

- b. Reviews of the official personnel files of the two previously hired employees are conducted and background investigations are promptly requested. The results of these reviews to be provided to the OIG for follow-up and verification purposes.
- c. Establish a system that tracks and updates the status of non-citizen visa and work permits at the medical center.

We recommend that the Network Director ensure that the Network Human Resources Management Officer establishes a system to verify that employees transferred from other facilities have adjudicated OPM background investigations.

Medical Center Director's Comments

Concur with Recommendation 11 a. Background investigations will be requested and completed for all licensed clinicians hired in the future, as well as any other employees hired who are subject to OPM background investigations. The Network Human Resource Officer has established a new written procedure for all human resource liaison offices covering the responsibility, time frames and procedures by which these investigations will be completed. Additionally, the Human Resource Liaison at Kansas City VAMC has established a tracking system using EXCEL to monitor the progress of these investigations for all newly hired employees at the facility.

Concur with Recommendation 11 b. The background investigations for the two previously hired employees have been requested of OPM. One was sent to OPM on April 22, 2002, and the other was sent to OPM on April 29, 2002. Upon receipt, the OPM results and certification will be provided to OIG for follow-up and verification purposes.

Concur with Recommendation 11 c. The Human Resource liaison at Kansas City VAMC will develop a tracking system using EXCEL to monitor all non-citizen visas and work permits by May 31, 2002. Written notification will be provided to the employee and to their immediate supervisor prior to the expiration of the visa for their follow-up action.

Inspector General's Comments

The Director agreed with the findings and recommendations, and provided acceptable implementation plans. We will follow up on the planned actions until they are completed.

Network Director Comments

Concur. The Network Human Resource office will utilize a follow-up code in the PAID system to track the status of non-citizen visa and work permit expiration dates.

Inspector General's Comments

The Network Director agreed with the finding and recommendation, and provided an acceptable implementation plan. We will follow up on the planned action until completed.

Government Purchase Cards

CAP Recommendation 12

We recommended that the Acting Medical Center Director ensure that approving officials review and certify transactions in a timely manner, that cardholders comply with Federal Acquisition Regulations and VHA policies, and the program coordinator conducts monthly audits as required.

Acting Medical Center Director's Comments

The Acting Medical Center Director concurred with the recommendation and agreed to issue a memorandum to all program directors, approving officials, and purchase cardholders reiterating that prompt reconciliations and certifications must occur, that assigned cardholder dollar limits must be adhered to, and that splitting orders to circumvent the dollar limits is prohibited. The Purchase Card Coordinator would review the timeliness of processing. Management also planned to hire two staff accountants to complete the monthly purchase card audits.

Results of Follow-up Review

The Acting Chief Financial Officer issued a memorandum on January 16, 2002, to all medical center program managers stressing the importance of complying with VA policy and regulations governing the Government purchase card program. The memorandum stressed that all purchases should be reviewed for appropriateness and accuracy; and, that purchase card authorization and verification duties are given high priority. Also, purchase card privileges would be revoked unless all delinquent actions had been addressed. Another memorandum, dated April 1, 2002, from the Acting Chief Financial Officer was hand-delivered to the medical center program managers and stated that adequate action had not been taken to address the lack of timely reconciliations and the lack of timely approvals of those reconciliations.

We determined that the Purchase Card Coordinator:

- Monitored the timeliness of approving officials to review and certify transactions within 14 days of receipt from the cardholders and has significantly decreased the number of delinquent approvals.
- Had the two staff accountants hired in October 2001 start conducting monthly audits of purchase card charges in November 2001.

We reviewed monthly reports sent to Central Office from September 2001 to March 2002 and found that approving officials did not certify 128 (1 percent) of 10,506 transactions within the required 14-day review and certification period. This was an improvement from the June 2001 CAP review in which we found that approving officials did not certify 1,549 (15 percent) of 10,090 transactions during the time period of October 1, 2000, to April 30, 2001. In addition, the Purchase Card Coordinator sends e-mails and individual letters to approving officials on a continual basis requesting follow-up on delinquent approvals. We recommended that the

Purchase Card Coordinator continue to monitor the timeliness of approving officials to review and certify transactions within 14 days of receipt from the cardholders.

We reviewed 2,938 transactions totaling \$1,551,733 for 72 cardholders to determine if purchase cardholders were splitting orders to avoid exceeding dollar thresholds. We found 3 cardholders with 14 transactions totaling \$24,886 who had split orders. The Purchase Card Coordinator told us they reviewed for split purchases as part of the monthly audits but they select purchases on a random basis. The three cardholders we identified were audited in the past and were scheduled for another audit at a later date. We also found two monthly audits that identified split purchases for one of the three cardholders. After management identifies cardholders with split purchases, they need to take immediate action (such as counseling or revoking privileges).

We determined that the two staff accountants started conducting monthly audits in November 2001 and had completed them through February 2002. At the time of our follow-up review, every purchase cardholder was audited at least twice a year. However, the Purchase Card Coordinator was not trending the results of the monthly audits to identify deficiencies.

Follow-up Recommendation 12

We recommend that the Medical Center Director ensure that the Purchase Card Coordinator trend the results of the monthly audits to identify deficiencies.

Medical Center Director's Comments

Concur. The Purchase Card Coordinator has implemented a process to trend the results of the monthly purchase card audits conducted by the staff accountants. The first trending report will be sent to the Medical Center Director, through the Acting Financial Officer by June 5, 2002.

Inspector General's Comments

The Director agreed with the finding and recommendation, and provided an acceptable implementation plan. We will follow up on the planned action until completed.

Angioplasty Contract

CAP Recommendation 13

We recommended that the Acting Medical Center Director ensure that existing medical service contracts are used at all times, and that any contracts due to expire are renewed or replaced as needed.

Acting Medical Center Director's Comments

The Acting Medical Center Director concurred with the recommendation. A new angioplasty contract with the University of Kansas Medical Center was currently in place and management planned to appoint an employee with suitable contracting experience to manage the medical care

contract process and coordinate the renewal of medical care contracts with the Leavenworth Contracting Office and the Executive Committee of the Medical Staff.

Results of Follow-up Review

We discussed the implementation of the recommendation with the Chief Operating Officer for Medical Care. The new angioplasty contract was awarded on December 1, 2001, and will be in effect from December 1, 2001 through November 30, 2002. He told us that the Research Administrative Officer, with the assistance of the Administrative Contracting Officer, VISN 15 Contracting Office, would manage the medical care contract process; including providing information on current medical care service contracts to the appropriate providers. Also, these two individuals will coordinate the renewal of medical care contracts with the VISN 15 Contracting Office and the Executive Committee of the Medical Staff. The Chief Operating Officer for Medical Care also provided a listing of the current medical care contracts, including contract dates, that the Research Administrative Officer, and the Administrative Contracting Officer were using to perform their above duties. Based on this information, we consider the recommendation closed.

Chronology of Visits, Inspections, and Consultations

(Excerpts Pertaining to the Medical Center's Sanitation)

1997

Name of Report: Annual Workplace Evaluation- (*VA INSPECTION REPORT*)
From: Network Safety Officer
Year: March 26, 1997
Sent To: Director, KCVAMC
KCVAMC Program Directors
Performance and Patient Care Improvement (PPCI) Director
cc: VISN 15 (Director Capital Assets)

Deficiencies Identified:

- Carbon dioxide tanks in the canteen areas need to be secured.
- EMS needs to have obstructions removed. Corridor on Ward 4 east needs to be cleared of obstructions.
- No hand washing facilities for MRI (Magnetic Resonance Imaging Unit).

Name of Report: Staffing Overview- (*EXTERNAL REPORT*)
From: Environmental Service Consultants, Inc
Date: October 30, 1997
Sent To: Director Facilities, KCVAMC

Deficiencies Identified:

- The Department does not have a consistent housekeeping inspection system, no formal inspections have been done since March or longer, and prior to that they were completed on an inconsistent basis.
- Equipment is being put up at the end of the day with water in the solution and recovery tanks, vacuum bags are not being changed, and no equipment is being cleaned which is giving the department and hospital a very negative appearance.

Name of Report: JCAHO Mock Survey Summary Report- (*INTERNAL REPORT*)
From: Internal KCVAMC Review
Date: December 8-12, 1997
Sent To: KCVAMC Program Directors, Safety Office, Nurse Managers

Deficiencies Identified:

- Patient shower area on ward 10 west has numerous missing ceramic tiles on the wall and walls show evidence of water infiltration.
- Decontamination area in surgery is also utilized as a pathway to transport clean items from the clean storage area to the surgical suites.
- Cast room had clean linen cart open and all linen exposed and sitting next to trashcan.
- Linen hamper uncovered.
- Unlocked treatment cart with needles and medicines sitting unattended in the hallway.
- GYN cabinet had medicine and was unattended and open.
- Drawer on medicine cabinet containing needles, etc was unlocked, external medicines with diabetic nutrition kits, needle container sitting on desk not secure.
- Coffee pots in two patient rooms; large red sharps containers open and unattended in patient care areas.
- Linen hampers were uncovered.
- Treatment door unlocked and unattended and open (needles laying around); electric cord to treatment table unplugged and lying on floor.
- Large red sharps containers open and unattended in patient care areas.
- Medications found in 2 rooms where large metal cabinets were unlocked.
- Patient exam room dirty, ceiling tiles have spots on them.
- Hallways cluttered with chairs, linen carts, and litters.
- Hole in bathroom wall.
- Chairs, litters, carts found in the hallway.
- Key was left in sharps container.
- Dirty supplies in main hallway.
- Phlebotomy supplies in reach of anyone.
- Dirty floors.
- Patient nourishment refrigerator not clean, unit microwave not clean.
- Treatment cart in hallway unlocked.
- Hospital fan on floor in patient room laden with lint.
- Occupied patient room soiled.
- IV cart in hall unattended.
- Med room cluttered, boxes on floor.
- Clean linen cart in hall uncovered.
- Dirty Linen hampers not covered.
- Biohazard room door propped open. Room very cluttered.

1998

Name of Report: Food Protection Program—Food Inspection Report (*EXTERNAL REPORT*)
From: Health Department Kansas City, Missouri
Year: March 12, 1998
Sent To: Dietician, KCVAMC

Deficiencies Identified:

- Still found mice feces under mechanical dishwasher.

