DEPARTMENT OF VETERANS AFFAIRS
Office of the General Counsel
Washington DC 20420

In Reply Refer To:

AUG 3 1 2009

William E. Reukauf
Acting Special Counsel
U.S. Office of Special Counsel
1730 M Street NW
Suite 300
Washington, D.C. 20036-4505
Attn: Catherine A. McMullen, Chief, Disclosure Unit

RE: OSC File No. DI-08-2379

Dear Mr. Reukauf:

This is in response to the August 10, 2009, oral request by Ms. Olare Ayeni and Ms. Jennifer Pennington of your staff that the Department of Veterans Affairs (VA) provide additional information to supplement the report on quality of care concerns at the Bob Stump Medical Center, Prescott, Arizona (OSC File No. DI-08-2379). Specifically, we were asked to provide a list of the individuals interviewed by the Office of the Medical Inspector (OMI). We also were asked to provide information on the status of follow-up actions taken by the Prescott VAMC on the OMI's recommendations.

Enclosed is a list of the individuals who were interviewed. The second page of this document contains details concerning the individuals who were not interviewed and the cases they were linked to that were investigated by the OMI. The second enclosure provides information on the follow-up actions of the Prescott VAMC on the thirteen recommendations by the OMI.

Please let us know if we can be of further assistance.

Sincerely yours,

Walter A. Hall
Assistant General Counsel

Enclosures

Department of Veterans Affairs
Office of the Medical Inspector
Site Visit January 13-15, 2009
List of Interviewees

Medical Center personnel interviewed by OMI:

Susan Angell, PhD - Director
Marianne Locke, Registered Nurse (RN) - Associate Director Patient Care Services
Nancy Palazzi, RN
Christina Jeffers, RN
Janet Strong, RN----CLC Unit Coordinator
Agnes Burch, Certified Nursing Assistant (CNA)
Ralph Delarosa, CNA
Kelly Fisher, CNA
Robin Larson, RN - GEC Service Line Manager
Sue Rogers, RN - Nursing Supervisor
Nancy Burgeson, Licensed Practical Nurse (LPN)
Christina Ramírez, CNA
Cory Devlieger, CNA
Greg Leach, CNA
Joe Harden, CNA
Cheryl Johnson, CNA
Loretta Rizzo, Manager ECRC 1
Karen Martin, Manager ECRC 1
Laurie McCoy, Nurse Practitioner (NP)
Betty Sue Zager, NP
Yvette Hankerson, RN - Manager ECRC 2 (currently is the institutional care manager)
Janet Strong, RN - ECRC 2 Unit Coordinator
Barbara Allgood, RN - Infection Control Nurse
Sharon Dublin, RN--Nursing supervisor
Steven Peterson - Director of Housekeeping
Jimmy Bates, RN--QM Manager
Pam Cook, RN - Risk Manager
Rita Stark, RN - Pt Safety Manager
Greg Areola - Pharmacy
Randy Englin-Bullock, RN – Minimum Data Set Coordinator
Sue Jordan, RN - Bar Code Medication Administration System (BCMA)

Physicians:

Paneer Selavem, MD—Chief of Staff
Joyti Walavalker MD Director of the CLC
Margaret Shamonsky, MD

Patient in CLC:

Tom Heesch

Department of Veterans Affairs
Office of the Medical Inspector
Site Visit January 13-15, 2009
List of Interviewees

Staff not interviewed:

Cathy Bickum, LPN: Allegedly was one of several nurses who gave a patient excessive doses of morphine in a 24 hr period (Index Case #1).

- Status: Resigned.
- OMI interviewed Nancy Palazzi, RN who was also mentioned in this complaint. OMI substantiated the complaint.

Caroline Dugay, RN and Donna Fox, RN: Involved in the incident where a patient received forced air in lieu of oxygen.

- Status: Caroline Dugay transferred to Albuquerque and Donna Fox transferred to Portland, Oregon.
- OMI substantiated that the event involving Index Case #15 did occur. The facility conducted an RCA and instituted appropriate actions for this incident.

Kim Wheeler, RN: She was mentioned by Ms. Bedell as an employee that Ms. Robin Larson, GEC Service Line Manager, allegedly wanted to "fire." She was also mentioned as someone who could report about the short staffing and was also an alleged witness when Sue Rogers, RN supervisor, requested Ms. Bedell to pass meds on CLC-1 because of short staffing. She was mentioned, along with Caroline Dugay, RN and Kim wheeler, RN as witnesses in the allegation that Dr. Walavalker requested that medication be hidden in the patients' food.

- Status: Employee resigned.
- The staffing issues were substantiated during OMI's interview with the Associate Director of Patient Care Services and CLC staff members. It was found that management hired contract nurses and minimized patient census to compensate for the staff shortage.
- The issue of Ms. Sue Rogers requesting Ms. Bedell to pass meds on CLC-1 (first floor) was addressed as Index Case #10 in the report.
- Placing medication in patient's food is addressed in Index Case #3.

