



Office of Inspector General

Combined Assessment Program Review of VA Eastern Kansas Health Care System

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VA Office of Inspector General Combined Assessment Program Reviews

Combined Assessment Program (CAP) reviews are part of the Office of Inspector General's (OIG's) effort 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. CAP review teams perform independent and objective evaluations of key facility programs, activities, and controls:

- Healthcare inspectors evaluate how well the facility is accomplishing its mission of providing quality care and improving access to care, with high patient satisfaction.
- Auditors review selected financial and administrative activities to ensure that management controls are effective.
- Investigators conduct fraud and integrity awareness briefings to improve employee awareness of fraudulent activities that can occur in VA programs.

In addition to this typical coverage, a CAP review may examine issues or allegations that have been referred to the OIG by facility employees, patients, members of Congress, or others.

Combined Assessment Program Review of VA Eastern Kansas Health Care System

Executive Summary

Introduction. The Office of Inspector General (OIG) conducted a Combined Assessment Program (CAP) review of the VA Eastern Kansas Health Care System (EKHCS). The OIG CAP team visited the EKHCS from August 21 - 25, 2000. The purpose of the review was to evaluate selected EKHCS operations, focusing on patient care and quality management, as well as financial and administrative management controls. During the review we also provided Fraud and Integrity Awareness training for EKHCS employees.

The EKHCS is an integrated facility comprised of two main campuses; the Dwight D. Eisenhower VA Medical Center (VAMC) in Leavenworth, Kansas, and the Colmery-O'Neil VAMC in Topeka, Kansas. The EKHCS is a 221-bed primary medical and mental health care facility with a 174-bed Nursing Home Care Unit (NHCU) and a 25-bed Psychosocial Residential and Rehabilitation Treatment Program. There is also a 178-bed domiciliary at the Leavenworth campus. The EKHCS also operates community-based outpatient clinics (CBOCs) in Ft. Scott and Kansas City, Kansas, and St. Joseph, Missouri, and 10 medical outreach clinics (MORCs) in Kansas and Missouri. The EKHCS's Fiscal Year (FY) 2000 budget was \$138.7 million, and the staffing level was 1,638.5 full-time equivalent employees (FTEE). In FY 1999, EKHCS clinicians treated: 5,250 medical, physical medicine and rehabilitation, surgical, and psychiatric patients; 469 nursing home patients; 821 domiciliary patients; and provided 314,077 outpatient visits.

Patient Care and Quality Management. EKHCS managers' attitudes and actions supported quality management (QM) and performance improvement (PI). The EKHCS had comprehensive, well-organized QM and PI programs that effectively coordinated patient care activities and properly monitored the quality of care. However, some issues related to patient care activities, environmental conditions, and managers' communication with employees needed attention.

We suggested that the EKHCS Director: (a) reduce waiting times for various specialty clinics such as urology, eye, dermatology, dental, and hepatitis; (b) incorporate an appropriate level of review for CBOCs and MORCs; (c) provide timely vaccinations in the Hepatitis Clinic; (d) optimize the physical layout and storage space of the Emergency Room, the Operating Room, and the intensive care areas; (e) improve emergency crash cart maintenance; (f) document periodic checks of NHCU WanderGuard™ sensors; and (g) provide additional training to acute medicine ward nursing staff on selected cardiac arrest team responsibilities. We also suggested that the EKHCS Director address the following issues: (a) employees' perceptions that the awards and recognition program was unfair; and (b) employees' perceptions that communication of new policies and assignments needed improvement.

Financial and Administrative Management. The EKHCS's financial and administrative activities were generally operating satisfactorily and management controls were generally effective. To improve operations, we suggested that the EKHCS Director: (a) improve means testing activities; (b) enhance various aspects of the agent cashier function; (c) enhance various aspects of controlled substances accountability and pharmacy security; (d) monitor the effectiveness of actions taken to improve the timeliness of processing Medical Care Collection Fund billings; and (e) ensure that accounts receivable follow-ups are documented.

Fraud Prevention. EKHCS managers fully supported fraud prevention efforts. As part of our review, we provided Fraud and Integrity Awareness briefings to 110 EKHCS employees.

EKHCS Director Comments. The EKHCS Director concurred with the CAP review findings. He provided acceptable plans to take corrective action. (See Appendix II for the full text of the EKHCS Director's comments.) We consider all CAP review issues to be resolved but may follow up on implementation of planned corrective actions.

(Original signed by:)

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Introduction

VA Eastern Kansas Health Care System

The VA Eastern Kansas Health Care System (EKHCS) is one of seven medical facilities in Veterans Integrated Service Network (VISN) 15. The EKHCS is comprised of the Dwight D. Eisenhower VA Medical Center (VAMC) in Leavenworth, Kansas, and the Colmery-O'Neil VAMC in Topeka, Kansas. It serves as the primary health care provider for more than 104,000 veterans in eastern Kansas and northwest Missouri. EKHCS clinicians provide primary through secondary care in general medicine, physical medicine and rehabilitation, and surgery, and primary through tertiary care in psychiatry, substance abuse, and post-traumatic stress disorder treatment. The system also provides extended nursing home and domiciliary care, and operates 3 community-based outpatient clinics (CBOCs) and 10 medical outreach clinics (MORCs) in Kansas and Missouri.

Affiliations and Programs. The EKHCS is affiliated with the Karl Menninger School of Psychiatry and the University of Kansas School of Medicine, in addition to independent dental and podiatry programs. The health care system has approximately 100 active agreements with educational institutions for approximately 900 students associated with nursing, social work, psychology, and pharmacy.

Resources. The Fiscal Year (FY) 2000 budget was \$138.7 million. Staffing totaled 1,638.5 full-time equivalent employees (FTEE), compared with 1,892 in FY 1997. The EKHCS had 221 hospital beds, 174 nursing home beds, 178 domiciliary beds, and 25 Psychosocial Residential and Rehabilitation Treatment Program (PRRTP) beds authorized, as of the third quarter of FY 2000.

Workload. In FY 1999, EKHCS clinicians provided 77,223 inpatient days of care to 5,250 medical, physical medicine and rehabilitation, surgical, and psychiatric patients; 62,113 inpatient days of nursing care to 469 nursing home patients; and 57,917 inpatient days of care to 821 domiciliary patients. The average daily patient census in each bed section was 34 medical, 2 rehabilitation, 6 surgical, 132 psychiatric, 170 nursing home care, and 159 domiciliary care. The outpatient care workload was 314,077 visits.

Objectives and Scope of the Combined Assessment Program (CAP) Review

The purposes of the CAP review were to evaluate selected clinical, financial, and administrative operations, and to provide Fraud and Integrity Awareness training to EKHCS employees.