Name of Report: Annual Workplace Evaluation (*VA INSPECTION REPORT*)
From: Chief Executive Officer, VA Heartland Network
Year: June 12, 1998
Sent To: Director, KCVAMC
KCVAMC Program Directors
PPCI Director
cc: Network Safety Officer (10N15-S)

Deficiencies Identified:

- Annual evaluations of the seven environment of care areas were not completed.
- Various equipment items in numerous patient care areas have preventive maintenance (PM) stickers indicating past due PM or electrical safety tests.
- No medical surveillance program for the employees involved with the class IIIB and IV lasers, to include a pre-placement baseline and terminal examinations, as well as following accidental exposures (with an emphasis on eye and skin effects).

Name of Report: **Environment of Care Rounds- (*INTERNAL REPORT*)**
From: **Internal KCVAMC Inspection Team**
Date: **June 20-21, 1998**
Sent To: **Board of Directors, KCVAMC**

Deficiencies Identified:

- Need to replace ceiling tile.
- Repair wall covering in hall.
- Repair carpet-clean up.
- Crash cart not locked.
- Repair bathroom tile.
- Repair floor in corridor.
- Supply room unlocked.
- Repair floors and walls.
- Ceramic tiles broken.
- Remove bio-trash.
- Dirty instruments on top of needle box.
- Water on floor.
- Missing wall tile.
- Bedpan flusher leaks.
- Cigarette butts in stairwells.
- Fix plaster.
- Floor tile chipped.
- Fix ceiling tile at conference room.
- IRM needs to clean and remove trash.
- Ice machine leaking.
- Unlocked storage containing cabinet needles and meds.
- Dirty equipment on clean supply shelves.
- Needs housekeeping.
- Filthy bathroom around toilet.
- Rusty shower.
- Wallpaper dirty.
- Storing shower chair in dirty utility room.
- Blinds should be replaced.
- Smells really bad.
- Dirty food trays on chairs in room.
- Water left in bath.
- Unsecured drugs in drawers.
- Leaky faucet.
- Fix leak in ceiling that has plastic to garbage can on floor in patient waiting area.

Name of Report: **Environment of Care Rounds- (*INTERNAL REPORT*)**
From: **Internal KCVAMC Inspection Team**
Date: **July 11, 1998**
Sent To: **Board of Directors, KCVAMC**

Deficiencies Identified:

- Dirty linen on floor, need to empty trash.
- Some water damage on ceiling.
- Cigarette butts all over outside of door.
- Unlocked cart, contained needles and blood drawing supplies.
- Medicine locker keys in drawer.
- Garbage behind file cabinet.
- Ceiling tile missing.
- Meds all over cupboards, still meds out.
- Still clutter (meds, dust, coffee spill, clutter, filthy).
- Need to clean closet (ladders and construction debris).
- Need to replace floor; tile has been pulled out.
- Blinds should be replaced.
- Debris on floor.
- No paper towels dispenser or instructions for hand washing, they are putting paper towels on edge of sink.
- Dirty linen on floor.

Name of Report: **Official Accreditation Decision Report- (*EXTERNAL REPORT*)**
From: **Joint Commission on the Accreditation of Healthcare Organizations (JCAHO)**
Date: **August 3-5, 1998**
Sent To: **Director, KCVAMC**
 Chief of Staff, KCVAMC
 CC: JCAHO Office of Quality Management, Veterans Administration Central Office

Deficiencies Identified:

- Medication use policies and procedures were available for distribution of medication; however, practice was only sometimes consistent with policy. During the surveyor's tour, a medication distribution cart was observed in the access hallway to SICU open and unattended. The cart was full of medications. This is a recurring finding from the 1995 recommendation.
- In the operating room the SPD staff indicated they were performing quality control checks in disinfecting scopes in line with manufacturer's instructions, however, this was not reflective of documents reviewed.
- Procedures for storing of hazardous materials are usually followed. Specific reference is made to two clear plastic spray bottles of Clorox were located on the windowsill in the ambulatory surgery unit.

1999

Name of Report: Veterans Canteen Service Food Handling/Sanitation Control Checklist- (*INTERNAL REPORT*)
From: Chief, KCVAMC Canteen Service
Year: June 8, 1999
Sent To: District Manager

Deficiencies Identified:

- Napkins stored on floor beneath chemicals.
- Pillar by grill very greasy.
- Moldy food under grills.
- Pests in area.
- Hood extremely greasy.
- Dirty behind coffee machine.
- Water dripping on bagels.
- Display refrigerator needs cleaning.
- Dirty containers.
- Freezers filthy.
- Window screens dirty.
- Trashcan not covered; needs cleaning inside and out.
- Fan needs cleaning in kitchen area.
- Storeroom behind kitchen floor needs cleaning.
- Shelves dirty.
- Pop machines need cleaning.
- Dirty lids under soup machines.
- Mouse droppings.

Name of Report: Annual Workplace Evaluation- (*VA INSPECTION REPORT*)
From: Chief Executive Officer, VA Heartland Network
Year: October 1, 1999
Sent To: Director, KCVAMC
KCVAMC Program Directors
PPCI Director

Deficiencies Identified:

- Some of the corridors on the basement level are obstructed by the storage of material.
- In prosthetics area, a large number of boxes, wheelchairs, and carts are stored in the corridor.

2000

Name of Report: Annual Workplace Evaluation- (*VA INSPECTION REPORT*)
From: Chief Executive Officer, VA Heartland Network
Year: September 8, 2000
Sent To: Director, KCVAMC
KCVAMC Program Directors
cc: Network Safety Officer (10N15-S)

Deficiencies Identified:

- Several pieces of Personal Protective Equipment were not maintained in a clean, sanitary and reliable condition. For example, housekeeping gloves not cleaned and stored; SPD face shield dirty; housekeeping goggles dirty, broken and hung by strap.
- In SPD, water leaks from ceilings and walls have resulted in plaster deterioration, paint peeling, mold and fungus growth on building surfaces.
- SPD Steam Sterilizer Equipment Room had very poor housekeeping, trash and excess materials left in area by personnel working on sterilizers.
- Employee Representatives have not been notified when employees will be monitored for personal asbestos exposure and have not been afforded the opportunity to observe the monitoring process.
- SPD housekeeping for contaminated equipment, both soiled and clean, is very poor. Sharps were noted on the floor in Decontamination; areas are so cluttered and full of equipment that floors and countertops cannot be cleaned effectively; Cloth-covered chairs and chairs with torn upholstery were located in work areas where employees have exposure to blood and other potentially infectious materials; chairs are soiled, covering torn and cannot be effectively disinfected on a routine basis.
- A complete re-inspection of asbestos-containing materials has not been conducted in approximately 6 years. Employees have reported damaged asbestos-containing materials above suspended ceilings.

Name of Report: Acute Care Pre-Survey- (*EXTERNAL REPORT*)
From: MagCare, Pre-Survey Specialist, St. Louis MO
Date: November 13-15, 2000
Sent To: Director, KCVAMC
Nurse Executive, KCVAMC

Deficiencies Identified:

- Bloody unbagged linen was found at the bottom of both dirty linen chutes. Cardboard products were stored directly on the floor in many storage rooms. Oxygen storage rooms on nursing units were frequently very dirty.
- The Reverse Osmosis room, adjacent to Dialysis, was in need of cleaning.
- Hazardous waste disposal manifests were not maintained in accordance with applicable regulation.

2001

Name of Report: Annual Workplace Evaluation- (*VA INSPECTION REPORT*)
From: Network Safety Officer, VA Heartland Network
Year: August 13-17, 2001
Sent To: Director, KCVAMC
KCVAMC Program Directors

Deficiencies Identified:

- An air-handling unit located in room SE406A is missing a portion of the equipment guard for the drive bells.
- The corridors on some of the patient wards had an excessive amount of equipment items and carts present, which would potentially obstruct the egress pathways if there were an emergency requiring egress.
- An air intake in the rear stairway outside of the IRM area has a very dirty intake grill. The area also has evidence of birds present (feather, etc.).
- A mouse problem is still being addressed with the use of traps placed in a number of locations. Open food is routinely present in many of the same locations that the traps have been placed.

Name of Report: VFW Site Survey- (*EXTERNAL REPORT*)
From: VFW National Field Representative
Year: January 24-26, 2001
Sent To: Director, KCVAMC

Deficiencies Identified:

- Medication Cart Inspections – Several nurses complained about missing medication doses in their medication carts, but neither pharmacy nor nursing staff would accept responsibility. Management should consider implementing a periodic, random review of medication carts using a nurse and pharmacist not associated with filling or distributing medications from the cart. This would help identify the cause of the problem and make staff more aware of the importance of filing and using medication carts appropriately.

Name of Report: VA Safety, Health, Environmental, and Fire Protection Evaluation -
(INTERNAL REPORT)
From: Safety Manager and Industrial Hygienist, KCVAMC
Date: February 14 -March 8, 2001
Sent To: KCVAMC Program Directors

Location	Deficiencies Identified:
SPD	<ul style="list-style-type: none"> • Housekeeping-food in break area with ETOH. • Ceiling mold and mildew. • Ceiling panel (2) missing. • Wall penetration from subbasement. • Hole in ceiling needs covering. • Corrosives on floor.
Histology	<ul style="list-style-type: none"> • Possible blood in bucket on floor splattered on cabinet and fabric of chair. • Ceiling tile missing over refrigerator. • Piles of stuff on floor. Poor housekeeping. • Refrigerator back open (very dirty). • Floors slick and gritty and sinks dirty.
FAC/ENG	<ul style="list-style-type: none"> • Open ceiling (3) panels. • Refrigerator dirty. • Garage and trash. Stuff stacked too close to ceilings.
Building 1	<ul style="list-style-type: none"> • Crash cart room: needles and other supplies exposed. Remove sharps container. • Dirty utility and sharp biohazard container. Mold. • Two chairs, linen cart, linen bag, two medicine carts, EKG crash cart and trash container in hall. • Urine on windowsill. • Trash open. • Boxes and papers, pillow on floor. • Patient refrigerator. Dirty. • Dirty utility. Sharps on floor. • Torn and ragged wall covering. • Garbage in main hall.
Building 26	<ul style="list-style-type: none"> • Hole in wall covering.
Building 6 HR	<ul style="list-style-type: none"> • Break room: filthy Microwave and outdated food in refrigerator. • Boxes on floor and missing ceiling tile. • Roof leak. • Housekeeping bad.
Building 15	<ul style="list-style-type: none"> • Garbage and missing ceiling tiles. • Outdated food in refrigerator.

