



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

Office of Healthcare Inspections

Report No. 08-02643-42

Combined Assessment Program Review of the Veterans Health Care System of the Ozarks Fayetteville, Arkansas



December 11, 2008

Washington, DC 20420

Why We Did This Review

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

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

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

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Executive Summary

Introduction

During the week of September 9–12, 2008, the OIG conducted a Combined Assessment Program (CAP) review of the Veterans Health Care System of the Ozarks (the medical center), Fayetteville, AR. The purpose of the review was to evaluate selected operations, focusing on patient care administration and quality management (QM). During the review, we also presented fraud and integrity awareness training to 153 medical center employees. The medical center is part of Veterans Integrated Service Network (VISN) 16.

Results of the Review

The CAP review covered eight operational activities. We identified the following organizational strength and reported accomplishment:

- The medical center reduced the number of patient falls.

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

- Require that the Information Security Officer (ISO) or his/her designee participate in environmental rounds and that documentation of participation is complete.

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

- Coordination of Care.
- Emergency Department (ED) Operations.
- Medication Management.
- Pharmacy Operations and Controlled Substances (CS) Inspections.
- QM.
- Staffing.
- Survey of Healthcare Experiences of Patients (SHEP).

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

Comments

The VISN and Medical Center Directors agreed with the CAP review finding and recommendation and provided an acceptable improvement plan. (See Appendixes A and B, pages 11–13, for the full text of the Directors' comments.) The medical center has implemented the improvement plan, and we consider the recommendation closed.

(original signed by:)

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

Introduction

Profile

Organization. The medical center provides inpatient and outpatient health care services in Fayetteville, AR. It also provides outpatient services at a clinic in Branson, MO, and at three community based outpatient clinics in Mt. Vernon, MO, and in Fort Smith and Harrison, AR. The medical center is part of VISN 16 and serves a population of about 130,000 in a primary service area that includes 11 counties in Arkansas, 11 counties in Missouri, and 2 counties in Oklahoma.

Programs. The medical center is a 72-bed facility that provides comprehensive health care through acute medical, surgical, and mental health services. It provides extensive outpatient primary care, medical and surgical specialty, social work, physical therapy, speech pathology, audiology, and dental services.

Affiliations and Research. The medical center is affiliated with the University of Arkansas for Medical Sciences at Little Rock and supports a limited family practice residency program for 15 residents. It also provides training for nursing and other health care professions. Currently, the medical center has no research activities.

Resources. The fiscal year (FY) 2007 medical care budget was \$137 million, and the FY 2008 medical care budget was \$149 million. FY 2007 staffing was 968 full-time employee equivalents (FTE), including 70 physician and 224 nursing FTE.

Workload. In FY 2007, the medical center treated 45,967 unique patients. The inpatient care workload totaled 3,915 discharges, and the average daily census was 55. Outpatient workload totaled 421,163 visits.

Objectives and Scope

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

- Conduct recurring evaluations of selected health care facility operations, focusing on patient care administration and QM.

- Provide fraud and integrity awareness training to increase employee understanding of the potential for program fraud and the requirement to refer suspected criminal activity to the OIG.

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

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

- Coordination of Care.
- ED Operations.
- Environment of Care (EOC).
- Medication Management.
- Pharmacy Operations and CS Inspections.
- QM.
- SHEP.
- Staffing.

The review covered medical center operations for FY 2007 and FY 2008 through September 9, 2008, and was done in accordance with OIG standard operating procedures for CAP reviews. There were no health care recommendations to follow up on from our prior CAP review of the medical center (*Combined Assessment Program Review of the Fayetteville VA Medical Center, Fayetteville, Arkansas, Report No. 05-03126-92, February 17, 2006*).

During this review, we also presented fraud and integrity awareness briefings for 153 employees. These briefings covered procedures for reporting suspected criminal activity to the OIG and included case-specific examples illustrating procurement fraud, conflicts of interest, and bribery.

In this report, we make recommendations for improvement. Recommendations pertain to issues that are significant

enough to be monitored by the OIG until corrective actions are implemented. Activities in the “Review Activities Without Recommendations” section have no reportable findings.

