Department of Veterans Affairs
Office of Inspector General

Office of Healthcare Inspections

Report No. 13-00670-262

Healthcare Inspection

Follow-Up Review of the Pause in Providing Inpatient Care VA Northern Indiana Healthcare System Fort Wayne, Indiana

August 28, 2014

Washington, DC 20420

To Report Suspected Wrongdoing in VA Programs and Operations:
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Executive Summary

The VA Office of Inspector General Office of Health Care Inspections conducted an oversight review to follow up on the published report, *Healthcare Inspection - Review of Circumstances Leading to a Pause in Providing Inpatient Care at the VA Northern Indiana Healthcare System, Fort Wayne, Indiana, Report No. 2013-00670-265* issued on August 2, 2013. The purpose of the review was to evaluate VHA's progress in implementing the action plan outlined in the 2013 report.

In November 2012, Senator Joe Donnelly and Congressman Marlin Stutzman requested the OIG conduct an inspection about the suspension (pause), initiated in October 2012, of all inpatient admissions at the VA Northern Indiana Healthcare System (VANIHCS), Fort Wayne campus (facility). The pause was part of the Veterans Integrated Service Network (VISN) 11 proactive risk management decisions that were warranted based on clinical and administrative circumstances that affected the facility at the time.

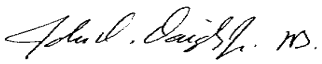
At the time of our follow-up review, 16 medical beds with telemetry capability on the acute medical unit were open; however, the Intensive Care Unit (ICU) remained closed. As a result, the facility did not accept medically complex patients and offered only limited surgical procedures. Consequently, many area veterans continue to receive Non-VA Care.

Although VHA approved the facility's proposal to reopen the ICU as a Level 4 ICU, an official date had not been established as of July 2, 2014. We found the facility has taken actions to actively recruit qualified clinical and leadership staff, but some clinical staff positions needed to be filled prior to the reopening of the ICU and some leadership positions remained vacant.

We recommended the VISN Director ensure continued monitoring and implementation of actions for the reopening of the ICU. We recommended the VISN Director and the VANIHCS Director ensure recruitment efforts continue for vacant leadership and clinical staff positions. We recommended the VANIHCS Director ensure that nursing leaders assess the utilization of the nursing staff to systemically plan assignments during times when the acute medical unit's census is low.

Comments

The VISN and Facility Directors concurred with our recommendations and provided an acceptable action plan. (See Appendixes A and B, pages 12–15 for the Directors' comments.) We will follow up on the planned actions until they are completed.



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

Purpose

The VA Office of Inspector General (OIG) Office of Health Care Inspections conducted an oversight review to follow up on recommendations OIG made in *Healthcare Inspection - Review of Circumstances Leading to a Pause in Providing Inpatient Care at the VA Northern Indiana Healthcare System Fort Wayne, Indiana, Report No. 2013-00670-265* issued on August 2, 2013.[1] The purpose of the review was to evaluate VHA's progress in implementing the action plan outlined in the 2013 report.

Background

The VA Northern Indiana Healthcare System (VANIHCS) consists of two campuses located in Fort Wayne and Marion, IN, and is part of the Veterans Integrated Service Network (VISN) 11.

VANIHCS' catchment area had 35,775 unique patients in March 2014.[2] The Fort Wayne campus (facility) provides outpatient primary care and inpatient medical services. Prior to the pause, the facility had 22 operational medical beds with some telemetry capability and 4 Intensive Care Unit (ICU) operational beds for a total of 26 authorized beds. At the time of our review, the facility had 16 operational medical beds with telemetry capability on the acute medical unit. The Marion campus provides outpatient primary care and mental health (MH) services, inpatient chronic and acute psychiatric care, and community living center services.

In November 2012, Senator Joe Donnelly and Congressman Marlin Stutzman requested the OIG conduct a review related to the suspension (pause), initiated in October 2012, of all inpatient admissions at the facility. The pause did not involve the Marion campus. The pause was part of the VISN's proactive risk management decisions based on clinical and administrative circumstances that affected the facility at the time.