Patient Care and Quality Management (QM) Review. We reviewed selected clinical activities with the objective of evaluating the effectiveness, appropriateness, and safety of patient care and QM. Patient care management is the process of planning and delivering patient care and includes patient-provider interactions, coordination between care providers, and ensuring staff competence. The QM program is comprised of a set of integrated processes that are designed to monitor and improve the quality and safety of patient care and to identify, evaluate, and correct actual or potential circumstances that may harm patients or otherwise adversely affect patient care. QM includes risk management, resource utilization management, total quality improvement, and coordination of external review activities.

To evaluate the patient care and QM programs: we inspected patient care areas; reviewed pertinent QM and clinical records; and interviewed managers, employees, and patients. We used questionnaires and interviews to evaluate employee and patient satisfaction and solicited their opinions and perceptions about the quality of care and the treatment process. We reviewed the following EKHCS patient care areas and support programs:

Primary Care Service Line	Surgical and Diagnostic Care Service Line
Acute Care Medicine	Surgery Division
Physical Medicine & Rehabilitation	Radiology Division
Prosthetics	Pathology & Laboratory Division
Ambulatory Care Service	
CBOCs and MORCs	Clinical Support Service Line
Nursing Home Care Units	Nutrition Planning and Production
Domiciliary Care Therapy	Pharmacy
	Education and Medical Media
Behavioral Health Service Line	Life Enrichment (Recreation)
Substance Abuse Treatment Program	Religious and Pastoral Care
Acute & Long Term Mental Health	Voluntary Service
Post-traumatic Stress Disorder Program	
Psychosocial Rehabilitation and Residential Treatment Program	Quality Management and Performance Improvement (QM&PI) Department
	Patient Representative Program
	Infection Control Program

Financial and Administrative Management Review. We reviewed selected administrative activities, with the objective of evaluating the effectiveness of management controls. These controls are the policies, procedures, and information systems used to safeguard assets, prevent and detect errors and fraud, and to ensure that organizational goals and objectives are met. In performing the review, we inspected work areas, interviewed managers and employees, and reviewed pertinent financial, administrative, and clinical records. The review covered the following 17 financial and administrative activities and controls:

Agent Cashier Operations
Pharmacy Security
Lease Agreements
Community Nursing Home Contracts
Printing Practices
Automated Information System Security
Construction Planning
Medical Care Collection Fund
Fee Basis Controls

Inventory Management
Means Test Certification
Purchase Card Program
Accounts Receivable
Controlled Substances Inspections
Unliquidated Obligations
Equipment Accountability
Service Contracts

Fraud and Integrity Awareness Training. We conducted 4 Fraud and Integrity Awareness Briefings, two at each division, for 110 EKHCS employees. The briefings included case-specific examples illustrating procurement fraud, false claims, conflicts of interest, and bribery.

Scope of Review. The CAP review generally covered EKHCS operations for FY 1999 and the first half of FY 2000. The review was done in accordance with the VA Office of Inspector General's standard operating procedures for conducting CAP reviews.

Results and Recommendations

Patient Care and Quality Management

Patient Care and Quality Management Were Generally Effective

We concluded that EKHCS' patient care, and Quality Management (QM) and Performance Improvement (PI) programs were comprehensive and generally well managed, and that clinical activities were generally operating effectively. The EKHCS has several exemplary patient care programs such as the Domiciliary's Reveille House transitional housing program, which received VA's Scissors Award in 1999, and the bar code medication administration program, which the Topeka Division pioneered for VA.

The QM Program Was Comprehensive and Well Organized. The EKHCS' QM & PI Department, organizationally aligned under the Office of the Director, included utilization review, performance improvement, risk management, and coordination of administrative boards of investigations. The QM & PI Program Director is in the process of integrating the Topeka and Leavenworth Divisions' QM & PI programs. Areas that we reviewed included: incident reports, administrative investigations, root-cause analyses (RCA) and focused reviews, tracking of external review recommendations from organizations such as the Joint Commission on Accreditation of Healthcare Organizations and the OIG, and tort claims.

- We found that QM & PI Department employees effectively identified opportunities for improvement, tracked results, and generally ensured appropriate follow-up on recommended corrective actions. We made two suggestions for improving the focused review and administrative investigation processes: (a) ensure actions taken to implement approved recommendations are properly documented; and (b) review the levels of disciplinary actions recommended for physicians and non-physicians, resulting from administrative investigations, to ensure that the system treats employees equitably. The EKHCS Director concurred with our suggestions and agreed to: (a) develop a mechanism to document actions taken to implement approved recommendations and (b) review levels of recommended disciplinary actions for physicians and non-physicians.
- We found that QM & PI Department employees were proactive, conducting reviews, and working closely with ward employees to identify potential complaints, errors, or vulnerabilities. QM employees conducted ongoing education programs for EKHCS employees on incident reporting and documentation and were in the process of orienting pertinent employees to the RCA methodology, including Severity Assessment Coding.

- The Credentialing and Privileging (C&P) Program was housed at the Leavenworth Division under the EKHCS Chief of Staff's supervision, but VISN 15 employees provided C&P actions for all the VISN's eastern cluster of medical centers.
- The EKHCS Patient Representative Program, organizationally aligned under the EKHCS Director, tracked and trended contacts and follow-ups with EKHCS patients and families and distributed results to appropriate committees and services.
- The EKHCS Infection Control Program, consisting of an infection control nurse for each EKHCS division, was generally effective in fulfilling its patient and staff safety and educational objectives, but had opportunities for improvement as detailed later in this report.
- Various clinical service lines' staff meetings minutes, and minutes from meetings of the EKHCS Executive Committee of the Medical Staff, and the EKHCS Performance Improvement Leadership Council (PILC) showed that QM & PI monitoring was comprehensive and generally effective. However, as outlined below, we found several opportunities for improvement of the QM & PI Programs. These findings were well received by EKHCS managers.

During our CAP review, service line and QM & PI Program managers provided evidence that they had initiated corrective actions on some issues we noted during the review. We concurred with these actions and did not make any suggestions or recommendations for their correction. Other highlighted patient care oversight and environmental care issues also did not require formal recommendations, but warranted EKHCS managers' attention.

Most EKHCS Patients and Employees Were Satisfied With the Quality of Care.

We interviewed EKHCS top managers, 15 clinical managers, and 133 patients. We also sent questionnaires to 310 randomly selected full-time employees, 183 (59 percent) of whom responded. The results of our surveys and interviews showed that:

- 94 percent of the EKHCS employees and 97 percent of the patients rated the quality of care provided to patients as good, very good, or excellent.
- 81 percent of the employees and 93 percent of the patients would recommend receiving care at the EKHCS to family members or friends.
- 55 percent of the employees felt that there was not sufficient staffing to provide care to all patients who needed it.