Organizational Strength

Fall Prevention Strategies

The medical center has reduced the number of patient falls and potential injuries. Reduction of falls was accomplished through the use of an interdisciplinary team that implemented multiple prevention strategies, including close observation rooms for patients at risk; apple stickers and purple armbands to assist staff in readily identifying patients with increased risk; red socks with double-sided, non-slip grips to help prevent falls; and a fall risk computer screensaver for staff education. The fall risk assessment template was enhanced to include the prevention strategies, and the Morse Scale—with added questions—is being used to assess patients at risk. As a result, the medical center has significantly reduced the number of falls and potential injuries.

Furthermore, to assist in the reduction of falls in the Home-Based Primary Care Program, the medical center provides physical therapy services to patients who may be at risk.

Results

Review Activity With Recommendation

Environment of Care

The purpose of this review was to determine if the medical center maintained a safe and clean health care environment. The medical center is required to provide a comprehensive EOC program that fully meets Veterans Health Administration (VHA) National Center for Patient Safety, Occupational Safety and Health Administration, and Joint Commission standards. The infection control (IC) program was evaluated to determine compliance with VHA directives based on the management of data collected and processes in which the data was used to improve performance.

We inspected the intensive care unit, the medical and surgical inpatient unit, the telemetry and medicine unit, the mental health inpatient unit, and the primary care clinics. Overall, the medical center was clean and well maintained. The IC program monitored and reported data to clinicians for

implementation of quality improvements. However, we identified one area that needed improvement.

Environment of Care Rounds. Environmental rounds conducted by the medical center inspection team allow each discipline participating on the team to identify and correct discrepancies and deficiencies. Documentation of participation should be complete. However, there was no documentation of attendance by the ISO or his/her designee, as required by local policy.

Recommendation 1

We recommended that the VISN Director ensure that the Medical Center Director requires that the ISO or his/her designee participate in environmental rounds and that documentation of participation is complete.

The VISN and Medical Center Directors agreed with the CAP review finding and recommendation and provided an acceptable improvement plan. The Directors reported that the ISO is now a permanent member of the team conducting environmental rounds and that medical center policy has been amended to reflect that change. The corrective action is acceptable, and we consider the recommendation closed.

Review Activities Without Recommendations

Coordination of Care

The purpose of this review was to evaluate whether inpatient consultations, intra-facility (ward-to-ward) transfers, and discharges were coordinated appropriately over the continuum of care and met local, VHA, and Joint Commission requirements. Coordinated consultations, transfers, and discharges are essential to an integrated, ongoing care process resulting in optimal patient outcomes.

We reviewed the medical records of 12 inpatients who had consults ordered and performed internally. In general, we found that inpatients received consultative services within acceptable timeframes.

We determined that clinicians appropriately managed 12 of 12 (100 percent) intra-facility transfers. We found transfer notes from sending units to receiving units and documentation that nursing assessments were performed by the receiving units in accordance with established timeframes.

Emergency Department Operations

We reviewed 12 medical records of discharged patients and found that all patients received appropriate written discharge instructions. We also found documentation indicating that the patients understood the instructions. We made no recommendations.

The purpose of this review was to evaluate whether VHA facility EDs complied with VHA guidelines related to hours of operation, clinical capability (including management of patients with acute mental health conditions and patients transferred to other facilities), staffing adequacy, and staff competency. In addition, we inspected the ED and triage environments for cleanliness and safety.

The medical center's ED is open 24 hours per day, 7 days per week, as required by policy. The ED is located within the main hospital building, and emergency services provided are within the facility's patient care capabilities. In addition, the medical center has a policy for managing patients whose care may exceed the facility's capabilities.

We reviewed the medical records of patients who presented to the ED with acute mental health conditions and found that the patients were managed appropriately.

We reviewed the medical records of patients who were transferred from the ED to other facilities for care. We determined that inter-facility patient transfers complied with VHA regulations and the medical center's inter-facility transfer policy.

We reviewed the ED nurse staffing plan and time schedules and determined that managers had consistently followed established staffing guidelines for allocating nursing resources. We also found that managers had appropriately documented nursing competencies. We made no recommendations.

Medication Management

The purpose of this review was to evaluate whether VHA facilities had adequate medication management practices. A safe medication management system includes medication ordering, administering, and monitoring.