The VISN's active oversight role in implementing the pause and its continued review of the facility's progress has been essential in addressing administrative and clinical actions to ensure high quality health care delivery. The VISN and the facility implemented a phased-in process to return the facility back to operational status for inpatient services. The facility's leaders also initiated communication efforts to inform internal and external stakeholders on the facility's status.

In the 2013 OIG report, we noted that the facility was not at full capacity or at normal operations and recommended that the Veterans Health Administration (VHA) develop a policy for guidance when major clinical services are paused at a VA facility. We also recommended that the VISN Director ensure a review of the facility ICU level of care

[1] http://www.va.gov/oig/pubs/VAOIG-13-00670-265.pdf.
[2] http://www.va.gov/vetdata/glossary.asp. A veteran patient is counted as a unique patient in each division from which they receive care.

and support services be completed to determine the appropriate designation and that qualified clinical staff are available to provide care. Finally, we recommended that the VANIHCS Director ensure that efforts continue to recruit qualified staff for vacant leadership positions, nurse competencies are consistently completed and validated annually, and the facility fully implements the nurse staffing methodology.

Scope and Methodology

Our review was limited to operations at the Fort Wayne campus of the VANIHCS.

We conducted an oversight review on January 28–30, 2014. We interviewed the VISN Director and Chief Medical Officer. We also interviewed VANIHCS leaders, to include the Director, Associate Directors for the Fort Wayne and Marion campuses, Chief of Staff (COS), Chief of Surgery, Associate Director for Patient Care Services, Quality Manager, Resource Manager for Patient Care Services, Chief and Associate Chief of Human Resources, Public Affairs Officer, Chief of Organizational Improvement, and the Patient Advocate. We reviewed VHA directives, facility policies and procedures, administrative documents, nurse competency records, quality management data documents, patient advocate records, and other relevant documentation.

We conducted the inspection in accordance with *Quality Standards for Inspection and Evaluation* published by the Council of the Inspectors General on Integrity and Efficiency.

Inspection Results

Issue 1: VHA Policy Guidance

In our 2013 report, we recommended that VHA develop policy for guidance when major clinical services are paused at a VA facility. In its initial status monitoring report to the OIG in December 2013, VHA responded:

> VHA Directive 2009-001[3] and VHA Handbook 1000.01[4] are VHA's current policies on reductions or changes in major clinical services at a facility. Because these policies can be construed to apply only to permanent changes, VHA will reinforce the Directive and Handbook apply to both temporary (paused) as well as permanent changes and will clarify how to implement them. The Deputy Under Secretary for Health for Operations and Management and the Assistant Deputy Under Secretary for Health for Clinical Operations will provide policy guidance to key leadership during the Network Directors meeting and the Chief Medical Officers/Quality Management Officers meeting.

During our follow-up review, we learned that, in September and October 2013, VHA met with the Chief Medical Officers and Quality Management Officers regarding policy guidance for changes to temporary and permanent major clinical services and reinforced to leaders that VHA Directive 2009-001 and VHA Handbook 1000.01 apply to both temporary and permanent major clinical services changes. We consider this recommendation closed.

Issue 2: ICU Level of Care

In our 2013 report, we recommended that the VISN Director ensure that a review of the facility ICU level of care and support services was completed to determine the appropriate designation. In its initial status monitoring report to the OIG in December 2013, VHA responded:

> Based on data analysis and a review of other information, VANIHCS is in the process of developing a proposal in accordance with the requirements outlined in VHA Directive 2009-001…to reopen the Level 4 ICU. The Network Director and VA Central Office will review this proposal. VANIHCS implemented an ICU Steering Committee to ensure processes, competencies, and staff members are in place to open ICU.