Top managers and clinical managers advised us that they were aware of the staffing shortages. To address these staffing shortages they were working to fill essential positions and reorganizing to improve efficiency within their VISN funding.

Patients Transferred From Closed Nursing Home Care Unit (NHCU) Beds to the Domiciliary Met the Health Maintenance Program Admission Criteria. The Leavenworth Division's NHCU was downsized from 80 beds to 40 beds on March 1, 2000. Some EKHCS employees had expressed concerns to us that a significant number of the 18 NHCU patients who had been transferred from the NHCU to the Domiciliary were at an inappropriately low level of care for their needs. We reviewed these patients' medical records and concluded that all of the patients were appropriately cared for in the Domiciliary's Health Maintenance Program. Also, all of these patients told us that they were pleased with their care and physical environment.

Management Should Address Various Patient Care Oversight, Environment, and Safety Issues

Patient Care Oversight

Waiting Times for Some Specialty Clinics Should Be Reduced. Some EKHCS employees and patients reported excessive waiting times for various specialty clinics at both the Topeka and Leavenworth Divisions. According to June 2000 Veterans Health Administration (VHA) Performance Measure data, the two highest outlier specialty clinics were the Urology Clinic at 182 days and the Ophthalmology Clinic at 99 days. Patients and employees perceived that waiting times for the Dermatology and Dental Clinics were too long as well. Managers were aware of the waiting-time outlier clinics, because they are tracked quarterly under the VHA Performance Measure program at the VISN and facility levels. Management was taking action to resolve the length of patient waiting times. For example, the Ophthalmology Clinic's extended waiting times had been improved with the recent addition of an ophthalmologist to the staff at the Leavenworth Division. Also, waiting times in the Dental Clinics were expected to improve with approved plans to utilize two full-time dentists at each EKHCS division.

Following our CAP visit, the EKHCS Director stated that management efforts continued to decrease waiting times in specialty clinics. All urgent, and life and organ-threatening issues are addressed promptly. An additional clinic was added for urology appointments, and consideration was being given to opening additional clinic times for the specialty. With regard to eye care, a comprehensive, organized approach for the provision of care was created as part of the integration process within the Surgical and Diagnostic Care Service Line and these changes should result in decreased waiting times. Further, Surgical and Diagnostic Care Service Line and Primary Care Service Line leaders were working together in defining their specific roles in management of these specialty clinic needs through meetings, education, and consultative processes. With regard to the provision of dental care, three dentists were now on staff and waiting times were decreasing. In addition, the health care system was planning to submit a staffing request to the VISN for an additional dentist. With regard to dermatology, the EKHCS was working with the University of Kansas to determine if increased coverage could be provided to reduce waiting times. The EKHCS refers a significant number of veterans for dermatology care to the Truman Medical Center on a contract basis.

The EKHCS Needs To Incorporate an Appropriate Level of Review of Its CBOCs and MORCs. The Primary Care Service Line operates in an interdisciplinary mode. Service line managers hold monthly staff meetings in which participants discuss findings from PI monitors. Utilizing VA-wide outpatient performance measures such as the Preventive Index and the Chronic Disease Index, VHA's contract External Peer Review Program (EPRP) systematically sampled patient records for review from the EKHCS hospital-based clinics. However, in most fiscal quarters the contractor reviewed no more than two patient records from each of the CBOCs and MORCs. In August 1999, the EKHCS QM & PI Department conducted a pilot internal review program for one fiscal quarter, using the same EPRP criteria. The EKHCS internal review results indicated that the CBOCs and MORCs were performing at a level generally exceeding the scores in the EKHCS hospital-based clinics. However, the internal review program was not incorporated into the EKHCS Primary Care Service Line's ongoing review system and no recommendations or actions were made on the basis of the pilot program. We suggested, and the EKHCS Director agreed, to have the Primary Care Service Line incorporate the pilot internal review program as part of its quality and performance improvement program.

The Infection Control Program's Hepatitis Clinic Could Provide More Timely Care. We identified an opportunity for managers to improve the administration of Hepatitis A & B vaccines to outpatients. When the infection control nurse (who operates the Hepatitis Clinic) identifies an appropriate patient to receive the vaccines, the patient is required to go through an administrative process that sometimes takes weeks or months to complete. In one such case, the infection control nurse evaluated a domiciliary patient in early July 2000, but he did not receive his first hepatitis vaccine injection until late August. In another case, Pharmacy employees mailed the vaccine to a veteran's home instead of having the infection control nurse administer the vaccine. We suggested that EKHCS managers explore methods to initiate the vaccine series immediately after identifying appropriate patients. Following our CAP visit, the EKHCS Director resolved this issue by enabling the infection control nurse to order the vaccine for patients in the clinic. The orders are covered by protocol and the vaccine can be administered immediately. Subsequent doses are scheduled through the Nurse Only Clinic. In addition, the vaccine is now stocked in the Care Clinics and is no longer written as an outpatient prescription. This eliminates the problem of vaccine being mistakenly mailed to a veteran's home.

Patient Care Environment

The Physical Layout of One of the EKHCS Division's Emergency Rooms Should Be Optimized for Urgent Patient Care. The Leavenworth Division's Emergency Room (ER) was small, cluttered with equipment and operating supplies, lacked storage space, and lacked patient privacy. These conditions increase the vulnerability of patients and employees to incur injuries or unintentional medical errors during emergency treatment episodes. The facility is used by veterans and is also used to provide urgent care to active duty Fort Leavenworth military personnel after normal business hours, under a

recently negotiated contract. This latter action added to the complexity and workload of the area. The facility uses appropriate military health care contract employees to staff the ER. We assessed the environment as not being conducive to optimum patient care and satisfaction, particularly considering these recent changes in workload. We suggested that EKHCS managers evaluate the ER and adjoining “triage room” physical layouts in order to optimize the available space. The EKHCS Director concurred with our suggestion and agreed to develop a project to correct identified conditions.

The Operating Room and Intensive Care Areas Had Inadequate Storage Space and Environmental Deficiencies That Compromised Infection Control. EKHCS Operating Room (OR) space was inadequate. OR equipment and supplies were routinely stored with clean or sterile equipment due to the lack of space. The flash sterilizer was located in the sterile supply room and the dirty utility room housed clean supplies such as suction canisters and specimen jars. Other concerns about infection control included the use of a window air conditioning unit in the OR’s endoscopy suite. Inadequate space required Intensive Care Unit (ICU) employees to store linens in the same room with patient nourishments and the ice machine. These practices compromised infection control standards. We concluded that accommodations were needed to separate the clean/sterile and soiled supplies and equipment. Managers were aware of the space problems. We suggested that they continue to seek alternative storage space and other ways to reduce the infection risks in these areas.