We reviewed selected medication management processes in the medicinal and surgical inpatient unit, the telemetry and medicine unit, the medical intensive care unit, and the mental health inpatient unit. We reviewed 26 patients'

records for documentation of pain medication effectiveness. We noted that patients who received pain medications were assessed after medication administration and that effectiveness was documented in the electronic medical record, as required by local policy. We found proper management of medications brought into the facility by patients or their families and appropriate use of patient armbands to correctly identify patients prior to medication administration. We made no recommendations.

Pharmacy Operations and Controlled Substances Inspections

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

We reviewed VHA regulations¹ governing pharmacy and CS security, and we assessed whether the medical center's policies and practices were consistent with VHA regulations. We inspected inpatient and outpatient pharmacies for security, EOC, and IC concerns, and we interviewed appropriate Pharmacy Service and Police and Security Service personnel as necessary. Additionally, we reviewed policies and procedures and interviewed appropriate personnel to determine if clinical pharmacists monitored patients prescribed multiple medications to avoid polypharmacy.

Pharmacy Controls. Our review showed that the medical center had appropriate policies and procedures to ensure the security of the pharmacies and CS. CS inspections were conducted according to VHA regulations. Training records showed that the CS Coordinator (CSC), the alternate CSC, and all 22 inspectors received appropriate training to execute their duties. The pharmacies' internal environments were secure, clean, and well maintained. The clean room,² where sterile intravenous medications are prepared, complied with VHA regulations³ and IC standards.

¹ VHA Handbook 1108.1, *Controlled Substances (Pharmacy Stock)*, October 4, 2004; VHA Handbook 1108.2, *Inspection of Controlled Substances*, August 29, 2003; VHA Handbook 1108.5, *Outpatient Pharmacy*, May 30, 2006; VHA Handbook 1108.6, *Inpatient Pharmacy*, June 27, 2006.

² A clean room is a room located in an inpatient pharmacy where the concentration of airborne particles is controlled by proper construction and controlled temperature, humidity, and air pressure.

³ VHA Handbook 1108.6.

Polypharmacy. Pharmacological regimens involving multiple medications are often necessary to prevent and maintain disease states; however, excessive use of medications can result in adverse reactions and increased risks of complications. Polypharmacy is more complex than just the number of drugs that patients are prescribed. The clinical criteria to identify polypharmacy are the use of: (a) medications that have no apparent indication, (b) therapeutic equivalents to treat the same illness, (c) medications that interact with other prescribed drugs, (d) inappropriate medication dosages, and (e) medications to treat adverse drug reactions.⁴ Some literature suggests that elderly patients and mental health patients are among the most vulnerable populations for polypharmacy.⁵

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

Quality Management

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

The QM program was generally effective in providing oversight of the medical center's quality of care. Appropriate review structures were in place for the 15 program activities reviewed. We made no recommendations.

Staffing

The purpose of this review was to evaluate whether VHA facilities had developed comprehensive staffing guidelines and whether the guidelines had been met. We found that the medical center had developed staffing guidelines for nursing, and we found them to be adequate.