Status of the Facility Action Plan and Operations

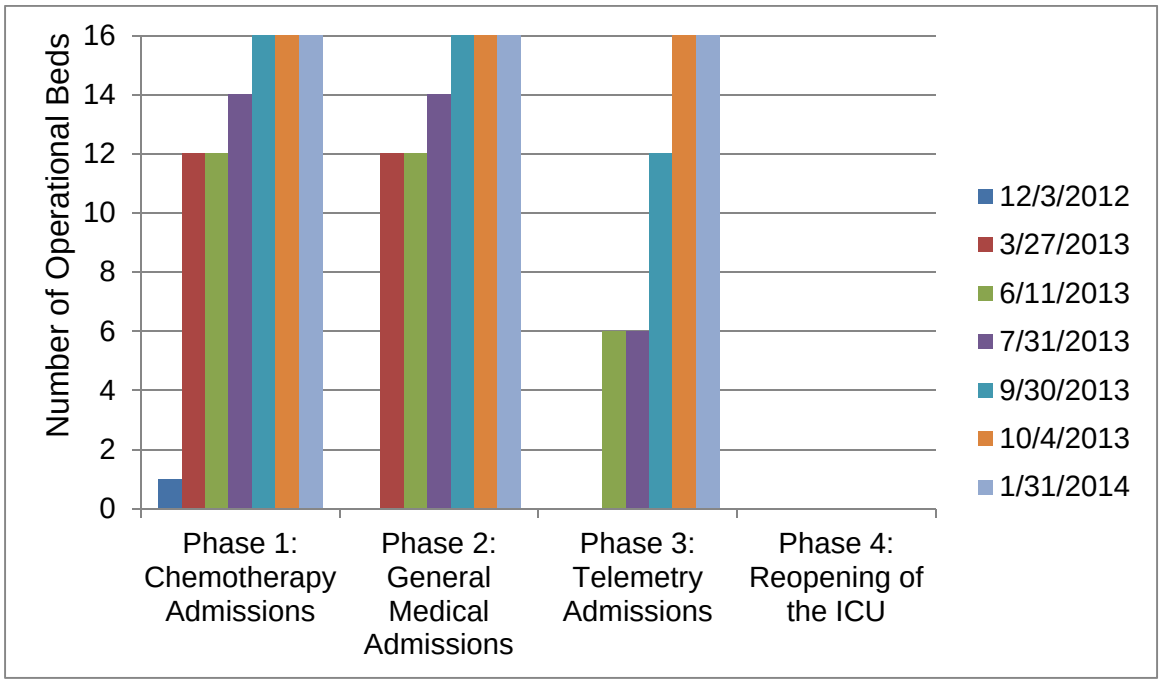
As a result of the pause, the facility developed a four-step, phased inpatient unit plan:

[3] VHA Directive 2009-001, *Restructuring of VHA Clinical Programs,* January 5, 2009.
[4] VHA Handbook 1000.01, *Inpatient Bed Change Program and Procedures,* December 22, 2010.

Phase 1: Admissions to the acute medical unit for chemotherapy
Phase 2: Admissions to the acute medical unit for general medical and surgical care in six-bed increments
Phase 3: Admissions to acute medical unit for telemetry
Phase 4: Reopen the ICU

At the time of this review, Phases 1, 2, and 3 were implemented and Phase 4 was pending. There were 16 operational medical beds with telemetry capability on the acute medical unit. The progressive reopening of the facility's operating beds is displayed in Exhibit 1.

Exhibit 1. Operational Bed Numbers - December 2, 2012 through January 31, 2014[5]



Source: OIG

During our follow-up review, the facility had 16 operational medical beds with telemetry capability on the acute medical unit and the ICU was closed. Because the ICU was closed, admission criteria were strictly defined, and the facility did not accept patients who might possibly require a higher level of care after admission. We also learned surgical procedures were limited because of the ICU closure.