Following our CAP visit, the EKHCS Director stated that some conditions identified have been corrected, while others are being addressed by nursing leadership in the various areas. A project will be developed to enhance storage space and address environmental care concerns. A project that is currently in progress will correct most of the identified conditions. With regard to the OR area at the Leavenworth Division, the nurse manager has met with the infection control nurse to discuss ways to correct the problems. Signs will be posted in the area to better identify rooms for clean and soiled items.

Patient Safety

Emergency Crash Carts Were Inadequately Maintained and Checked in Some Areas. An inspection of various EKHCS clinics and procedure rooms (such as the Cardiac Laboratory and a Podiatry Clinic) disclosed that some cardiac arrest crash carts contained outdated supplies and medications, had dirty exteriors, and had missing or unattached monthly check tags. We suggested that future monthly inspections of the crash carts include emphasis on crash carts in areas where they are seldom used. EKHCS clinical managers drafted a new health system policy memorandum regarding crash carts. The policy addresses issues of cleaning and checking crash carts as well as procedures for how a crash cart may be discontinued in an area where it is no longer needed.

The NHCU WanderGuard™ System Needs to Have Documented Operative Checks. On one of the NHCU wards, we observed several patients wearing

WanderGuard™ safety system sensors. However, clinical managers did not have documentation indicating that nursing employees had initially or periodically checked the patient sensors or the doorway alarms to ensure that they were operating properly. We apprised EKHCS managers of examples of high-risk patients who wandered at various VAMCs, and who had incurred sentinel events attributable to non-functioning WanderGuard™ or similar systems. We advised them to review the policy and procedures on each of the wards using the system. The EKHCS Director stated that an updated version of the WanderGuard™ system was to be installed in December 2000. After the updated version has been installed and tested, routine checks will be initiated and documented every 30 days.

Acute Medicine Ward Nursing Employees Needed Additional Training on Some Cardiac Arrest Team Responsibilities. Our review of an August 4, 2000, critique of a cardiac arrest team's efforts to resuscitate an acute medical patient revealed that the team had obtained and used the wrong type of chest patch from the crash cart. The record showed that clinicians quickly rectified the mistake and subsequently transferred the patient to VAMC Kansas City on a mechanical ventilator. We communicated our findings to QM & PI employees, who provided us with documentation, including a syllabus, that showed that in September 2000 the Nursing Education Section would begin providing critical care competency skills training in the effective use of the crash carts to acute medicine ward nursing employees at both divisions. QM & PI staff members also advised us that under their QM system, a peer review of this particular episode of care would be conducted. We concluded that EKHCS managers had effective systems in place to continuously monitor and address these types of patient care issues.

Following our CAP visit, the EKHCS Director stated that the health care system has one Health System Policy Memorandum (HSPM) in place and another is being drafted. The HSPM in place specifies that the ICU Advisory Committee Chairperson is responsible for advising, as necessary, the equipment and procedures to use in the event of a Code Blue to assure ready availability of emergency care teams and equipment in all areas of the division. This is a responsibility of the ICU Directors at both divisions. The draft HSPM subjects every Code Blue record to an interdisciplinary review and makes ICU Nurse Managers responsible for coordinating the reviews, after which the reviews will be compiled and reported to the ICU Advisory Committee. A training module has been designed to provide all nursing staff with a refresher and annual competency evaluation on the use of crash carts and Code Blue response. Thus far, 15 sessions have been scheduled beginning on November 28, 2000.

Opportunities to Improve Management/Employee Relations

Employees Perceived That the Awards and Recognition Program Was Unfair. The results of the OIG survey of EKHCS employees indicated that the majority of employees: (a) gained personal satisfaction from their jobs (90 percent); (b) felt supervisors were qualified to evaluate their performance (81 percent); and (c) felt their performance was evaluated fairly (76 percent). However, our survey results also

showed that employees perceived that the employee recognition and awards process was unfair. More than 56 percent of responding employees thought that awards did not adequately reflect their performance.

The EKHCS Awards Program Summary for FY 1999 showed that Incentive Awards totaled \$188,392 and On-The-Spot awards totaled \$139,621 for the Topeka Division. Also, FY 1999 records showed that Incentive Awards totaled \$198,147 for the Leavenworth Division. Leavenworth Division managers did not give any On-The-Spot awards in FY 1999. For FY 2000 (as of August 21st with both facilities integrated), EKHCS gave a total of \$119,884 for Incentive Awards and \$150,010 for On-The Spot awards. The records also show that awards and recognition were given to a variety of employees in all service areas. These awards included service, team, employee suggestion, special, short and long-term awards and recognition, and On-The-Spot awards. The May 2000 Performance Improvement Leadership Council (PILC) meeting minutes show that the EKHCS Director ordered managers to institute a policy to give On-the-Spot awards throughout the year to improve staff morale and motivation. We suggested that EKHCS managers strengthen their efforts to address the staff perception that the awards and recognition program was unfair.

Following our CAP visit, the EKHCS Director stated that the Incentive Awards program was revised to be consistent across both campuses and that this should help to eliminate the perception of unfairness. Additionally, the Director emphasized that the law recently changed so that awards are not attached to the performance appraisal and that this had caused confusion with staff members. The Director advised that Human Resources staff recently conducted supervisor/manager training regarding Incentive Awards.

Employees Perceived That Communication of New Policies and Assignments Needed Improvement. Forty percent of the 41 employees who included written comments with their completed surveys, stated that managers often did not involve them in major decisions affecting their work environments. They also stated that managers often gave inadequate notice to implement major changes, including changing work assignments. The survey respondents, as well as employees whom we interviewed, asserted that policies were constantly changing because of efforts to bring uniformity to the two divisions, but that managers often failed to write or otherwise formally communicate these policy changes.

We saw evidence that top managers were well aware of these employee concerns. They considered the concerns to be results of (a) the integration process of the two previously independent VAMCs and (b) the downsizing of the EKHCS' two divisions. Over the previous 5 years, EKHCS was downsized by approximately 500 FTEE and 500 beds to meet VHA and VISN efficiency standards and decreases in funding. We also saw evidence that top managers had implemented actions and action teams to address these concerns. For example, the Chief Operating Officer and the QM & PI Manager had developed and implemented a system with employee input to prioritize and schedule integration efforts by committees, programs, and process action teams.

The Executive Committee of the Medical Staff and PILC are examples of combined operating committees. We suggested that EKHCS managers intensify their efforts to improve communications with employees.