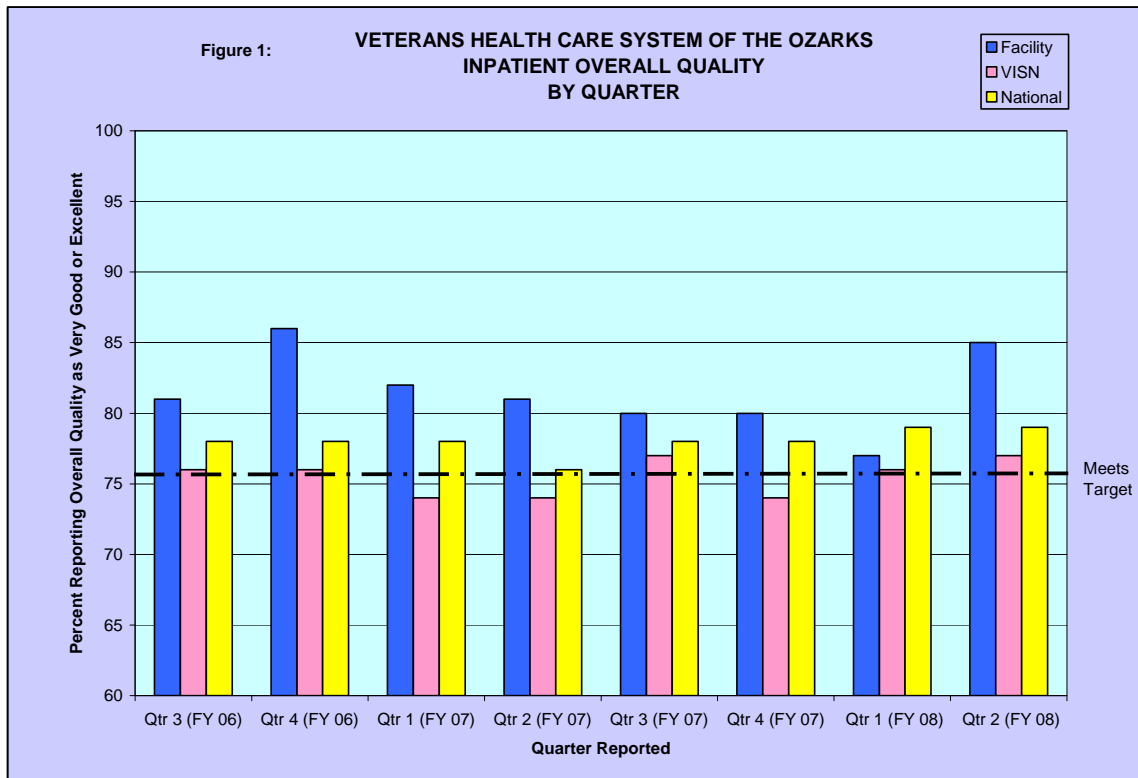
⁴ Yvette C. Terrie, BSP Pharm, RPh, "Understanding and Managing Polypharmacy in the Elderly," *Pharmacy Times*, December 2004.

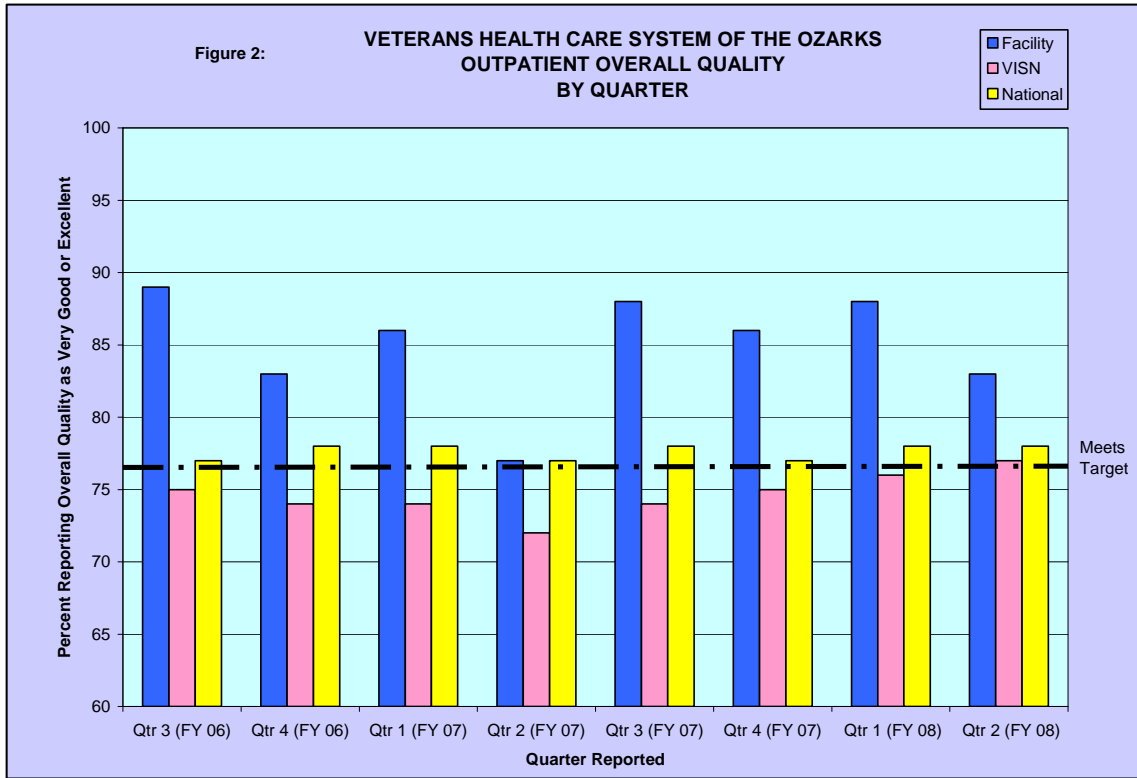
⁵ Terrie, *Pharmacy Times*, December 2004; Vijayalakshmy Patrick, M.D., et al., "Best Practices: An Initiative to Curtail the Use of Antipsychotic Polypharmacy in a State Psychiatric Hospital," *Psychiatric Services*, 57:21-23, January 2006.