Name of Report: **Veteran Canteen Service - Infection Prevention and Control Check List- (INTERNAL REPORT)**
From: **Infection Control Nurse, KCVAMC**
Date: **March 3- 6, 2001**
To: **Regional Manager Veterans Canteen Service (Columbia)**
Regional Manager Veterans Canteen Service (St. Louis)
Service Chief Veterans Canteen Service (Topeka/Leavenworth)
CC: **Director, KCVAMC**
Program Director – Facilities, KCVAMC
Food and Nutrition Service, KCVAMC
Safety Manager, KCVAMC

Deficiencies Identified:

- All work areas, storage areas and equipment used for handling of supplies were observed to have minimal cleaning.
- Sugar, flour and Slo Bro were taken out of original packages and placed in bulk into stainless steel bins, making avoidance of contamination difficult. Difficult to clean and disinfect daily. Risk of contamination.
- A mousetrap was located in the food prep area.
- Oven racks on floor behind steamer sitting across pipes and pile of trash and debris.
- Clean towels in laundry bag located on top of counter. Shelf was dirty and walls in need of cleaning.
- Salad bar with debris, dust bunnies, etc. underneath.
- Coffee Service with dust on top of container. Pop areas for cups, lids, etc, covered with dust and dirty. No evidence of recent cleaning.
- Ice cream case dirty, in need of cleaning with dried ice cream and frost on inside. Coffee filter with coffee located inside open cabinet near dirty trash can.
- Floor dirty and portions of linoleum missing.
- Trash is not emptied regularly.
- Hand sanitizers are inoperable and dirty.
- Towel dispensers in need of cleaning.
- Plastic covering placed over area in which ceiling tiles are missing in the Dish Washing area. Plastic was filled with ‘rain water’ which was yellowish-brown in color.
- Ceiling tiles missing in the main kitchen area where leaks occur when it rains as it did on March 15, 2001. Wet ceiling tiles were removed but not replaced. Ceiling tiles missing and water leaks over the Ice Cream Cooler and the Refrigerators where nourishments/desserts are kept. A dead mouse fell out of the ceiling when the tiles were removed from over the refrigerator.
- In nourishment area, a quart to a 1 gallon bucket filled with dirty brown ‘rain water’ was sitting on the top shelf of the prep area; a second bucket was on the floor next to the pillar where it was catching water from leaks from the room above.
- Salad/Dessert Prep area had 1 ceiling tile missing, 2 ceiling tiles were observed to be saturated with water and in need of replacement.

Name of Report: **Veteran Canteen Service - Infection Prevention and Control Check Lists- (INTERNAL REPORT)**
From: **Infection Control Nurse, KCVAMC**
Date: **March 8, 2001**
Sent To: **Regional Manager Veterans Canteen Service (Columbia)**
Regional Manager Veterans Canteen Service (St. Louis)
Service Chief Veterans Canteen Service (Topeka/Leavenworth)
CC: **Director, KCVAMC**
Program Director – Facilities, KCVAMC
Food and Nutrition Service, KCVAMC
Safety Manager, KCVAMC

Deficiencies Identified:

- Mouse sticky pads were located throughout the VCS.
- Taco shell fryer still had grease and dust (unclean).
- Salad bar still with Styrofoam debris, dust bunnies, etc. underneath.
- Brown rust stains and brown liquid stains on floors underneath tables.
- Blue trash containers still in need of cleaning.
- Dirty mop heads located in plastic bag on lower shelf of dirty glass holders.
- Mop bucket with head in dirty standing water, located to one side of room away from dish cleaning area. Mop should not be left standing when not in use.
- Trash is not emptied with regularity.
- Towel dispenser on wall next to corridor door, without towels. No place to wash hands. No soap dispenser.
- Filthy potholder and trash stuffed behind water lines.
- Mouse droppings behind shelves on floor.
- Walls and floors are sticky and appear dirty.
- Several holes in linoleum flooring near doorway (still present).
- Hole in ceiling tiles (still present).
- Evidence of mouse droppings behind and under Quick Stop.
- Vents dusty and greasy (still present). Cords on ceiling dusty.
- Filthy ceiling filters, all output vents had grease droplets (still present).
- Behind salad bar, evidence of mouse housekeeping (munched Styrofoam cup possible nest, still present).
- Tray carrier has several areas of deteriorating particle board (unable to clean, breeding ground of germs, still present).
- Visible dust on coffee makers (still present).
- Condiment bar area was dirty, sink was dirty with food in drain, worthless sanitizer holder partially abated, shelf dirty.
- Filthy fan.
- Mouse droppings in corner near grill.

Name of Report: JCAHO Mock Survey- (*INTERNAL REPORT*)
From: Internal Survey
Date: May 21, 2001
E-mail Sent To: KCVAMC Program Directors, Quality Assurance RN, Safety Manager, Nurse Leaders, PPCI Execs.

Location	Deficiencies Identified:
Pharmacy	<ul style="list-style-type: none"> • Aisles were not clear of clutter, boxes, and barrels. • Food and Drink sitting on counters in areas where meds are filled. • Dirty employee refrigerator. • Miscellaneous trash from alcohol wipes and needles noted on counters of the biosafety hoods.
10W	<ul style="list-style-type: none"> • A rat was seen twice by the survey team in the patient dining room area. The creature was significantly larger than a common mouse. The staff reported this is not an unusual sighting. • Recapped vacutainer needle noted in sharps container on the IV blood draw tray located in the treatment room. • Food cart remained in the hallway with dirty trays.
9 East-Lodger Unit	<ul style="list-style-type: none"> • Door to crash cart room left open.
8E	<ul style="list-style-type: none"> • Fan on floor. • Medication cart left open and unattended.
4E	<ul style="list-style-type: none"> • One of the med drawers was opened and the keys to the rest of the medications cabinets including the narcotic keys were found in this open drawer. • A bottle of “deodorizer” was found on the top of the patient’s bedside table. A set of “anti-embolic” devices still remains on the top of a chair. • IV stock supply room door was not locked. This same room keeps the patient linens, and the walls need repair.
Emergency Department	<ul style="list-style-type: none"> • Red bags/containers (on equipment carts and at each bedside) with waste other than regulated infectious waste. Trashcan at desk where patient’s are “checked in” had cups, paper, and other non-infectious waste.
3W	<ul style="list-style-type: none"> • One of two medication carts parked outside the nurse’s station was not locked. Staff indicated the medication cart will lock automatically after a few minutes, but was found to be unlocked before and after the unit interview. • Resident’s room could use some cleaning. There were x-ray jackets with films in the room, dirty/used linen on the floor, and clutters on the desk.
SICU	<ul style="list-style-type: none"> • Gloves and other paper waste found stuffed into the sharps containers located on both Crash Carts. Sharps containers are for used/contaminated sharp items, vacutainer, etc. Gloves and other paper waste are to be discarded in the appropriate waste containers.

Name of Report: JCAHO Mock Survey- (*INTERNAL REPORT*)
From: Internal Survey
Date: May 23, 2001
E-mail Sent To: KCVAMC Program Directors, Quality Assurance RN, Safety Manager, Nurse Leaders, PPCI Execs.

Location	Deficiencies Identified:
Pharmacy	<ul style="list-style-type: none"> • Area cluttered.
MICU	<ul style="list-style-type: none"> • Red sharps container in the hallway with paper waste and gloves.
PCU	<ul style="list-style-type: none"> • One of the two medication carts parked outside the nurses station was not locked. Staff indicates the medication cart will lock automatically after 8 minutes. Eight minutes would be long enough for anyone to pick out anything from carts left unattended. • Used towels on the floor under a patient's bed. • Soiled utility room straight but in need of cleaning and disinfection (EMS).
9 East-Lodger Unit	<ul style="list-style-type: none"> • Crash cart remains in treatment room; however, staff indicated the crash cart would be moved to the medication room when the room was relocated across the hall.
8E	<ul style="list-style-type: none"> • Break room had open food containers and drink containers (which of course could attract rodents and insects). Break room had sitting on the table a IV/dressing supply box with open vials of lasix and other injectables mixed into the supplies, including an unmarked syringe of some clear fluid. • Break room was filthy, with food trays, bags, etc. on the floor underneath counters, open food on the tables, bread and other food items, and containers on top of refrigerator, cabinets, counters, floors and tables; and, an IV start kit was on the table in the break room and contained several vials of Furosemide.
4E	<ul style="list-style-type: none"> • The door leading to the IV supply remained unlocked. • Exit area was blocked by gurney, night table, and large trashcan.
Emergency Department	<ul style="list-style-type: none"> • Linen cart not covered. Room 10 sink blocked by equipment and the room needs a soap dispenser. • Ice Machine needs to be cleaned.

Name of Report: **Veteran Canteen Service - Infection Prevention and Control Check Lists- (INTERNAL REPORT)**
From: **Infection Control Nurse, KCVAMC**
Date: **May 31, 2001**
Sent To: **Service Chief, VCS, KCVAMC**

Deficiencies Identified:

- Flat cooking trays observed on clean racks with standing water and some with grease.
- Gasket seam on the Freezer door in need of cleaning.
- Rubber mat by sink area with grease and other items underneath. Mat and floor underneath in need of cleaning/disinfection.
- Large Grease Barrel remains in corner. Consider relocating.
- Pail with mop and standing water in middle of floor. Empty and remove after each use.
- Rat feces still noted in the corner. This is likely a daily problem. This area needs to be swept and mopped daily.
- Salad bar still with Styrofoam debris with debris, dust bunnies, etc. underneath. Difficult to move for cleaning because it is not on casters. Need EMS assistance in moving so cleaning.
- Dust remains on cords located on the Beverage container and on wall behind coffee cups. Counter in need of cleaning.
- Juice refrigerator in need of cleaning, shelves, etc.
- Ice bin needs to be cleaned daily-lid with grease-like substance on top. In addition, have workers or ask EMS to move out of the way for daily sweeping and mopping.
- Was told floor was recently mopped but did not appear to be. Make sure mop water is changed after cleaning Cook area and before cleaning storeroom area.