We reviewed average daily census (ADC) data and found the acute medical unit had low ADC and patients who required care beyond the scope of services outlined in the admission criteria were transferred to the community under Non-VA Care.[6]

[5] Exhibit formulated from data provided by the facility.
[6] Non-VA Care is used when VA medical facilities are not "feasibly available." http://www.nonvacare.va.gov

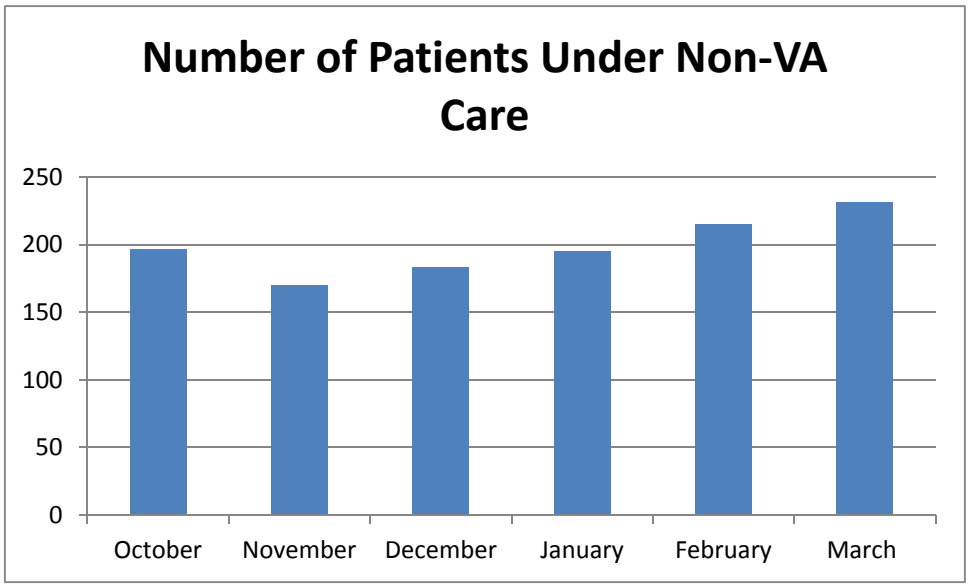
In fiscal year (FY) 2012, the facility's acute medical unit[7] ADC was 15.7. In FY 2013, the ADC was 2.3 patients.[8] From October 1, 2013, through January 31, 2014, the ADC was 5.3 patients.

From January 1 through January 31 2014, the daily patient transfers under Non-VA Care ranged from 0 to 14 patients, and the average daily transfer rate was 5 patients. On January 29, the facility had 0 inpatients. On that day, 2 patients were transferred under Non-VA Care, and 28 patients were already authorized for and receiving Non-VA Care.

The facility reported the cost of total Non-VA Care was approximately $25 million in FY 2012 and $37 million in FY 2013 and was projected to be higher in FY 2014. During interviews, VISN and facility leaders acknowledged that the cost of providing inpatient Non-VA Care while simultaneously staffing a unit with low ADCs was high (per facility report—approximately $4 million in FY 2013) but emphasized the veterans were getting the care they needed.

We determined that, from October 2013 through March 2014, the facility provided non-VA care to 1,190 patients while maintaining 16 beds on the acute medical unit. The number of patients authorized to receive inpatient Non-VA Care from October 2013 through March 2014 is displayed in Exhibit 2.

Exhibit 2. Inpatient Non-VA Care from October 2013 through March 2014[9]



Source: OIG

We interviewed the facility's patient advocate to determine if facility patients had complained about referrals to Non-VA care rather than admission to the facility. The

[7] The facility's acute medical unit had 22 beds during fiscal year 2012.
[8] The pause impacted the overall FY 2013 ADC for the acute medical unit.
[9] Exhibit formulated from data provided by the facility.

patient advocate did not receive any inquiries, complaints, compliments, or concerns related to access of inpatient care at the facility from FY 2013 through March 31, 2014.

Reopening the ICU

VHA has 4 levels of classifications for ICU level of care, which is based on the complexity of the services provided. Level 1 and 2 ICUs provide complex services, a Level 3 ICU provides moderate services, and a Level 4 ICU provides basic services.[10] Prior to the pause, the facility's ICU classification was Level 3.