The Director stated that health care system managers make every effort to communicate changes to staff through employee newsletters, weekly bulletins, staff meetings, and Director's Town Hall Meetings. Policies are available to all staff using a computerized system, and policy changes are published in the weekly bulletin. Service line directors and supervisors are reminded regularly by the Office of the Director of their responsibility to assure that employees are aware of new policies. During weekly environmental rounds, the ability of employees to access and demonstrate competency regarding new policies is assessed. Communication strategies will continue to be an opportunity for improvement, and every effort will be made to accomplish such.

Financial and Administrative Management

Management Controls Were Generally Effective

EKHCS managers had established a positive internal control environment. Financial and administrative activities that we reviewed were generally operating satisfactorily, and management controls were generally effective. We did not find any internal control weaknesses in the activities discussed below.

Controls Over the Purchase Card Program Were Effective. The EKHCS effectively managed the Purchase Card Program. In FY 1999, cardholders processed 32,359 purchases totaling nearly \$32.4 million. In FY 2000, through June 30, there were 22,996 purchases totaling nearly \$25 million. Internal controls were in place to ensure that purchases were timely reconciled and approved and that the purchases were within authorized spending limits. Our review of 17 randomly selected purchases during the period May 1, 2000, through July 31, 2000, showed that 4 cardholders reconciled all purchases but 1 within 5 days. All the purchases were approved timely and were within authorized spending limits. Departed employees' purchase cards were promptly terminated by the purchase card company upon notification of the employees' terminated employment.

Nursing Home Contract Prices Were Within VA's Benchmark, and Inspections Were Thorough. As of August 18, 2000, the EKHCS had 21 locally awarded community nursing home care contracts. Contract prices were within VA's benchmark of the Medicaid rate plus 15 percent. EKHCS employees performed monthly visits, nurses visited the patients every 60 days, and employees had conducted annual nursing home inspections on schedule. The inspections were thorough and deficiencies found by inspections were followed up until corrected. The Contracting Officer's Technical Representative was properly monitoring contractor performance.

Clinical and Service Contract Prices Were Reasonable. We reviewed contract records for the four largest clinical services contracts and two service contracts. We found that contract prices were reasonable. For all four clinical contracts, prices were equal to or below Medicare rates, which is the benchmark for VA procedure-based contracts. The two service contracts were competitively bid.

Construction Projects Were Properly Planned. As of August 2000, the EKHCS planned to begin 12 nonrecurring maintenance (NRM) construction projects. We reviewed the justifications for 10 of these projects and inspected the areas affected by the planned construction. We concluded that all 10 projects were well planned, had been properly justified, and were needed to correct maintenance problems or significant space and functional deficiencies. Also, the facility had under design an ongoing major construction project to transfer 54 acres of land from the Leavenworth Division and develop gravesites for the Leavenworth National Cemetery. This project was clearly needed to provide a casket burial option to about 15,000 veterans. Capital

improvements, such as the new domiciliary building, left 39 buildings on the land without an identifiable use. The transfer will reduce NRM and recurring annual costs.

EKHCS Managers Effectively Controlled Printing Costs. EKHCS managers were properly controlling printing costs by using three major sources for printing needs: (a) the Government Printing Office; (b) the Leavenworth Federal Prison; and (c) the EKHCS' reproduction unit. There were no local printing contracts.

Suggestions for Management Attention

Means Testing Activities Should Be Improved. In accordance with Title 38, United States Code, VA collects fees (co-payments) for medical care and medications provided certain veterans for non-service-connected (NSC) conditions. Each year veterans who may be subject to medical co-payments must provide VA with family income information (means test) and health insurance information. By signing their means test disclosures (VA Forms 10-10), veterans attested that they had provided accurate income information and acknowledged receipt of Privacy Act information. VHA facilities are required to retain the signed disclosures in the veterans' administrative records.

The EKHCS' controls were not sufficient to ensure that means testing was properly conducted. We tested the reliability of the means test data the EKHCS reported for July 2000. We sampled the data for 50 patients and found only 39 (78%) had valid, signed means test forms. Of the 11 remaining cases (22%):

- 1 did not sign the form (either refused to sign or was unable to sign).
 - 1 was a humanitarian case (not a veteran) and should not be included in VA data.
 - 3 did not have means test forms in their administrative files.
 - 4 did not have records in the hospital computer system, and administrative files were not available for review.
 - 2 had files located in Federal archives (an indication of no activity for 12 months or more).

As a result, we could not determine whether 10 of the 49 veterans were eligible for VA-provided care (the humanitarian case was clearly not eligible for care as a veteran). The unverified income data for these 11 people should not be in the VA system as it overstates the enrollment records for the healthcare system. To prevent Privacy Act violations and identify billable episodes of care, management should improve documentation of means tests.

In October 2000, following our CAP visit, the EKHCS Director appointed a Medical Care Collection Fund (MCCF) Task Force to address this issue. The Director advised that, in the meanwhile, service line directors are working collaboratively to ensure means tests are completed and accurate for all patients. The installation of a software patch, in use at VAMC Kansas City, is being evaluated to help improve the means test process at the EKHCS. Staff education and training programs have also been initiated.

Managers Should Enhance Various Aspects of the Agent Cashier Function. Each division had an agent cashier. Various aspects of the agent cashier function at each division required management's attention:

- The agent cashiers' advances exceeded each division's needs.
- Responsibility and accountability for one advance was not transferred to the alternate agent cashier for at least a 2-week period, as required.
- Unannounced audits were neither conducted as frequently as required, nor at various days of the month to enhance the element of surprise.

Cash Advances – VA Handbook 4010, '*Agent Cashier Procedures*,' states that the Agent Cashier Advance account will be limited to the minimum amount of cash required to meet the needs of the veteran population served by the facility. A minimal reserve is necessary to accommodate cash flow for replenishment. The agent cashiers' cash advances exceeded EKHCS requirements. The Topeka Division's agent cashier's advance was \$62,000, but from May 1, 2000, through July 31, 2000, weekly cash replenishments never exceeded \$20,055. The Leavenworth Division's advance was \$85,000, but for the same time period, weekly cash replenishments never exceeded \$26,941. The advances should be reduced because excessive cash advances needlessly increase risk and tie up funds that could be used more effectively for other purposes. When we brought this issue to the attention of Fiscal Service managers, they agreed to reduce the advances incrementally until satisfactory advances are achieved.

Transfer of Responsibility – VA policy requires a complete transfer of responsibility and accountability for the cash advance from the agent cashier to the alternate agent cashier for a 2-week period each calendar year. The Leavenworth Division had a complete transfer of accountability in December 1999, but the Topeka Division had not had a complete transfer of accountability in the last year. To enhance internal control, Fiscal Service managers should ensure that accountability and responsibility for the cash advances are completely transferred as required. Fiscal Service managers stated that they would comply with this requirement in the future.