Name of Report: **Environmental Programs Program Review for JCAHO Accreditation- (EXTERNAL REPORT)**
From: **Manager, Environmental Programs, Salt Lake City VAMC**
Date: **August 22, 2001**
Sent To: **Acting Director, KCVAMC**

Deficiencies Identified:

Staffing and equipment shortages within the Environmental Program contribute to create substantial obstacles in their ability to maintain an aesthetically pleasing environment for patients, visitor, and medical center personnel. "Given the short time frame before JCAHO inspection the program review recommends the following:"

- More efficient floor care equipment be leased with adequate training in use.
- Increase volunteer overtime from in-house staff.
- Priority consideration be given to direct patient and specialty care areas.
- Policies, procedures, and reference material in need of revision.

Name of Report: Environmental Service Program Review and Recommendations-
(EXTERNAL REPORT)

From: Environmental Programs, Salt Lake City VAMC

Date: September 10, 2001

Sent To: Acting Director, KCVAMC

Deficiencies Identified:

- There is poor coordination when performing discharge cleaning tasks due to lack of communication, staffing, and the availability of an automated system that could assist in this process.
- Current staffing permits 23 FTEE available to accommodate sanitation tasks, based on industry standard 52 FTEE are required to staff cleaning assignments. Housekeepers currently required to take care of an average of 25,036 square feet per FTEE. Industry standard is 11,000 square feet per FTEE.
- Employees do basic cleaning (dust, mop, damp mop, vacuum, empty trash) but no detail cleaning was evident in any area. Supervisors spend as much as 75 % of their time performing the work of a housekeeper rather than providing supervision and program guidance.
- There are an insufficient number of employees to address emergencies (i.e. spills, restroom cleaning, etc.) There also appears to be a long response time when addressing such matter. Key leadership roles are vacant.
- High usage/public areas are being cleaned only once per 24-hour period with minimal or no monitoring of these areas between service schedules.
- Frequently, because there are no housekeeping staff available, nurses are required to clean equipment, beds, spills, etc.
- Housekeepers are continuously rotated through areas, which hinders the development of a working relationship with staff and prevents the housekeeper from taking ownership of an area and/or establishing a loyalty with other personnel.
- Due to critical vacancies not being filled, there are often long delays experienced between case cleaning within the OR.
- Infection Control issues remain a major concern in SPD, OR, and Specialty Clinics.

Name of Report: JCAHO Official Accreditation Decision Report- *(EXTERNAL REPORTS)*

Date: October 9-12, 2001

Sent To: Director, KCVAMC

CC: Chief of Staff, KCVAMC
Corporate Representative

Deficiency Identified:

- The linen chute door on the west side of the eleventh floor was not closing.

Review of Quality of Care, Pest Infestations, and Infection Controls

KCVAMC clinical managers implemented effective controls to monitor the quality of care provided to patients as it related to infectious diseases and infection control. A medical center review of the care provided to the two patients discussed in the article entitled, "Nasal Myiasis in an Intensive Care Unit Linked to Hospital-Wide Mouse Infestation" concluded that the care was adequate, and that the incidents occurred not because of poor care, but because of a recurring pest control problem at the facility. Despite numerous reports concerning pest infestations, managers did not take effective actions to resolve this problem.

We cannot definitively confirm or refute the article's assertion that the flies fed on rodent carrion. The *Archives of Internal Medicine* article, which generated heightened awareness of cleanliness and sanitation issues at the medical center, is an example of a "case report." No one we interviewed in the course of this inspection disputed the core case fact of the article, namely that two ICU patients had nasal myiasis in July and September 1998. Our review of medical records confirmed this central assertion of the *Archives of Internal Medicine* article.

Several physicians we interviewed asserted that the article was scientifically deficient. Their objection was that the authors did not provide proof that the flies that caused the nasal myiasis fed off of rodent carrion, or were in any way related to the medical center's rodent infestation. Some physicians at the medical center asserted that given ongoing construction projects, flies, common in the area during the summer months, had ample other avenues of ingress to the ICU beyond traveling from rodent infested areas of the medical center to the ICU. There was no empirical evidence to validate either assertion. The above scientific controversy notwithstanding, we believe in this case that nasal myiasis in two ICU patients is unacceptable and closely associated with an overall unclean patient care environment.

Care Provided to Two Patients Discussed in the Article

Patient One: This patient was a 45-year-old African-American man who presented at the KCVAMC ER on July 12, 1998 complaining of a productive yellow cough of 4 days duration, pleuritic chest pain, increasing abdominal girth, nausea, vomiting, and fatigue. He had a history of end-stage dilated cardiomyopathy (disease of the heart muscle), which was associated with severe congestive heart failure (CHF). The patient's medical record indicates that at the time of this presentation to the KCVAMC, the patient had not been taking his medications (including those for his CHF) for approximately 1 week. The patient's other medical problems included atrial fibrillation (rapid ineffective contractions of the cardiac atria), a history of pericarditis (inflammation of the sac surrounding the heart), a history of acute renal (kidney) failure, and a history of childhood rheumatic fever.

Upon admission to the KCVAMC, the two main diagnostic considerations were an exacerbation of the patient's CHF and possible pneumonia. He was admitted to a telemetry (continuous cardiac monitoring) ward and intravenous antibiotics were prescribed. Also, aggressive medical

Appendix B

attempts at diuresis (removal of excess body fluid) were made. Due to elevated cardiac enzymes, the patient was soon transferred to the Coronary Care Unit (CCU) to rule out a myocardial infarction. Numerous life-threatening medical problems complicated the patient's hospital course including renal (kidney) failure, severe hypotension (low blood pressure), fluid overload, acidosis, electrolyte imbalance, and coagulation (clotting) abnormalities.

On July 16, the patient had a cardiac arrest. He was successfully resuscitated, but he had to be placed and maintained on a ventilator. Additionally, he was neurologically unresponsive. Further medical complications ensued. When it became clear that all further medical care was futile, after a family meeting on the evening of July 23, it was decided that the patient should be taken off of life-support on July 24. However, prior to KCVAMC staff actually ceasing heroic life-support measures, the patient was found to be without a heartbeat with his pupils fixed and dilated. He was pronounced dead at 7:22 a.m. on July 24, 1998. No autopsy was performed.

A nursing note timed and dated 7:00 p.m. on July 22, notes that the patient was found to have maggots coming from both nostrils. He was seen approximately 2 hours later by an otolaryngologist. At this time no further maggots were found. The otolaryngologist concluded that the maggots were confined to the vestibule of both nostrils (the front most portion of the nose) with no spread or invasion beyond that. Treatment for this condition consisted of nasal irrigation with hydrogen peroxide followed by irrigation with normal saline, and suctioning. A July 23 nursing note, as well as a July 23 note by the CCU resident physician, show that there was no recurrence or further evidence of nasal (or other) maggots.

This patient had many of the symptoms of end-stage chronic heart failure including low blood pressure and two cardiac arrests. He was treated aggressively until it was deemed that all further care was futile. We found no deficiencies in this patient's care. However, approximately 36 hours before his death, nasal myiasis was diagnosed. It was promptly and definitively treated. Expert consultation from the Otolaryngology Service was obtained. In our opinion, this maggot infection was incidental to the patient's overall care and condition. The patient died inevitably from his many underlying diseases including renal failure, cardiac failure, pulmonary failure, and hematopoietic (blood clotting) failure. None of these conditions was caused or exacerbated by maggots discovered approximately 36 hours before the patient died.

Patient Two: This patient was a 49-year-old Caucasian man with a history of coronary artery disease, four myocardial infarctions, coronary artery bypass graft surgery complicated by a stroke, renal insufficiency, and elevated blood glucose. He was admitted to the KCVAMC in a state of cardiogenic shock from the CCU of a private hospital in Atchison, Kansas. He had been admitted to the private hospital after having suffered another myocardial infarction resulting in serious cardiac arrhythmias (irregularities) and pulmonary edema (excessive fluid on the lungs causing cardiac instability), and requiring cardiopulmonary resuscitation. Upon admission to the KCVAMC, the patient was able to remain off of a respirator for a brief period of time. However, within 2 days of admission to the KCVAMC, he required re-intubation.

The patient was initially treated aggressively with blood pressure supporting, anti-arrhythmic, and potent diuretic medications. However, ultimately this aggressive treatment proved ineffective.

Appendix B

Even as early as his initial presentation at the private hospital on September 22, the patient's family expressed concern about aggressive treatment, in that realistically the most that could be hoped for appeared to be some minimal degree of comfort care. Finally, in accordance with both the patient's and his family's requests, the patient's KCVAMC physicians decided to extubate the patient. All parties, including the patient are documented as fully knowing that this course would probably prove fatal. On October 26, 1998, the patient was placed on a "Do Not Resuscitate" status, was extubated, and he died on October 27, 1998. No autopsy was performed.

Seven days after admission to the KCVAMC, the nursing staff noted copious nasal discharge from the patient's right nostril. Upon further investigation they discovered "small white parasites" in and around the patient's right nostril. He was evaluated by an otolaryngologist who recommended nasal irrigation with normal saline and topical application of Bactroban® ointment to the nasal vestibule. After treatment, no further "parasites" were noted. Subsequent pathology analysis confirmed that these "parasites" were "maggots." There is no evidence that this nasal infection had any impact on this patient's hospital course or his underlying cardiovascular pathology. As best can be ascertained from the medical record, it appears that the patient suffered an incidental and inconsequential superficial nasal maggot infestation that was rapidly cleared.