On February 8, 2013, a facility committee was established and tasked to develop a proposal to reopen the ICU. The ICU proposal plan was initiated on May 20, and on December 18, the facility finalized a detailed proposal to reopen the ICU as a Level 4 ICU.[11] The VISN approved and forwarded the proposal to VA Central Office (VACO) and, on December 27, VACO approved the proposal. The VA Under Secretary for Health approved the ICU proposal on March 13, 2014.

Facility leaders told us that they expect the facility will admit an increased number of patients with more complex medical problems to the acute care medical unit, and surgeons will be able to perform more procedures after ICU services resume. However, as of the date of this report, the ICU remained closed with no official date for its reopening.

Overall, the VISN and the facility have developed and initiated corrective actions to address the phased-in progression of the admission of patients to the acute medical unit for chemotherapy, medical, and telemetry services. Staffing remains at full operational status for the acute medical unit despite the unit's low ADC. The ICU remains closed, and patients continue to be transferred under Non-VA Care. Because the ICU level of care and support services are not fully implemented, this recommendation will remain open.

Issue 3: Qualified Clinical Staff

In our 2013 report, we recommended that the VISN Director ensure qualified clinical staff are available to provide care. In its initial status monitoring report to the OIG in December 2013, VHA responded:

> VANIHCS continues to recruit qualified clinical staff for physician recruitment and all physician and Nurse Practitioner (NP) vacancy announcements are open-continuous and include the maximum allowable recruitment and relocation incentives and an Education Debt Reduction Program incentive as well. VANIHCS has created a physician recruiter position dedicated to filling physician positions and expanded recruitment efforts…

[10] Almenoff, P., Sales, A., Rounds S., et al. *Intensive care services in the Veterans Health Administration.* Chest 2007, 132:1455-62.
[11] Planned ICU services and procedures include ventilator support, arterial lines, and cardioversion.

During our follow-up review, we determined that VISN and facility leaders made active recruitment efforts and used a variety of hiring programs and incentives to identify and employ qualified clinical staff. Facility leaders told us that barriers to hiring qualified applicants were the length of time it took to hire staff, the credentialing clearance process, and difficulty attracting qualified candidates. The facility leaders stated that professional clinical staff recruitment is a continuous process at the facility. We learned the VISN planned to hire a physician recruiter, and the facility had appointed physician, nurse, and administrative recruiters within the human resource department.

Nurse recruitment efforts are ongoing, and from October 11, 2012 through March 19, 2014, the facility hired 19 RNs. The average time between an RN's application date to the employment date is 4 months, and orientation training for nursing staff requires approximately 1 month. Nursing leaders stated that an additional six RN full-time positions would be needed for the ICU to be fully staffed. Based on the average times cited above, it would take 5 months for additional facility ICU RNs to be hired and complete orientation.

We determined corrective actions have been taken to recruit and hire qualified clinical staff positions. Because some clinical staff positions remain vacant, this recommendation remains open.

Issue 4: Recruitment and Appointment of Leadership Positions

In our 2013 report, we recommended that the VANIHCS Director ensure that efforts continue to recruit qualified staff for vacant leadership positions. In its initial status monitoring report to the OIG in December 2013, VHA responded:

> VANIHCS hired an ED Lead Physician, who entered on duty on August 25, 2013. A tentative selection was made for the Chief of MH position and the candidate was notified on November 29, 2013. The COS is in the process of reviewing applicant information for the Assistant Chief, MH position, which is a new position for the leadership team. We continue to recruit for a Chief of Geriatrics and Extended Care position. Recruitment incentives of up to 25 percent are authorized to maximize recruitment efforts as well as making the announcement open-continuous and placed on national job boards. Recruitment expansion has included utilization of VA and VHA resources, utilization of national trade journals and publications, utilization of commercial recruitment web sites, and direct contact with eleven medical schools to search for potential candidates. VANIHCS selected an internal staff member for the Associate Chief Nurse (ACNS) for Operations, and ACNS, Primary Care positions. The previous ACNS for MH and Ambulatory Care has been divided into two separate positions (ACNS, MH and ACNS, Primary Care) to allow increased nursing leadership in each area. The vacant Chief Nurse, MH position was posted December 9, 2013 and includes the maximum allowable use of relocation and recruitment incentives. VANIHCS hired a General Scale-15 Associate Director, who entered on duty October 20, 2013.