Follow-up on OMI Recommendations Resulting from the Investigation of Patient Care Concerns at the Prescott VAMC OSC File Number DI-08-2379

Report Title: Quality of Care Concerns, Veterans Integrated Service Network 18, Bob Stump Medical Center Prescott, Arizona TRIM # 2009-D-297

Date of Final Report: June 11, 2009

Background: At the request of the Under Secretary for Health, the Office of the Medical Inspector (OMI) investigated the complaint (OSC File Number DI-08-2379) lodged with the Office of Special Counsel (OSC) by a registered nurse (RN), formerly employed at the Bob Stump VA Medical Center in Prescott, Arizona (hereafter, the Medical Center). The complainant, a former staff nurse in the Community Living Center (CLC), was employed by the Medical Center for 3 years from April 3, 2005, until her termination on April 22, 2008. She alleged there had been a number of care-related and administrative issues on the unit where she worked.

The OMI team made a site visit to the Medical Center January 13-15, 2009, speaking with the complainant before the site visit and meeting with her in Arizona. On both occasions, the complainant provided additional information to assist the OMI in identifying some of the specific patients involved in the incidents she described. In addition to the concerns detailed in the OSC complaint, the complainant described several other incidents that are addressed in this report as supplemental cases when the individual patients could be identified. The complainant described some events that could not be evaluated because of insufficient information on dates and names. Based on index case reviews, OMI identified several additional cases for evaluation that are identified in the final report as supplemental cases.

The area of greatest concern for the OMI team was the pattern of narcotic use in the hospice. At roughly the mid-point of the site visit, the team met with the Medical Center leadership to review preliminary findings. The team's observations were communicated to Medical Center leadership and a plan for corrective action was implemented immediately. The following day, a review of the medical records of patients then residing in the hospice revealed that the Medical Center had taken appropriate actions to ensure that as-needed orders for narcotics had been modified in accordance with the OMI's recommendations.

Below are the OMI recommendations and the Medical Center's response to them.

1. The Medical Center should obtain ongoing consultative support from the Phoenix VA to review cases and local pain management practices in the CLC and hospice.

Resolution: The Phoenix VA and VISN 18 were contacted for a palliative care physician to review current patient care, including orders and medications, in the Prescott CLC hospice. This physician reviewed all hospice patients' records in Prescott by remote CPRS access on January 16, 2009. He visited Prescott on January 20, 2009 (next business day) for on-site review of hospice patients. He felt that patient care was appropriate and standards of care were met. This physician continues consultation and provides external review as needed.

2. The Medical Center should institute use of a comprehensive admission evaluation instrument to document pain requirements and indicate expected length of survival at admission and document hospice criteria.

Resolution: Nursing has established on patient admission an assessment and documentation process that includes a comprehensive pain assessment and additional provider documentation that includes life expectancy, Palliative Performance Score, Palliative Prognostic Index, and hospice criteria.

3. The Medical Center should ensure that all as-needed (PRN) orders for narcotics should include indications for use, maximum dose per period, and conditions for which the physician should be notified.

Resolution: The provider orders now include indications, appropriate dose intervals, and safeguards such as conditions for which the medication should be held. Pharmacy verifies orders for appropriateness and safety prior to release. Nursing follows these orders and has an established documentation process. Nursing has established a process to identify and notify the provider if the maximum dose is exceeded in a 24-hour period. The CLC Hospice Coordinator runs regular reports to verify compliance. Any non-compliance is immediately corrected. Monthly reports are provided to the community Living Center Performance Improvement Work Group.

4. The Medical Center should ensure that all orders for periodically administered narcotics state conditions for which the medication should be held.

Resolution: Orders for periodically administered narcotics now state the conditions for which medications should be held. This is included in the order set for narcotics. The CLC Medical Director has directed providers that a note is required stating conditions for which the medication should be held if an order set that contains this

information is not used. Pharmacy reviews all narcotic medications and PRN medications in the CLC for appropriateness.

5. The Medical Center should establish a policy (and ensure compliance) that physicians, and other hospice practitioners, write a note whenever narcotic dosage is changed.

Resolution: The CLC Medical Director has directed providers that a note is required whenever a narcotic dosage is changed and a new policy to this effect has been put into place. The Hospice Coordinator reviews a minimum of 30 percent of hospice records for narcotic medication changes to confirm that the corresponding provider note is present. All narcotic orders reviewed that lack a provider's note are reported immediately to the provider and CLC Medical Director. The Hospice Coordinator reports findings monthly to the Service Line Coordinator and the Performance Improvement Work Group. The Medical Center reports 100 percent compliance.

6. The Medical Center should arrange for the CLC Medical Director to receive additional professional development and establish a mentor relationship with an experienced VA hospice physician.