Conclusion

Our case reviews indicated that nasal myiasis in two KCVAMC patients was not a cause of morbidity or mortality for either patient, but was reflective of poor insect control. The finding of nasal myiasis is consistent with the finding that flies were captured in the ICU. Clinical managers acted to guard against recurrence of these incidents by ensuring all patients with tube care were checked and cleaned around nasal areas at the beginning of each nursing shift. The occurrence of nasal maggots has been reported previously in other medical literature.^{8,9}

Health Care Implications Of Pest Infestation

The association of cleanliness and sound medical practice has long been recognized. Surgeons seek a "sterile field" in which to operate, and "sterile technique" is taught to all medical practitioners as one of the earliest, most basic, and essential skills of clinical practice. In this vein and in this era of medical practice and modern techniques of hospital management, it is self-evident that the presence of rodents and flies in a hospital creates an inherently unsafe patient care environment, as well as serving as a risk to patients, employees, and visitors.

⁸ "Nosocomial Nasal Myiasis", Darryl R Smith, Robert R. Clevenger, Arch Pathol Lab Med Vol 110; 439-440

⁹ "Hospital Acquired Myiasis", Jav A. Jacobson, Robert L. Kolts, Marlyn Conti, John P. Burke, Infection Control 1980 Vol 1; 319-320

Pest Control

Efforts to manage pest infestation problems at the KCVAMC have not been successful or aggressively pursued. While there was e-mail traffic concerning fruit flies (i.e., genus *drosophila*) in the OR and other areas of the medical center as far back as 1993, we were only able to obtain documentation on one pest control contract since 1997. The contract was awarded to essentially a one-person operation. The contract was subject to four extensions; the most recent of which was extended through March 31, 2002. A review of the contract found that it required the contractor to inspect pest management measures routinely and make recommendations as required. A pest management operations inspection report (VA Form 10-9020a) was to be completed monthly. The inspection was supposed to include reviews of areas that have trash or spillage, cracks, or other openings that would allow rodents to enter, and storage areas susceptible to infestations.

KCVAMC managers were unable to provide evidence that these inspections and reports were done. Furthermore, one former Environmental Management Service manager informed us the contractor would only visit the medical center once a week. Therefore, rodents that were caught and died in traps just after he left the area would not be picked up for about 7 days. We were also informed that managers were not satisfied with the contractor's performance for some time; however, efforts were taken recently to not renew the vendor's contract.

Pest Infestation

There is evidence to show that senior managers were advised of several pest infestation problems over a number of years. On March 2, 1998, a Kansas City Health Department inspection found "...mice feces under dishwashing area." A re-inspection 10 days later found the condition still existed. In July 1998, an ICC inspection of the Canteen confirmed that areas needed "terminal" cleaning. In August 1998, the ICC reported the first case of maggots on a patient and noted flies in the MICU. In October 1998, the pest control contract was renewed with a request to the contractor to add more traps and glue boards.

In October 1999, a wasp entered an OR during a procedure. The patient was scheduled for a procedure on October 18th. The patient was taken to the OR as scheduled and the left total knee arthroplasty was initiated, but the procedure was aborted secondary to a break in the sterile field. A wasp was present in the OR suite. It was pointed out in the medical center's peer review of this incident that this was not the first time that an OR procedure was aborted due to the presence of flying insects in the OR. We found two other reported cases.

Clinicians reported a fly in the OR on October 8, 1999. The incident was referred to Facilities and flytraps were used to control this problem. In addition, a member of the staff of Facilities said they sealed off the lights in the OR in November 1999. It appeared that these insects were entering the OR through an opening above the ceiling lights.

The third incident of a gnat in the OR was reported in November 1999. It took 43 days from the time of the first incident to the completion of the work order to seal off the OR from insect access. Concern was raised regarding the length of time it took to get the job completed.

Pest control problems persisted from at least 1998 through the summer of 2001, when we conducted the CAP review and noted that pest infestation problems continued to exist at the facility. In March 2002, the new Director hired a nationally recognized pest elimination firm to inspect and survey the KCVAMC. The firm found the former contractor did not follow fundamental procedures such as anchoring bait stations so that no one could tamper with or be harmed by the visible rodenticide. One bait station was found not to have any bait placed in the box at all. The pest elimination firm's survey confirmed there was still a serious infestation of rodents and other pests in the KCVAMC. The Director informed us that he cancelled the former contract during our visit, and is pursuing the assistance of a new contractor that is capable of responding aggressively to this problem.

Conclusion

Pest infestation problems have existed at the KCVAMC for many years. The KCVAMC did not have an effective pest management program to monitor and make recommendations to resolve the infestation of rodents and insects at the facility. Consequently, clinicians were placed in a position of having to abort or postpone at least one surgical procedure, and protect several other patients from possible pest contamination in the OR in 1998 and 1999. Action was recently taken to cancel the contract, and begin efforts to seek a firm capable of aggressively resolving this issue. Managers need to ensure the Statement of Work for the new contract includes stringent review and progress reporting elements, and that these elements are enforced to aggressively resolve this problem.

Other Illnesses and Infections that Correlate With Sanitation Problems at the Facility

Despite the reports of significant rodent infestation in food storage areas, the finding of traps and droppings in many locations throughout the medical center, and documented deficiencies in medical center cleanliness, we found that the ICC was aggressively monitoring outbreaks of infectious diseases.

An essential element of the review of the quality of healthcare provided at the KCVAMC was a review of the hospital's ICC minutes from January 1998 to March 31, 2002. In addition, we interviewed the Infection Control Nurse¹⁰ and the Chief of the Division of Infectious Diseases¹¹ at the KCVAMC. Policy Memorandum 11-100 guides the hospital's current infection control efforts, General Infection Control & Isolation Precautions Guidelines dated May 2, 2001¹². The ICC is composed of representatives from the physician clinical staff and includes the Chief, Division of Infectious Diseases, nursing staff including the Infection Control Nurse, SPD staff, the Nutrition and Food Services (now called Patient Meals) employees, Dental Service

¹⁰ The Infection Control Nurse has been at the KCVAMC since November 1999.

¹¹ A new Chief of Infectious Diseases has been at the KCVAMC since 2001.

¹² This policy was signed by the Acting Director and is scheduled for revision on May 2, 2004.

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clinicians, and representatives from other relevant hospital divisions. The ICC reports to the Executive Committee of the Medical Staff (ECMS).

The ICC minutes reflected a conscientious effort to prevent and control the spread of communicable diseases at the KCVAMC. There was clear evidence of ongoing surveillance for pathogens of medical importance, specific actions taken to address point outbreaks of disease, and ongoing education efforts directed toward general and specific infectious disease topics.¹³ In addition, the minutes identified specific instances when the ECMS was informed in person by the Chairman of the ICC of circumstances that required the attention of hospital leadership.¹⁴ Among the topics of ongoing interest to the ICC were the cleanliness of the VA Canteen, pest control, and hospital cleanliness.^{15,16,17} The ICC directed its efforts towards effecting improvement in the level of hospital sanitation and pest control and kept the ECMS apprised of its efforts.

As a result of ongoing surveillance, two peaks in the incidence of methicillin-resistant *Staphylococcus aureus*, Vancomycin-resistant *Enterococcus* and *Clostridium difficile* were noted. The first was identified in May and June of 2000 in the SICU and operating suite. An analysis of the data identified the problem to be breaks in aseptic technique. A re-education program for the involved health care staff brought an end to the outbreak. The second outbreak in March 2001, on a medical ward, was determined to be the result of a breakdown in housekeeping protocol.¹⁸ This outbreak was controlled by a re-education effort aimed at the housekeeping staff and all who came in contact with patients who were on isolation protocols.¹⁹ In an effort to further reduce nosocomial infections, a program to change the soap to one containing an antiseptic agent was instituted in February 2001.²⁰ However, we heard concerns from employees that because of the absence of housekeeping support, soap containers were sometimes not refilled for extended periods. The availability of soap is essential for clinicians to routinely wash their hands to reduce the possibility of patients acquiring nosocomial infections. Actions need to be taken to ensure all washing areas of the facility are adequately stocked with soap.

In 1999, two KCVAMC employees developed stomach cramps and gastrointestinal symptoms after ingesting ice from a medical center ice machine. The episode was reported to the ICC, medical center staff inspected the machine, and found evidence of rodent feces around the ice machine. This machine was cleaned although we could not find any evidence to show that all

¹³ Ongoing surveillance for Methicillin Resistant *Staphylococcus aureus*, *Clostridium difficile*, Vancomycin Resistant *Enterococcus*, and other nosocomial infections is demonstrated in the ICC minutes.

¹⁴ Maggots Aug 10, 1998; hospital cleanliness May 10, 1999.

¹⁵ March 9, 1998; Jan 11, 1999; July 12, 1999; August 16, 1999.

¹⁶ Maggots Aug 10, 1998; Oct 5, 1998; Nov 9, 1998.

¹⁷ November 9, 1998; March 8, 1999; May 10, 1999; July 12, 1999; January 8, 2001.

¹⁸ Among other breaks in isolation procedures, the housekeepers were not changing water and cleaning their mop heads between patients who were under isolation precautions.

¹⁹ Data from the ICC committee and medical staff interviews.

²⁰ Chlorhexidine Gluconate in the ICUs and soap with Triclosan for other clinical areas. However on the most recent inspection, we found several soap containers that were empty. This is consistent with concerns from employees that soap containers were not filled for extended periods of time.

Appendix B

other ice machines in the medical center were checked and cleaned at the time. Managers implemented a cleaning and inspection regimen and each ice machine was to be inspected twice a year. We conducted spot reviews of ice machines and found that some of them did not have documented evidence of an inspection since August 2001.