The medical center uses hours per patient day (HPPD) as the primary staffing methodology. We reviewed staffing for three patient units for a total of nine shifts. We found that guidelines for nurse staffing were generally met in all areas reviewed and that specific actions had been taken to ensure safe patient care, including the use of overtime when needed. Overall, we found that according to the HPPD model, the medical center had adequate nursing staff. We made no recommendations.

Survey of Healthcare Experiences of Patients

The purpose of this review was to assess the extent that VHA facilities use quarterly survey results of patients' health care experiences with the VHA system to improve patient care, treatment, and services. The Performance Analysis Center for Excellence of the Office of Quality and Performance within VHA is the analytical, methodological, and reporting staff for SHEP. VHA set performance measure (PM) target results for patients reporting overall satisfaction of "very good" or "excellent" at 76 percent for inpatients and 77 percent for outpatients. Facilities are expected to address areas that fall below target scores. Figures 1 and 2 on the next page show the medical center's SHEP PM results for inpatients and outpatients, respectively.





The medical center met or exceeded the target for inpatient and outpatient scores in all 8 quarters of available data. We made no recommendations.

VISN Director Comments

Department of
Veterans Affairs

Memorandum

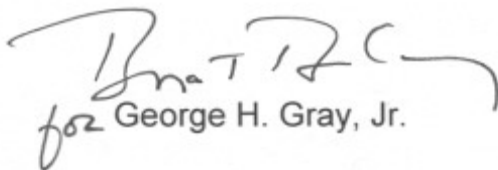
Date: November 7, 2008

From: Director, South Central VA Health Care Network (10N16)

Subject: **Combined Assessment Program Review of the Veterans Health Care System of the Ozarks, Fayetteville, Arkansas**

To: Director, Dallas Healthcare Inspections Division (54DA)
Director, Management Review Service (10B5)

1. The IG CAP draft report has been reviewed by hospital leadership who concur with the report as written. An action plan to address the single finding has been fully implemented.
2. The action plan includes assignment of the facility ISO to the Environmental Rounds team as a permanent member. The medical center policy has been amended to reflect this and to ensure that participation in such rounds is documented. Participation by the ISO has begun.
3. If you have further questions, please do not hesitate to contact Jeri Elizandro, Chief, Quality & Performance Service, Fayetteville VAMC at 479-587-5858.


for George H. Gray, Jr.

Medical Center Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: November 6, 2008

From: Director, Veterans Health Care System of the Ozarks
(564/00)

Subject: **Combined Assessment Program Review of the Veterans
Health Care System of the Ozarks, Fayetteville,
Arkansas**

To: Director, Veterans Integrated Service Network (10N16)

I concur with the finding/recommendation presented in the Fayetteville VA Medical Center OIG CAP Review. Actions taken as a result of this finding can be found on the following page.

(original signed by:)

KATHLEEN R. FOGARTY

Comments to Office of Inspector General's Report

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

OIG Recommendation

Recommendation 1. We recommended that the VISN Director ensure that the Medical Center Director requires that the ISO or his/her designee participate in environmental rounds and that documentation of participation is complete.

Concur

The action plan includes assignment of the facility ISO to the Environmental Rounds team as a permanent member. The medical center policy has been amended to reflect this and to ensure that participation in such rounds is documented. Participation by the ISO has begun.

OIG Contact and Staff Acknowledgments

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