Unannounced Audits – VA policy requires an unannounced audit of the agent cashier's advance at least every 90 days. We reviewed the results of audits performed from January 1, 1999, through May 22, 2000. Neither division had performed unannounced audits at least every 90 days. The Leavenworth Division had exceeded the requirement in three instances (from 93 to 127 elapsed days between audits), and the Topeka Division had exceeded the requirement in four instances (from 91 to 159 elapsed days). To provide more effective control, managers should schedule the unannounced audits within the 90-day limitation.

The EKHCS Director concurred with our suggestions and stated that Fiscal Service supervisors will correct indicated items.

Managers Should Enhance Various Aspects of Controlled Substance Accountability And Pharmacy Security. Most of the EKHCS' procedures for safeguarding controlled substances met VHA criteria. Appropriately, those who were selected as inspectors did not handle drugs as part of their normal duties. An adequate number of employees were selected to assure availability to conduct the inspections. Both divisions conducted the required monthly drug inspections. Security of the pharmacy areas and the vaults met VHA criteria. Inspectors reviewed one or two patient charts on each ward, verified doctors' orders, checked for outdated drugs, collected completed drug accountability records, verified the accuracy of vault records, and trended any discrepancies that occurred between inspections.

We identified some enhancements to EKHCS policy and procedures that should be made for controlled substances accountability and security. Although the two divisions have been integrated as one facility, each division had its own policy and inspection coordinator. Consequently, inspection policies and procedures were not consistent between the two divisions. For example, VHA Handbook 1108.2 requires inspectors to account for all stock of Schedule II to V controlled substances, outdated stock, and records each month to ensure safety and control of stocks. The Topeka Division's policy met VHA criteria, but the Leavenworth Division policy only required the inspectors to account for Schedules II and III narcotics and a random sample of eight Schedule III non-narcotics, Schedule IV, and Schedule V controlled substances each month. The policy should be changed to include monthly inspections of all of the lower controlled substances stored in the pharmacy vault in Leavenworth.

Inspectors did not randomly select monthly inspection dates. As a result, there was no surprise element. At Topeka, all of the inspections in the past 12 months were conducted in the last one third of the month, usually between the 25th and the 28th. At Leavenworth, most of the inspections were done in the first half of the month, usually between the 5th and the 15th.

In our view, the divisions should have one policy, with procedures that are consistent for both divisions and in accord with VHA policy. Procedures should accommodate division-specific differences such as equipment and software. We believe that consistency in policy and procedures would be maintained if the EKHCS had only one coordinator.

VHA Handbook 1108.1 requires that all outpatient controlled substances awaiting patient pickup be stored in a locked area, i.e., cabinet. The number of employees having access to the locked area will be limited, and the Chief, Pharmacy, will maintain documentation of access. At the Leavenworth Division outpatient pharmacy, controls were not adequate for prescriptions for controlled substances awaiting pickup. Although the prescriptions were stored in a locking drawer, the drawer was unlocked during the day, with the key always inserted in the lock. Thus, access was not limited. This practice was followed because it was presumed that access to the drawer was continually observed. This practice exposes the prescriptions to loss from unauthorized access.

The two divisions' pharmacies also generally operated independently from each other with separate policies and procedures. Only the drug databases had been integrated. Topeka pharmacy staff developed and used a drug accountability software package to electronically track the entire drug inventory and also used the controlled substances package in the Veterans Health Information System Technology Architecture (VISTA), VA's information system. Leavenworth Division pharmacy staff did not use either of these software packages. As a result, the drug controls at the Topeka Division were far superior to those at the Leavenworth Division. As part of the integration of the two divisions, the Chief, Pharmacy plans to institute Topeka's software and controls at Leavenworth as soon as practicable. The VISTA controlled substance software package is scheduled to be activated at Leavenworth within the next 90 days. A target date for bringing the VISTA drug accountability software package online at Leavenworth has not yet been established.

Following our CAP visit, the EKHCS Director established changes to the monthly controlled substance inspections at the Leavenworth Division to include verifying the inventory of Schedule II through Schedule V stock stored in the vault. The Director advised that restrictions in the policies that limit the inspection dates for both divisions were removed, one coordinator will be responsible for the monthly inspections at both divisions, and the storage drawer for window pickup controlled substance prescriptions is now kept locked.

Managers Need to Monitor MCCF Billing Timeliness and Ensure That Accounts Receivable Follow-ups Are Documented. Title 38, United States Code, Section 1729, authorizes VA to bill health insurance companies or other third parties to recover the reasonable cost of medical care furnished to veterans for the treatment of NSC disabilities or conditions. VA Manual MP-4, Part VIII, Chapter 19, establishes procedures and controls to ensure that these recoveries are appropriate.

We found that MCCF managers had established procedures and controls to ensure that recoveries were appropriate. However, we noted two areas of concern. First, the timeliness of insurance billings had deteriorated during FY 2000. The number of unbilled cases and the lag time for billing cases had increased significantly. As of June 2000, there were 308 cases totaling \$5.9 million that were unbilled. Also, the lag time from "check out" to billing was 185 days for outpatients and 61 days for inpatients. MCCF managers attributed these delays to the implementation of a new billing procedure, in which VA recovers its costs from third parties by billing for "reasonable charges" (amounts that third parties would pay for the same care or services furnished by private sector health care providers in the same geographic area). The new process is more time consuming, and the accuracy of documenting the medical care on the bill is more critical.

The EKHCS managers had taken steps to help remedy this situation and were recruiting for an additional billing clerk. Also, MCCF staff had been informing coders and clinical employees how to properly document the medical care provided. Managers

believe that the billing clerks, coders, and clinic staff have completed a learning curve regarding reasonable charges and that timeliness will improve. In our opinion, EKHCS managers should continue to monitor billing timeliness to evaluate whether additional steps are necessary.

Timeliness is more critical for some claims than for others. Our review of recent Explanations of Benefits showed that some insurance carriers were establishing a short time period for filing a claim. On January 1, 2000, two carriers established a time period of 90 days. However, there was no procedure in place for identifying and billing these claims before the 90-day period expired. Since the lag time for outpatient claims was 185 days, all recoverable costs for the two carriers could be lost. In the short term, we believe that EKHCS managers should explore methods to flag episodes of outpatient care for which costs are recoverable from these insurance carriers and ensure prompt billing.