During our follow-up review, we determined that several administrative and clinical leadership positions were appointed; however, some of the facility's leadership and management positions continue to be vacant. The exhibit below notes the status of VANIHCS positions as of March 28, 2014:

Exhibit 3. Status of VANIHCS Positions[12]

Vacancy	Offer Date	Start Date
Chief of Extended Care and Rehabilitation Service	Open and Continuous posting	Open
Chief of Primary Care	Open and Continuous posting	Open
Chief of MH	November 29, 2013	March 9, 2014
Assistant Chief for MH	Open	Open
ED Director (An in-house hospitalist was detailed into the ED physician position effective March 18, 2013)	Tentative offer given to selected applicant on February 26, 2014.	Anticipated June 2014

Source: OIG

The facility has expanded recruitment efforts and incentive bonuses to attract qualified candidates for leadership positions; however, the Chief of Extended Care and Rehabilitation and the Assistant Chief of MH Services positions have been open since May 1, 2013. The Chief of Primary Care position was originally filled on March 24, 2013; however, it was again vacant due to the employee's departure from the facility. The facility's effort to increase nursing leadership resulted in appointments to ACNS positions although the ACNS position for MH is currently vacant.

The facility's executive staff believed the stabilization of leadership positions is vital to improving conditions at the facility and acknowledged that recruitment of staff is a continuous process. We determined that corrective actions were taken to recruit and hire qualified staff for leadership positions. Because some leadership positions remain vacant, this recommendation remains open.

Issue 5: Nurse Competencies

In our 2013 report, we recommended that the VANIHCS Director ensure that nurse competencies are consistently completed and validated annually. In its initial status monitoring report to the OIG in December 2013, VHA responded:

> VANIHCS Nursing Service Policy (NS)-2, RN Competency Program has been published (September 2013). The Associate Director for Patient Care Services (ADPCS) completed a 100 percent review of all nurse staff competencies and certified compliance for all RNs, Licensed Practical Nurses, and Nurse Assistants assigned to direct patient care in

[12] Exhibit formulated from data provided by the facility.

> accordance with the unit specific competencies identified for each area of practice as per policy NS-2. A random sample of nursing staff competencies was submitted to the Director for further certification/validation. A memorandum certifying 100 percent validation of nursing competencies was submitted to Veteran Affairs Central Office on November 4, 2013.

During our follow-up review, we determined that in November 2013, the Associate Director for Patient Care Services completed a 100 percent validation of all nurse staff competencies.

In January 2014, we reviewed 12 nurse competency folders which included RNs, Licensed Practical Nurses, and nurse assistants. We evaluated nurse competency documentation to determine whether key elements on annual assessments included dates, methods used to determine competency, and employee's plus supervisor's signatures. We found that all 12 folders generally met requirements.

Corrective actions were taken and the facility generally met requirements. We consider this recommendation closed.

Issue 6: Nurse Staffing Methodology

In our 2013 report, we recommended that the VANIHCS Director ensure that the facility fully implements the nurse staffing methodology and complete all required steps. In its initial status monitoring report to the OIG in December 2013, VHA responded:

> VANIHCS has implemented all requirements of the nurse staffing methodology and ensured the numbers, types, and assignments of nursing personnel are consistent with VHA directive and facility strategic plans. VANIHCS Nursing Service Policy NS-49, Staffing Methodology for Nursing Personnel, has been published (August 2013). A Facility Expert Panel completed all required Staffing Methodology Training.

During our follow-up review, we determined that the facility had fully implemented the nurse staffing methodology and generally met requirements consistent with the relevant VHA Directive.[13] Because the facility fully implemented the nurse staffing methodology and generally met requirements, we consider the original recommendation closed.