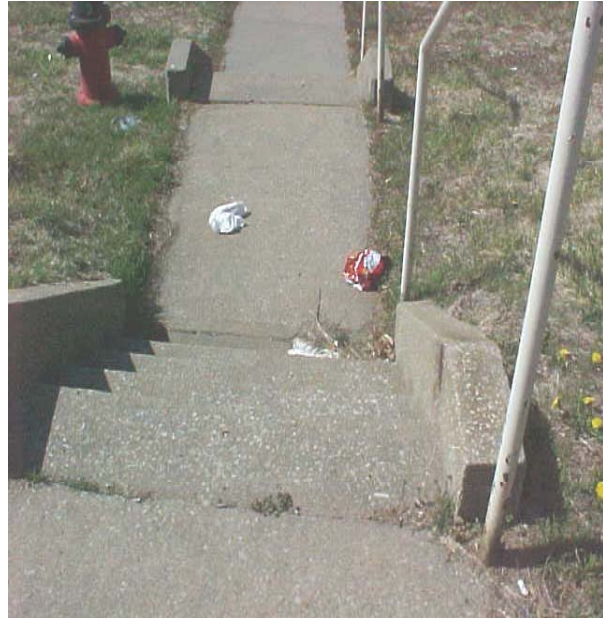
Conclusion

The ICC continually worked to improve the sanitary and pest control issues in the medical center. The minutes showed that the ICC was attempting to deal with outbreaks of rodents and other pests, and was briefing the Director on these problems. Poor housekeeping and the absence of an aggressive rodent control program appeared to be the cause of many of these problems. As a result of these conditions two employees appeared to have been subjected to unnecessary illnesses and infection. KCVAMC decision makers, despite ongoing efforts by the medical center patient care community, did not take the administrative actions required to deal definitively with hospital sanitation and pest control problems. We believe major illness at the KCVAMC was only averted through the dedicated efforts of the healthcare staff to take the necessary actions required to compensate for the lack of aggressive pest management actions and institutional housekeeping support.

Photographs of Environmental Issues



Cigarette Butts Near Employee Parking Lot Entrance/Exit



Example of Litter in The Back Of The Medical Center



Trash Accumulation Near Back Entrance



Trash Near Employee Parking Lot

Examples of Environmental Issues



Dead Insect in Therapy Tub



Dead Flies in Patient Room Light Shield



Ant in Orthopedic Laboratory



Rodent Traps in Primary Care Areas

Examples of Environmental Issues



Corroding Ceiling Tile Struts in Orthotics Lab Dust on Window Sills in Cardiac Cath Lab



Cockroaches in Research Hallway



Unmarked/Unsecured Animal
Research Carcass Freezer

Examples of Environmental Issues



Rodent Droppings in Area
Next to Cardiac Cath Lab



Missing Ceiling Tiles



Water Damage and Missing Tiles
In Emergency Room Area



Cluttered Storage Areas
in Surgical Suite

Examples of Environmental Issues



Broken Cleaning Equipment in SPD



Ceiling Openings in SPD Work Room

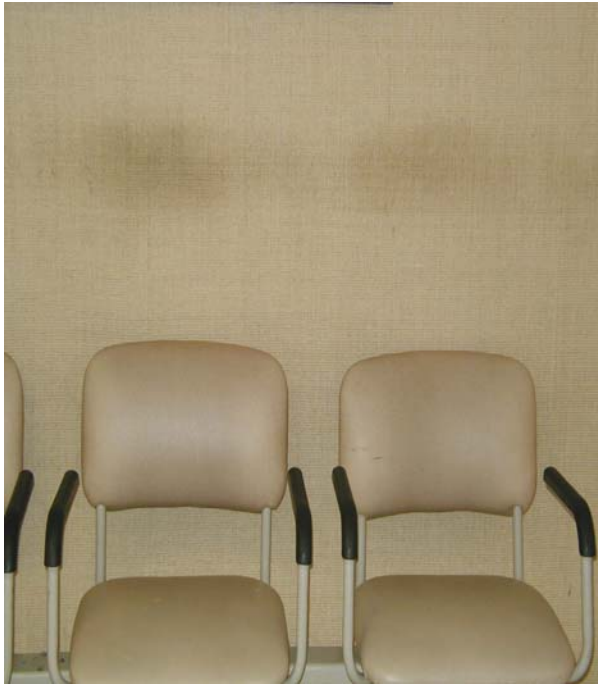


Rodent Trap in SPD Unit



Dirt and Debris Behind SPD Sterilizer

Examples of Environmental Issues



Wall Grime in 5th Floor Waiting Area



Dirt Accumulation on all Walls in Primary Care

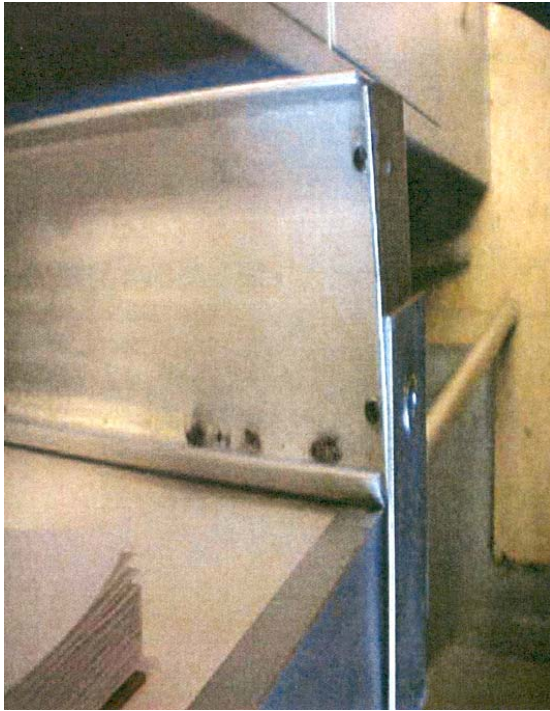


Missing Ceiling Tiles in Primary Care



Example of Bug Zapper (3rd Floor)

Examples of Environmental Issues



Dead Flies in Hemodialysis View Tray



Open Electrical Wiring Near Patient Bed



Dirty Walls/Patient Hemodialysis Bed



Dirty and Rusty Hemodialysis Drain Area

Management Comments

Secretary of Veterans Affairs

Department of
Veterans Affairs

Memorandum

Date: MAY 31, 2002

From: Secretary of Veterans Affairs (00)

Subj: OIG Draft Report: **Medical Center Sanitation and Follow-up of CAP Review,
VAMC Kansas City**

To: Inspector General (50)

1. I concur with your recommendation that I ensure that managers are held accountable for the sanitation of the VA Medical Center Kansas City. I will require the Under Secretary for Health to closely monitor and provide my office with quarterly reports on the implementation of the aggressive plan of corrective action developed by the Acting Network Director and Medical Center Director. In response to the CAP findings, the Under Secretary for health has provided funding for an \$8 million facility upgrade to address the medical center's environment of care.
2. The environmental conditions found at the medical center, as well as the lack of management intervention at the Network level which allowed the situation to develop, are appalling. I am personally committed to the implementation of VHA's corrective action plan and will closely monitor VHA's progress until all actions are completed. I am equally committed to holding managers responsible for assuring that all veterans receive quality VA health care in a safe and sanitary environment. To that end, I will require the Under Secretary for Health to review your report to determine what administrative actions need to be taken Department wide to assure this situation does not arise at any of our medical care facilities.
- 3 I regret that these conditions existed. I assure you that improvements are being made, managers will be held accountable for maintaining a satisfactory environment of care, and that my office will carefully monitor VHA's corrective actions.


Anthony J. Principi

Management Comments

Under Secretary for Health

Department of
Veterans Affairs

Memorandum

Date: May 16, 2002

From: Under Secretary for Health (10/105E)

Subj: OIG Draft Report: **Medical Center Sanitation and Follow-up of CAP Review, VAMC Kansas City** (EDMS #180640)

To: Assistant Inspector General for Auditing (52)

1. Thank you for the opportunity to respond to the referenced report. I agree with your recommendation that I ensure that identified sanitation and pest control problems at the Kansas City VAMC are resolved. The environmental conditions described in your review, as well as the lack of appropriate and timely management intervention to rectify the situation, are disturbing. Even before your team concluded their site visit, we had begun implementation of an aggressive plan of corrective action developed by the Acting Network Director and Medical Center Director, and fully supported by the Assistant Deputy Under Secretary for Health. I am personally committed to the proposed implementation goals and will closely monitor progress until all actions are complete.

2. This comprehensive plan addresses all aspects of environmental concerns and infrastructure renovations. VACO program officials, including staff in the Secretary's office, have carefully reviewed the proposal and we are confident that the recommended actions, when implemented, will result in a significant transformation of the facility to the highest level of cleanliness in all areas. It is anticipated that the corrections will be completed in 15-18 months. In the interim, Network and facility management will provide us with a weekly progress report, including completion target dates. A copy of the most recent progress report, which includes personnel related actions as well as organizational and policy changes, is attached for your review. These progress reports will continue, and senior Network and Medical Center staff will conduct weekly reviews and environmental rounds until full implementation is apparent.

3. As part of its implementation efforts, Kansas City VAMC has embarked on an estimated \$8 million facility upgrade to address the longstanding maintenance concerns. Recruitment is underway to hire 46 more full time housekeepers and maintenance workers, as well as an experienced Environmental Programs Manager. In the meantime, approximately 20 temporary housekeeping staff have been employed and experienced housekeepers from VAMC Leavenworth are working overtime hours to complete intensive cleaning of patient care areas. Special emphasis has been placed on providing needed organizational and hands-on training for supervisors and workers responsible for maintaining environmental standards.

Management Comments

Under Secretary for Health

Page 2 OIG Draft Report: Medical Center Sanitation, Kansas City VAMC

4. We have carefully reviewed the Network and facility Director's detailed response to your report. I concur in the response and in the plans outlined therein.

5. In summary, I regret that these conditions existed. Your assistance in helping to identify some of the issues we are currently dealing with is appreciated. I assure you that needed improvements are being implemented, with careful monitoring by both Network and VACO program officials, who will keep my office fully apprised of progress. If additional information is required, please contact Margaret M. Seleski, Director, Management Review and Administration Service (105E), Office of Policy and Planning (105), at 273-8360.

/Signed/

Robert H. Roswell, M.D.

Attachment

Management Comments

Assistant Deputy Under Secretary for Health

**Department of
Veterans Affairs**

Memorandum

Date: **May 14, 2002**

From: Assistant Deputy Under Secretary for Health (10N/10NA)

Subj: OIG Draft Report: ***Medical Center Sanitation and Follow-up of CAP VAMC
Kansas City***

To: Director, Management Review and Administration Service (105E)

1. This is in response to your memo dated April 30, 2002 requesting a review of the draft OIG report, subject above. A review of the report and its recommendations has been completed by representatives in my office, as well as the VA Heartland Network (VISN 15) and the Kansas City VA Medical Center.