Resolution: The CLC Medical Director was accepted in a clinical scholars program for mentoring in hospice care for one year. The Medical Director went to Palo Alto in February 2009 for ongoing mentoring and consultation with one of their providers. In addition, the Medical Director has ongoing consultation and mentoring by the palliative care physician at the Phoenix VA.

7. The Medical Center should ensure that nurses use the CPRS "pain medication administration" templated note (or a similar template) to document all as-needed narcotic administrations.

Resolution: A hospice PRN pain medication template was created and implemented for use by all licensed staff in the hospice unit in Jan 2009. The template was amended to be more comprehensive in June 2009. The Hospice Coordinator reviews 100 percent of the medical records to ensure the template is being used and reports findings each weekday to the CLC Nurse and Service Line Managers. Any non-compliance identified is resolved immediately and appropriate action taken.

8. The Medical Center should ensure that the CLC nursing staff receive ongoing training on the evaluation of pain (both verbal and non-verbal), indications and options for treating terminal pain, and charting of narcotic use in the hospice setting.

Resolution: CLC nursing staff training for pain evaluation (both verbal and non verbal) is now conducted on an annual basis. Training for hospice staff has been

completed by the Palliative Care Coordinator (PCC). The PCC and the Education Department collaborated on the development of annual education and competency for CLC staff. The Medical Center's Pain Management Policy was reviewed in December 2008 with CLC staff. Hospice staff received extensive training on pain evaluation and management: February 3 (4 RNs), February 10 (2 RNs and 4 LPNs), and February 20, 2009 (4 RNs). Additionally, three RNs and 2 LPNs received training in preparation for the hospice certification exam in August 2009.

9. The Medical Center should ensure that all as-needed (PRN) orders for laxatives should include indications for use, maximum dose per period, and conditions for which the physician should be notified.

Resolution: The CLC Medical Director has directed providers that orders for laxatives should include indications for use, maximum dose per period and conditions for which the provider should be notified. An order template for CLC providers has been developed to facilitate this direction. Pharmacy verifies orders for appropriateness and safety prior to release. The hospice coordinator reviews 30 percent of the hospice charts weekly for compliance which to date has been 100 percent.

10. The Medical Center should ensure that all orders for periodically administered laxatives state that medications should be held/evaluated in the presence of significant diarrhea or abdominal pain.

Resolution: The CLC Medical Director has directed providers that orders for periodically administered laxatives state that medications should be held/evaluated in the presence of significant diarrhea or abdominal pain. Order menus for providers have been developed for these medications to facilitate this direction. Pharmacy verifies orders for appropriateness and safety prior to release. If the order lacks these elements, the pharmacist contacts the provider for corrections and completes the order. The hospice coordinator reviews 30 percent of the hospice charts weekly for compliance which to date has been 100 percent.

11. The Medical Center should ensure that the CLC nursing staff receives ongoing training on the evaluation and treatment of impaction, constipation and diarrhea in the hospice setting.

Resolution: The CLC nursing staff training for evaluation and treatment of impaction, constipation and diarrhea is conducted on an annual basis. Training for hospice staff has been completed by the PCC, who collaborated with the Education Department on the development of annual education and competency for CLC staff. Storyboard and education provided on constipation and impaction for CLC staff was provided in Nov/Dec 2008. This education is ongoing for new employees and new graduates. Hospice staff received education on constipation, impaction and diarrhea; February 3 (4 RNs), February 10 (2 RNs & 4 LPNs), and February 20,

2009 (4 RNs). Staff development has created an education module on diarrhea with a post-test which has been provided to CLC staff.

12. The Medical Center should continue the practice of periodic direct observation of hand washing, medication handling practices, and environmental cleanliness. Leadership should communicate unit-specific results to staff members to encourage compliance and recognize exceptional performance.

Resolution: The CLC Nurse Managers/designees provide direct observation of hand washing, medication handling practices, and environmental cleanliness. Data is aggregated, analyzed, and reported to the Infection Control Committee and Executive Leadership. Results are posted in the CLC and distributed electronically to CLC staff, and staff is recognized for exceptional performance.

13. The Medical Center should review Bar Code Medication Administration (BCMA) error reports and conduct periodic direct observations to ensure that the work practices and new BCMA equipment have minimized the opportunity for consequential error.

Resolution: The BCMA Coordinator runs multiple BCMA reports available to the Nurse Managers daily (Missed Medication), weekly (Double Scan Errors), and monthly (Medication Variance). A fileman report for PRN effectiveness and test for accuracy was created and implemented in February 2009. PRN effectiveness reports are run daily by the RN, reviewed weekly by the Nurse Manager and a report is aggregated and reviewed by the Service Line Manager monthly. The BCMA coordinator makes rounds to observe and assist nurses with issues encountered in BCMA. Medication cart confidentiality checks are done and reported to the nurse managers weekly. Breaches in cart confidentiality are immediately addressed with staff. BCMA work-arounds, both for wristband and medications, are monitored daily and a summary report sent to the Nurse Manager of each unit for appropriate action; to date compliance has been 100 percent.