We evaluated the facility's nurse staffing levels for the acute medical unit and found that recommended nurse staffing levels were consistently above the targeted levels, and the facility did not have a formal plan and tracking system to fully utilize staff when the unit's census is low.

Facility leaders reported that nurse staffing levels are maintained for the acute medical unit at an operational standard of an ADC of 16 patients, regardless of the actual workload. As a result of the low ADC on the acute medical unit, the unit nursing staff

[13] VHA Directive 2010-034, *Staffing Methodology for VHA Nursing Personnel*, July 19, 2010.

have been detailed to the Non-VA Care program or the Oncology clinic. Additionally, the unit nursing staff have assisted in updating local policies and procedures, and participated in educational opportunities such as completion of competencies, mock drills, and simulations. Facility leaders emphasized that these nurse activities will ensure preparation of qualified, skilled staff when the facility is at full operational capacity.

We recommended that nursing leaders assess the utilization of the nursing staff to systemically plan assignments during times when the acute medical unit's census is low.

Conclusions

We determined that the VISN and facility leaders have exercised appropriate oversight and implemented corrective actions to their infrastructure to resolve some of the conditions identified in the 2013 OIG report.

VHA reinforced to leaders that previously published clinical program and bed change policies and directives apply to both temporary and permanent major clinical services changes. The original Recommendation 1 is closed.

As the ICU remains closed, the type of patients admitted to the acute medical unit is limited and patients are transferred to the community under Non-VA Care. The lack of an ICU also hampers the facility's ability to perform some surgical procedures. The facility completed a proposal that included the analysis and evaluation of required equipment, procedures and services, and staffing prior to the reopening of an ICU. VACO approved the proposal and action items are ongoing. An official date of reopening the facility's ICU had not been established as of July 2, 2014.

The facility has taken actions to actively recruit leadership positions and qualified clinical staff. However, some leadership positions remain vacant and clinical staff positions will need to be appointed prior to the reopening of the ICU. The original Recommendations 2, 3, and 4 will remain open for continued monitoring of actions to ensure the level of care, clinical staff, and leadership positions are adequately identified and resolved.

We found that nurse competencies are now consistently completed and validated and consider the original Recommendation 5 closed. Because the facility fully implemented the nurse staffing methodology and generally met requirements, we consider the original Recommendation 6 closed. However, we made a new recommendation that nursing leaders assess the utilization of the nursing staff to systemically plan assignments during times when the acute medical unit's census is low.

Recommendations

Three original recommendations remain open, and a new nurse staffing recommendation has been added. We will follow up on VISN 11 and VANIHCS planned corrective actions until completed.

1. We recommended that the Veterans Integrated Service Network Director ensure continued monitoring and implementation of actions for the reopening of the Intensive Care Unit.

2. We recommended that the Veterans Integrated Service Network Director ensure that efforts continue to recruit qualified clinical staff to provide care.

3. We recommended that the VA Northern Indiana Healthcare System Director ensure that efforts continue to recruit qualified staff for vacant leadership positions.

4. We recommended that the VA Northern Indiana Healthcare System Director ensure that nursing leaders assess the utilization of the nursing staff to systemically plan assignments during times when the acute medical unit's census is low.

Appendix A

VISN Director Comments

Department of Veterans Affairs **Memorandum**

Date: July 2, 2014

From: Director, Veterans In Partnership Network (10N11)

Subject: **Draft Report—Healthcare Inspection-Follow-Up Review of the Pause in Providing Inpatient Care, VA Northern Indiana Healthcare System, Fort Wayne, IN**

To: Director, Region Office of Healthcare Inspections (54KC)

Director, Management Review Service (VHA 10AR MRS OIG Hotline)

1. I concur with the findings and recommendations in the report.

2. If you have any questions regarding the responses and actions to the recommendations in the report, please contact me.