2. In reference to Recommendation 1 (pgs.7-8) under the section entitled "Results of Review," and subsequent recommendations under the section entitled "Follow-Up of the Combined Assessment Program Review," attached is a document from the Director, Kansas City VAMC, which responds to each of the specific recommendations and the details the actions taken to date.

3. With regard to Recommendation 2 (pg.8) under the section entitled "Results of Review," that specifically recommends that the Under Secretary for Health ensure that the sanitation and pest control problems at the medical center are corrected, I have also asked that the following actions be taken:

A. Issue: Sharps Containers: There are a number of instances in the draft report where deficiencies related to sharps containers are discussed. Deficiencies deal with accessibility to patients, open containers and disposal of non-sharps in containers. The problem that may arise is that patient access to containers and use of containers for non-sharps disposal increases the possibility of needle stick injuries.

Recommended Action: I have asked the Acting Network Director to evaluate whether appropriate staff has received training in blood borne pathogen safety training and the adequacy of this training and to determine whether guidance/information is available on approaches to managing sharps containers in a safe manner.

B. Issue: Updating of Asbestos Assessments: The Draft report states that VAMC Kansas City has not updated its asbestos assessment for six years.

Recommended Action: For a 3-year cycle as part of the AWE, I will require that VHA facilities be asked through the SAFE program whether they have updated their

Management Comments

Assistant Deputy Under Secretary for Health

asbestos assessment within the past 3 years and distribute an Information Letter that discusses both the need for VHA facilities to update their asbestos assessments and for VISNs to follow-up on this during the AWE process.

C) Issue: Hazardous waste manifests not maintained in accordance with applicable regulations: An OIG report in early 1990's pointed out numerous deficiencies regarding hazardous materials/waste program. The hazardous waste manifesting issue at VAMC Kansas City may by itself not be a significant problem. However, it may be perceived as such if it is viewed by OIG as an uncorrected deficiency from a prior OIG audit report. The problem that may arise is that there could be a possible regulatory compliance issue.

Recommended Action: I will ask the Acting Network Director to ensure that the VISN 15 safety and health program manager review VAMC Kansas City's manifesting procedure and provide training on same as may be necessary. Include manifesting as a specific topic in the development of both environmental audit tools and VHA-sponsored RCRA training.

D) Issue: Obstructed Egress Corridors: There were a number of instances in the draft report where deficiencies related to obstructed egress corridors were identified. There was equipment and carts in patient occupied spaces cluttering the corridor thus hampering safe egress in the event of a fire or an emergency requiring the relocation of patients. However, equipment and carts in use are permitted per national fire codes and Joint Commission on Accreditation of Healthcare Organizations standards. The problem that may arise is that corridor clutter can hamper the safe relocation of patients in a fire emergency.

Action: I have again reminded all VHA facilities and VISN level inspectors of the need to enforce life safety requirements and JCAHO requirements on the use of equipment and carts in corridors.

E) Issue: Environment of Care Support for Infection Control: Medical Center staff assigned to Environment of Care support functions provides service that supports Infection Control. Making these staff members aware of infection control issues and their role in providing quality institutional infection control can enhance the effectiveness of their efforts.

Action: VHA issued the Emerging Pathogens Guidebook in September 1998 and distributed hard copies of the book to every VHA medical center. An Emerging Pathogens Conference was held for a multi-disciplinary VHA group in support of this educational effort. Several Satellite programs concerning the subject have been made and broadcast at various times to allow as many VHA staff as possible to view the presentations.

Management Comments

Assistant Deputy Under Secretary for Health

conducted throughout the facility. Failure to promptly correct these deficiencies can lead to serious safety and health hazards.

Action: All VHA facilities will be reminded of the need to conduct comprehensive environmental rounds and that follow up actions be documented to ensure accountability. In addition, these procedures will be evaluated during the Annual Workplace Evaluations conducted by the Network safety and health managers.

3. Thank you for the opportunity to review this report. Questions can be referred to Ms. Terry Ross in my office at (202) 273-5858.

(original signed by:)
Laura J. Miller

Attachment

Management Comments

Medical Center Director²¹

OIG Draft Report: Medical Center Sanitation and Follow-up of Combined Assessment Program Review, Kansas City VA Medical Center

ENVIRONMENT OF CARE

Recommendation 1: We recommend that the Medical Center Director ensure that:

a. The Statement of Work for a new pest control contract include routine monitors that will show evidence of successfully reducing infestation problems at the medical center, and that managers responsible for the implementation of the contract are held accountable to monitor and document progress reports, and report deficiencies in contractor performance immediately.

Response: Concur with the recommendation. Specific response to the review is that the new pest control firm has been hired and a new contract has been developed, which includes monitoring the success of the overall pest control program. The contractor is required to monitor services under an Integrated Pest Management (IPM) plan. The IPM plan addresses continuous monitoring, pest response and removal procedures, record keeping, warranties, education and communication to hospital personnel to prevent pests and disease vectors. The Environmental Programs Manager is responsible for implementation and monitoring the contract. In addition, Medical Center and Network management will monitor performance through the use of environmental rounds, inspections and reviewing progress reports on the Medical Center's Action Plan. Currently this is undertaken weekly.

b. Soap dispensers and other related supplies are routinely monitored and kept stocked.

Response: Concur. As of May 8, 2002, housekeeping staff began using performance check sheets. These will be reviewed by the Supervisory Housekeeping Aides to routinely monitor performance. These check sheets include a review of soap dispensers and other related supplies to make sure they are properly stocked.

c. Ice machines are periodically inspected and tested to maintain safe and sanitary operation.

Response: Concur. The Draft IG report indicated that "We made spot reviews of ice

²¹ The Medical Center Director's response contained Attachments that delineated acceptable specific actions or instructions to be taken and/or followed by medical center staff. These attachments are not included in this report.

Management Comments

machines that showed some of the ice machines did not have documented evidence of inspection since August 2001.” The IG team was referring to inspection sheets that were taped to the inside of the ice machines. These are not the forms that document the actual periodic inspection and testing. Preventive maintenance records that were provided to the IG showed that the ice machines are being inspected tested and cleaned twice a year. Ice machines have been and will continue to be included as part of our computerized preventive maintenance program. The preventive maintenance includes cleaning the machines twice each year.

FOLLOW-UP OF THE COMBINED ASSESSMENT PROGRAM REVIEW

Supply, Processing, and Distribution (SPD) Areas

Follow-up Recommendation 1: We recommend that the Medical Center Director ensure the deficiencies noted in the SPD are corrected and air-handling equipment is cleaned and working properly.

Response: Concur. Aggressive rodent control has been implemented as previously discussed. A thorough cleaning of the SPD area has taken place and standard cleaning procedures developed. The air handling equipment has been cleaned and is working properly. Sterile, clean and dirty supplies are properly separated in the SPD area. Space issues will be corrected when the replacement SPD is constructed next year.

Medical Center Cleanliness

Follow-up Recommendation 2: We recommend that the Medical Center Director:

a. Correct the sanitation and maintenance issues identified during this review.

Response: Concur. A detailed plan of action outlines how and when this is to be accomplished. Medical Center and Network management will monitor performance through the use of progress reports on the Medical Center’s Action Plan. Currently formal review of progress is undertaken weekly.

b. Hire an Environmental Program Manager and the necessary housekeeping support needed to satisfactorily manage the environmental aspects of the medical center.

Response: Concur. On April 1, 2002, a very seasoned, knowledgeable Environmental Care Manager from the VA Eastern Kansas Health Care System, Leavenworth Division, was detailed to Kansas City VAMC. A permanent position has been established, was classified May 3, 2002 and recruitment is underway. It is expected that the position will be filled before the end of June 2002.

Management Comments

c. Determine whether there are sufficient food service workers, and engineering employees to accomplish the workload.

Response: Concur. A benchmarking review was conducted on food service functions in March 2002 and on engineering functions in June 2001 within the Facilities Program. Based on these two studies, the numbers and types of food service and engineering employees needed was identified. Recruitment is currently underway for Food Service Workers, Maintenance Workers, Air Conditioning Mechanic, Plumbers, electrician and Painters. It is expected that the majority of these new employees will be on board by June 30, 2002.

d. Ensure adequate housekeeping and engineering support is provided to the Canteen Service.

Response: Concur. A major finding in the IG investigation was general confusion relative to medical center versus Canteen responsibilities for cleaning. A comprehensive agreement has been developed between the Canteen and medical center management to correct this situation. (Note: the medical center was informed that Canteen Service might utilize this agreement throughout the country as a model.)

Medical Record Privacy

Follow-up Recommendation 3: We recommend that the Medical Center Director:

a. Issue reminders and increase employee-training efforts to ensure patient information is protected from unauthorized view or access.

Response: Concur. Employees will be reminded at Town Hall Meetings and with employee newsletters about the importance of Patient Confidentiality. On April 3, 2002, a mailman message was sent to all employees reminding them to log off and secure their workstations when not in use. The Information Security Officer (ISO) will send out this mailman message to all employees on a quarterly basis. In addition, all employees receive annual training on protecting patient privacy/information by the ISO. A daily walk-through of clinic areas is being conducted by the ISO to ensure that patient information is maintained in a secure manner. The VA Police are conducting random checks of work areas for unsecured workstations. A log is maintained listing the workstations that are left unsecured.

b. Ensure a formal follow-up process is defined to correct deficiencies identified during LRT environmental inspections.

Management Comments

Response: Concur. Violations found during the leadership rounds by the Leadership Rounds Team (LRT) are to be reported by the Safety Officer to appropriate management for follow-up as indicated in medical center policy 00-91.

Primary Care for Mental Health Patients

Follow-up Recommendation 4: We recommend that the Medical Center Director improve the timeliness of referrals from the Mental Health Clinic to primary care clinics. The delay in obtaining timely Primary Care Clinic appointments for mental health patients may be an indication of a systemic problem that points to the need to increase overall Primary Care Clinic services.

Response: Concur. A process action team is currently exploring ways to deal with the specific needs of Mental Health patients. In addition, a plan has been developed to reduce wait times for all patients in Primary Care, which will be completely implemented by September 30, 2002.

Part-Time Physician Timekeeping

Follow-up Recommendation 5: We recommend that the Medical Center Director:

a. Conduct semi-annual audits of timekeepers. At a minimum, the audits should include reviews of the physician subsidiary timesheets.