The second concern involved follow-up on insurance billings. MCCF managers had a goal of contacting the insurance carriers within 30 days of billing to ensure that the bills were received and to address any potential issues/questions early on. We reviewed eight accounts receivable and found that only one had documentation in VISTA showing that the insurance carrier had been contacted within 30 days. Accounts Receivable employees stated that they handwrite notes of their telephone contacts and use the notes later to input the information into VISTA. They explained that many of the contacts had not been entered into VISTA due to time constraints. In our opinion, handwriting the notes and inputting the information later is duplicated effort. It would be more efficient to record the information directly into VISTA as the information is obtained. We suggested that the staff use headsets while getting the information over the phone, thereby freeing their hands to use the keyboard. MCCF managers agreed with our suggestion and stated that they would implement it.

Following our CAP visit, the EKHCS Director advised us that EKHCS staff continues to monitor the timeliness of third party reimbursable billing. An additional billing position has been established and the employee reported for duty on October 8, 2000. The lag time for outpatient claims continues to decrease and an MCCF Task Force has been developed to put into place processes that allow for expedient processing of medical records. The Accounts Receivable staff is working towards entering the handwritten information on follow-up calls into VISTA. Two students are working overtime to accomplish this. As recommended, the Patient Accounts Manager has met with a representative from the Telecommunications Office to determine the type of headset that would be best to use when calling insurance companies for follow-up purposes. One headset is on loan from that department until others can be obtained.

Fraud and Integrity Awareness Briefings

As part of the CAP review, we conducted four Fraud and Integrity Awareness Briefings. Two briefings were held at each division. The briefings were attended by 110 EKHCS employees and included a lecture, a short film presentation, and a question and answer session. Each session lasted approximately 75 minutes. The information presented in the briefings is summarized below.

Requirements for Reporting Suspected Wrongdoing. VA employees are encouraged, and in some circumstances, required to report suspected fraud, waste, or abuse to the OIG. VA Manual MP-1, Part 1, delineates VA employee responsibility for reporting suspected misconduct or criminal activity. Employees are encouraged to report such concerns to management, but reporting through the chain of command is not required. Employees can contact the OIG directly, either through the OIG's Hotline or by speaking with an auditor, investigator, or healthcare inspector. Managers are required to report allegations to the OIG once they become aware of them. The OIG depends on VA employees to report suspected fraud, waste, and abuse. All contacts with the OIG are kept confidential.

Referrals to the Office of Investigations – Administrative Investigations Division. The Administrative Investigations Division is responsible for investigating allegations of employee misconduct that is not criminal in nature. An example of such misconduct would be misuse of a government vehicle by a VA official.

Referrals to the Office of Investigations – Criminal Investigations Division. The Criminal Investigations Division is responsible for investigating alleged criminal activity. When an allegation is received, division employees assess it and decide whether to open an official investigation. Not all referrals are accepted. An accepted referral is assigned to a case agent, who then conducts an investigation. If the investigation substantiates only misconduct, the matter is referred to the appropriate VA management official, who then determines whether administrative action, such as suspension or reprimand, is warranted.

If the investigation substantiates criminal activity, the matter is referred to the Department of Justice (DOJ), usually through the local U. S. Attorney. DOJ attorneys determine whether to accept the case for prosecution. DOJ does not accept all cases referred by the OIG. If DOJ accepts the case, an indictment or criminal information is used to charge an individual with a crime. The individual then must decide whether to plead guilty or to go to trial. If the individual pleads guilty or is found guilty by trial, the final step in the criminal prosecution process is sentencing.

Areas of Interest for OIG Investigations. The Criminal Investigations Division conducts investigations of a broad range of criminal activities that can occur in VA programs and operations. Areas of particular interest to the division are procurement fraud, benefits program fraud, and healthcare-related crimes. Procurement-related fraud includes bid rigging, defective pricing, over billing, false claims, and violations of

the Sherman Anti-Trust Act. Benefits-related fraud includes fiduciary fraud, compensation and pension fraud, equity skimming, and loan origination fraud. Healthcare-related crimes include homicide, theft and diversion of pharmaceuticals, illegal receipt of medical services, fraudulent fee-basis billings, and conflicts of interest. Other areas of interest include workers' compensation fraud, travel voucher fraud, and false statements made by employees and beneficiaries.

Important Information to Include in Referrals. When referring suspected misconduct or criminal activity to the OIG, it is very important to provide as much information as possible. The more information the OIG has before starting the investigation, the faster it can be completed. If possible, referrals should include the following five items of information:

- **Who** -- Names, position titles, connection with VA, and other identifiers.
- **What** -- The specific alleged misconduct or illegal activity.
- **When** -- Dates and times the activity occurred.
- **Where** -- Where the activity occurred.
- **Documents/Witnesses** -- Documents and witness names to substantiate the allegation.

Workers' Compensation Fraud

Workers' compensation fraud directly affects all VA employees. Medical Center Directors must budget for the cost of workers' compensation, which reduces the amount of money available for other programs. Although most claims are legitimate, many are inflated or fraudulent. Therefore, all claims must be reviewed very thoroughly. The following are "red flags" that should be used as indicators of possible fraud.

The Claimant, Prior Claim History, and Current Work Status

- Injured worker is disgruntled, soon-to-retire, or facing imminent firing or layoff.
- Injured worker is involved in seasonal work that is about to end.
- Injured worker took unexplained or excessive time off prior to claimed injury.
- Injured worker takes more time off than the claimed injury seems to warrant.
- Injured worker is nomadic and has a history of short-term employment.
- Injured worker is new on the job.
- Injured worker is experiencing financial difficulties.
- Injured worker has a history of reporting subjective injuries.
- Review of rehabilitation report describes the claimant as being muscular, well tanned, with callused hands and grease under the fingernails.
- Injured worker is a highly skilled individual whose skills are in great demand in the private sector.

Circumstances of the Accident

- Accident occurs late Friday afternoon or shortly after the employee reports to work on Monday.
- Accident is not witnessed.
- Claimant has leg or arm injuries at odd times, e.g., lunch hour.
- Fellow workers hear rumors circulating that accident was not legitimate.
- Accident occurs in an area where the injured employee would not normally be.
- Accident is not the type that the employee should be involved in, e.g., an office worker who is lifting heavy objects on a loading dock.
- Accident occurs near end of probationary period.
- Employer's first report of claim contrasts with description of accident set forth in medical history.
- Details of accident are vague.
- Employee or supervisor does not promptly report accident.
- Surveillance or "tip" reveals the totally disabled worker is currently employed elsewhere.
- After injury, injured worker is never home or spouse or relative answering phone states the injured worker "just stepped out."