Thank you
Tony Zapata For
Paul Bockelman, FACHE
Network Director, VISN 11

Appendix B

System Director Comments

Department of Veterans Affairs **Memorandum**

Date: July 2, 2014

From: Director, VA Northern Indiana Health Care System, Fort Wayne, IN (610A4/00)

Subject: **Draft Report—Healthcare Inspection-Follow-Up Review of the Pause in Providing Inpatient Care, VA Northern Indiana Healthcare System, Fort Wayne, IN**

To: Director, Veterans In Partnership Network (10N11)

I concur with the VA Northern Indiana Healthcare System's response and action plans as detailed within this report.

Thank you,

Denise M. Deitzen, Director

Comments to OIG's Report

The following Director's comments are submitted in response to the recommendations in the OIG report:

OIG Recommendations

Recommendation 1. We recommended that the Veterans Integrated Service Network Director ensure continued monitoring and implementation of actions for the reopening of the Intensive Care Unit.

Concur

Target date for completion: October 28, 2014

Facility response: A copy of the Proposal to re-open Intensive Care Unit, which was approved by the Under Secretary for Health on March 13, 2014, was submitted to the OIG on March 28, 2014. VA Northern Indiana Healthcare System's internal work group target to reopen Intensive Care Unit is Fall, 2014. VA Northern Indiana Healthcare System is in the process of finalizing policies, procedures, and competencies prior to opening.

Recommendation 2. We recommended that the Veterans Integrated Service Network Director ensure that efforts continue to recruit qualified clinical staff to provide care.

Concur

Target date for completion: October 28, 2014

Facility response: VA Northern Indiana Healthcare System continues to actively recruit qualified staff for clinical staff to provide care. Below is a status update of provider recruitment/hiring information for the timeframe of April 30, 2013 thru June 18, 2014.

- Associate Chief of Staff for Primary Care.
- Two Hospitalists have scheduled Enter on Duty dates.
- One full-time Emergency Room Physician position was filled.
- We have added a new position of Deputy, Chief of Staff to the organizational structure and are actively recruiting for this position.
- One Physician who previously worked Nights part-time is now a full-time Night Shift Physician.
- A tentative offer has been extended to a provider who was interviewed for the Intensive Care Unit Physician Director vacancy.
- VA Northern Indiana Healthcare System advertises on USAJobs, New England Journal of Medicine, The Journal of the American Medical Association, Medical Job Network, and several other Healthcare web sites; in addition to, advertising on 55 general recruitment web sites.

Recommendation 3. We recommended that the VA Northern Indiana Healthcare System Director ensure that efforts continue to recruit qualified staff for vacant leadership positions.

Concur

Target date for completion: October 28, 2014

Facility response: VA Northern Indiana Healthcare System continues to actively recruit qualified staff for vacant leadership positions. Below is a status update of provider recruitment/hiring information for the timeframe of April 30, 2013 thru June 18, 2014.

- Associate Chief of Staff for Primary Care.
- We have added a new position of Deputy, Chief of Staff to the organizational structure and are actively recruiting for this position.
- A tentative offer has been extended to a provider who was interviewed for the Intensive Care Unit Physician Director vacancy.
- VA Northern Indiana Healthcare System advertises on USAJobs, New England Journal of Medicine, The Journal of the American Medical Association, Medical Job Network, and several other Healthcare web sites; in addition to, advertising on 55 general recruitment web sites.

Recommendation 4. We recommended that the VA Northern Indiana Healthcare System Director ensure that nursing leaders assess the utilization of the nursing staff to systemically plan assignments during times when the acute medical unit's census is low.

Concur

Target date for completion: August 20, 2014

Facility response: VA Northern Indiana Healthcare System will develop a process to redeploy nursing staff at a minimum of 14 day interval assignments to better match census demands and organizational efficiencies while addressing staff satisfaction.

Appendix C

OIG Contact and Staff Acknowledgments

Contact	For more information about this report, please contact the OIG at (202) 461-4720.
Contributors	Cindy Niemack-Brown, CMSW, LMHP, Team Leader Stephanie Hensel, RN, JD Thomas Jamieson, MD James Seitz, RN, MBA

Appendix D

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