Response: Concur. In coordination with Network Payroll Section, semi-annual audits of timekeepers began in April 2002. The first audit cycle will be completed by May 31, 2002. Audits will include review of subsidiary timesheets for physicians. Results of audits will be forwarded to the Medical Center Director and appropriate Program Directors.

b. Review tours of duty with all part-time physicians and make sure the hours are correctly shown in the payroll system. Make sure each physician understands his or her obligation to VA to include clinic time, surgical time, and committee time.

Response: Concur. Tours of duty for all part-time physicians will be reviewed for accuracy and necessary changes will be made. The Chief of Staff, or designee will reaffirm obligations and established duties with each part-time physician. Scheduled completion date is June 14, 2002.

c. Ensure the ENT contract contains acceptable performance measures and provisions to ensure physicians are present for all required duties (clinics, surgeries, committees, etc).

Management Comments

Response: Concur. The ENT contract has been established based on workload over the past two fiscal years, not FTEE. The contracting officer is removing incorrect references to FTEE. Due to the cost of this contract it will receive the normal OIG reviews done for all contracts that exceed the local/network dollar amount. The statement of work clearly indicates the schedules for clinics, OR days, estimated surgeries (minor/major), outpatient encounters and other duties required of the contractor.

d. Ensure the ENT contract has a provision to allow VA to adjust the number of FTEE without penalty.

Response: Concur. The contract is based on fee for services. The contract allows for adjustment of payment based on changes in workload.

e. Take the appropriate actions upon completion of the investigation into the part-time neurosurgeon's time and attendance.

Response: Concur. An OIG investigation team is still reviewing the findings regarding part-time physicians. We have been instructed not to continue a medical center review of this matter until the OIG have completed their review. Completion date is pending.

f. Make sure that all research physicians comply with the terms of their research awards.

Response: Concur. The Research and Development Committee will perform annual reviews of ALL VA research activities including analyses of sites where the research will be conducted.

g. Develop guidance on the use of authorized absence by physicians. The guidance should include limits on the amount of authorized absences granted to physicians based upon their appointments and the Chief of Staff should approve administrative absences when the specialty section leaders specified guidance is exceeded.

Response: Concur. The current Professional Services Memorandum includes stipulations on the limits of the authorized absence granted to physicians, however it has not been consistently enforced. A new review process has been put in place to ensure enforcement of the memorandum.

h. Monitor clinic cancellations and the reason for the cancellations to determine how often clinics are cancelled or rearranged because of physician conflicts. Take appropriate actions when conflicts are excessive.

Management Comments

Response: Concur. In adherence to the current VISN policy, provider clinics will not be cancelled with less than 30 days notification. The Chief of Staff will review exceptions.

i. Monitor clinic wait times and, where necessary, adjust the part-time physician hours to reduce the wait time to an acceptable level.

Response: Concur. All clinics will be monitored for waiting times and adjustments will be made based upon findings. The waiting times and clinic adjustment information will be reviewed by the Executive Committee of Medical Staff (ECMS) and/or Director's Advisory Board.

j. Ensure that all clinics have staff physicians on duty during all scheduled clinic hours.

Response: Concur. Attending physicians will be on duty during all scheduled clinics, including Resident clinics. This requirement will be in force by May 31, 2002.

k. Make sure that all part-time physician tours of duty reflect current workload.

Response: Concur. Resource needs are based on workload, both historical and projected, as well as projected changes in mission. When possible, full-time permanent staff providers are utilized; however, when recruitment difficulties occur the need to use part-time providers increases. Services to patients are provided in the most efficient, expedient and cost effective method possible utilizing all avenues. These include hiring of permanent full-time staff, part-time staff, contracts, etc. A new review of workload and physician coverage will be completed by July 15, 2002.

l. Establish an annual process to assess the number of part-time physicians needed to complete the current workload and when necessary, adjust the number of part-time physicians to match current workload.

Response: Concur (see response "l" above.)

m. Ensure each part-time physician understands that flextime is still an obligation for services to VA and should be spent at the VA facility. Additionally, managers should consider increasing the amount of core hours to ensure increased patient services.

Response: Concur. By June 10, 2002, the Chief of Staff or designee will communicate to all part-time physicians that flextime is part of obligated time to the facility. Included in this communication will be the need for accurate recording of time on subsidiary time sheets to include flex time. Core hours have been established utilizing VHA policy and regulation for part-time physicians. Tours of duty changes are sent for review and approval through the immediate supervisor and Program Director.

Management Comments

Narcotics Inspection Program

Follow-up Recommendation 6: We recommend that the Medical Center Director:

a. Update local policy and procedures on inspecting controlled substances to include those awaiting destruction.

Response: Concur. The revised local policy was sent to the Executive Committee of the Medical Staff and approved on April 19, 2002. The policy has been signed by the Medical Center Director and is being implemented.

b. Select random inspection dates.

Response: Concur. A revised inspection schedule, which lists random inspection dates for future inspections, has been developed. Inspection sites will be randomly selected so that they will occur at different times of the month.

Medical Care Collection Fund (MCCF)

Follow-up Recommendation 8: We recommend that the Medical Center Director ensure that MCCF staff:

a. Continue to reduce billing lag time and billing backlogs, make required follow-up telephone calls to insurance companies, and identify veterans with insurance coverage to maximize collections.

Response: Concur. Eight coders were hired last year. They are currently working on the backlog. By September 30, 2002 we will be current. One RN is calling on all the high dollar insurance billings, negotiating payments, and sending necessary documentation to insurance companies. By June 30, 2002, all positions will be filled; the Accounts Receivable (AR) section will have four AR technicians with two doing follow-up calls. Patient Information staff is to be increased to help with insurance verification. Completion June 30, 2002.

b. Access the Benefit Delivery Network in order to ensure that the most current C&P award information is available for billing purposes.

Response: Concur. Have requested access from the St. Louis Regional Office and are awaiting notification. When permission is received, the medical center will be use the Benefit Delivery Network to ensure current Compensation and Pension (C&P) award information.

c. Follow-up on identified inappropriate billings and either cancel the billings or refund inappropriate collections to the respective veterans.

Management Comments

Response: Concur. Procedures have recently been changed to more closely monitor action on billing appropriateness. Efforts to decrease back billing, which have also been implemented, should increase billing accuracy.

d. Do not receive any third-party payments. The payments should go to the Agent Cashier for deposit according to VA policy.

Response: Concur. A new policy has been instituted that all payments go to the Agent Cashier from the mailroom. No payments are received in MCCF. To facilitate communication between the Agent Cashier and MCCF, scanners have been purchased.

Communicating Abnormal Test and Procedure Results

Follow-up Recommendation 9: We recommend that the Medical Center Director remind physicians to document receipt of their requested test results and instructions for follow-up care in the medical records once treatment actions are implemented.

Response: Concur. The Chief of Staff has reminded physicians to document receipt of their requested Pathology test results and instructions for follow-up care in the medical records once treatment actions are implemented. This was done on May 9, 2002 by e-mail to all medical staff. Pathology has modified the automated electronic notification software so abnormal Laboratory results go directly to the requesting clinician as well as the Primary Care provider. Pathologists have been reminded that they must call the requesting clinician with abnormal test results and document that this call was made.

Information Technology Security

Follow-up Recommendation 10: We recommend that the Medical Center Director continue to emphasize with all staff the need to exercises computer security practices by periodically reminding them to log off computers when leaving their workstations.

Response: Concur. Employees will be reminded at Town Hall Meetings and with employee newsletters about the importance of Patient Confidentiality. On April 3, 2002, a mailman message was sent to all employees reminding them to log off and secure their workstations when not in use. This mailman message will be a quarterly reminder sent out by the Information Security Officer (ISO) to all employees. In addition, all employees receive annual training on protecting patient privacy/information by the ISO. A daily walk-through of clinic areas is being conducted by the ISO to ensure that patient information is maintained in a secure manner. The VA Police are conducting random

Management Comments

checks of work areas for unsecured workstations. A log is maintained of the workstations that are left unsecured.

Background Investigations

Follow-up Recommendation 11: We recommend that the Medical Center Director ensure:

a. Background investigations are requested and completed for all licensed clinicians hired in the future, as well as for any other employees who are subject to OPM background investigations.

Response: Concur. Background investigations will be requested and completed for all licensed clinicians hired in the future, as well as any other employees hired who are subject to OPM background investigations. The Network Human Resource Officer has established a new written procedure for all human resource liaison offices covering the responsibility, time frames and procedures by which these investigations will be completed. Additionally, the Human Resource Liaison at Kansas City VAMC has established a tracking system using EXCEL to monitor the progress of these investigations for all newly hired employees at the facility.

b. Reviews of the official personnel files of the two previously hired employees are conducted and background investigations are promptly requested. The results of these reviews to be provided to the OIG for follow-up and verification purposes.

Response: Concur. The background investigations for the two previously hired employees have been requested of OPM. One was sent to OPM on April 22, 2002, and the other was sent to OPM on April 29, 2002. Upon receipt, the OPM results and certification will be provided to OIG for follow-up and verification purposes. In addition, the Network Human Resource Officer has established a new written procedure for all human resource liaison offices covering the responsibility, time frames and procedures by which these investigations will be completed.

c. Establish a system that tracks and updates the status of non-citizen visa and work permits at the medical center.

Response: Concur. The Network Human Resource office will utilize a follow-up code in the PAID system to track the status of non-citizen visa and work permit expiration dates. Additionally, the Human Resource liaison at Kansas City VAMC will develop a tracking system using EXCEL to monitor all non-citizen visas and work permits by May 31, 2002. Written notification will be provided to the employee and to their immediate supervisor prior to the expiration of the visa for their follow-up action.

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Government Purchase Cards

Follow-up Recommendation 12: We recommend that the Medical Center Director ensure that the Purchase Card Coordinator trend the results of the monthly audits to identify deficiencies.

Response: Concur. The Purchase Card Coordinator has implemented a process to trend the results of the monthly purchase card audits conducted by the staff accountants. The first trending report will be sent to the Medical Center Director, through the Acting Financial Officer by June 5, 2002.

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