Medical Treatment

- Diagnosis is inconsistent with treatment.
- Physician is known for handling suspect claims.
- Treatment for extensive injuries is protracted though the accident was minor.
- "Boilerplate" medical reports are identical to other reports from same doctor.
- Summary medical bills submitted without dates or descriptions of office visits.
- Injured worker protests about returning to work and never seems to improve.
- Summary medical bills submitted are photocopies of originals.
- Extensive or unnecessary treatments for minor, subjective injuries.
- Injuries are all subjective, i.e., pain, headaches, nausea, or inability to sleep.
- Injured worker cancels or fails to keep appointment, or refuses a diagnostic procedure to confirm an injury.
- Treatment dates appear on holidays or other days that facilities would not normally be open.

To report suspected wrongdoing in VA programs and operations, call the OIG Hotline – (800) 488-8244.

EKHCS Director's Comments

Department of
Veterans Affairs

Memorandum

Date: November 29, 2000

From: Director, VA Eastern Kansas Health Care System (677/00)

Subj: Draft CAP Report (Project 2000-2068-R5-269)

To: Director, Kansas City Audit Operations Division, Office of Inspector General

1. This is in response to the draft report regarding the Combined Assessment Program review of VA Eastern Kansas Health Care System (Project 2000-2068-R5-269). While no formal recommendations were made, I appreciate the opportunity to provide you with comments, as enclosed with this memorandum, pertaining to the suggestions made by the team from your office.
2. If you have any questions regarding the comments, do not hesitate to contact me. Thank you.

(Original signed by:)

EDGAR L. TUCKER

**Comments in Response to OIG Draft Document Dated 10/17/00
Project 2000-2068-R5-269**

While no formal recommendations were made by the CAP Review Team, several suggestions were given. This document addresses those suggestions and provides clarification on certain points. The OIG text is in bold with VA Eastern Kansas Health Care System (VAEKHCS) response in regular text.

The QM Program Was Comprehensive and Well Organized. (page 4)

The suggestion regarding ensuring that actions taken to implement approved recommendations are documented is concurred with, and a mechanism for doing such will be developed. Further, health care system leadership concurs with the suggestion regarding review of levels of disciplinary actions recommended for physicians and non-physicians resulting from administrative investigations.

Waiting Times for Some Specialty Clinics Should Be Reduced. (page 6)

Efforts continue to decrease waiting time for next available appointment in specialty clinics. All urgent and life and organ threatening issues are addressed promptly. An additional clinic has been added for urology appointments, and consideration is being given to opening additional clinic times for the specialty. With regard to eye care, a comprehensive, organized approach for the provision of care has been created as part of the integration process within the Surgical and Diagnostic Care Service Line and these changes should be reflected in decreased waiting times. Further, Surgical and Diagnostic Care Service Line and Primary Care Service Line leaders are working together in defining their specific roles in management of these specialty clinic needs through meetings, education, and consultative processes. With regard to the provision of dental care, three dentists are now on staff and waiting times are decreasing. In addition, the health care system is planning to submit a staffing request to the Network for an additional dentist to be hired. With regard to dermatology, VAEKHCS is working with the University of Kansas to determine if coverage could be provided to reduce waiting times. Currently, VAEKHCS refers a significant number of veterans for dermatology care to Truman Medical Center on a contract basis.

EKHCS Needs To Incorporate an Appropriate Level of Review of Its Community-Based Outpatient Clinics and Its Medical Outreach Clinics. (page 7)

The Primary Care Service Line will incorporate the pilot internal review program on an ongoing basis as part of its quality and performance improvement program.

The Infection Control Program's Hepatitis Clinic Could Provide More Timely Care. (page 7)

This issue has been resolved. The Hepatitis C Clinic functions under the Primary Care Service Line, not as a direct effort of the Infection Control Program. The issue raised pertained to practice at the Dwight D. Eisenhower VA Medical Center (DDEVAMC), Leavenworth. The infection control nurse is now able to order the vaccine for patients in the clinic. The orders are covered by protocol and the vaccine can be administered

immediately. Subsequent doses are scheduled through the Nurse Only Clinic. Vaccine is now stocked in the Care Clinics and is no longer written as an outpatient prescription. This eliminates the problem of vaccine being mistakenly mailed to a veteran's home.

The Physical Layout of One of the EKHCS Division's Emergency Rooms Should Be Optimized for Urgent Patient Care. (page 7)

VAEKHCS leadership concurs with the suggestions and a project will be developed to correct identified conditions.

The Operating Room and Intensive Care Areas Had Inadequate Storage Space and Environmental Care Deficiencies That Affect Infection Control Standards. (page 8)

Some conditions identified have been corrected, while others are being addressed by nursing leadership in the various areas. A project will be developed to enhance storage space and address environmental care concerns. A project that is currently in progress will correct most of the identified conditions. With regard to the operating room area at DDEVAMC, the nurse manager has met with the infection control nurse. Signs will be posted in the area to better identify clean and soiled rooms.

Emergency Crash Carts Were Inadequately Maintained and Checked in Some Areas. (page 8)

A new health system policy memorandum regarding crash carts has been written and is in the final stages of review. The policy addresses issues of cleaning and checking crash carts as well as procedures for how a crash cart may be discontinued in areas where they are no longer needed.

The NHCU WanderGuard™ System Needs To Have Documented Operative Checks. (page 8)

An updated version of the WanderGuard™ System is being installed in December, 2000. After the updated version has been installed and tested, routine checks along with documentation every 30 days will be initiated.

Acute Medicine Ward Nursing Employees Needed Additional Training on Some Cardiac Arrest Team Responsibilities. (page 9)

Regarding the monitoring of code blues, the health care system has one Health System Policy Memorandum (HSPM) in place and another being drafted. Draft HSPM 2.1.3, titled "Cardiopulmonary Resuscitation (Code Blue)" states, "Every Code Blue record will be subject to an interdisciplinary review. These reviews will be coordinated by the Nurse Managers of the ICU's then compiled and reported to the ICU Advisory Committee." HSPM 3.2.19, titled "Advisory Committee for Intensive Care Unit" states that one of the responsibilities of the Committee Chairperson is "Advising as necessary equipment and procedures in the event of a CODE BLUE occurring in the Medical Center to assure ready availability of emergency care teams and equipment in all areas of the Medical Center." This is also stated as a responsibility of the Directors of ICUs at DDEVAMC and Colmery-O'Neil VA Medical Center (COVAMC), Topeka. A training module has been designed to provide all nursing staff with a refresher and annual

competency evaluation on the use of crash carts and code blue response. Thus far, 15 sessions have been scheduled beginning on November 28, 2000.

Employees Perceived That the Awards and Recognition Program Was Unfair. (page 9)

The Incentive Awards program has recently been revamped to be consistent across both campuses. This should assist with the perception of “unfairness”. Additionally, the law changed in the last couple of years and moved away from giving awards attached to the performance appraisal. This has caused confusion with staff members. Human Resources staff recently conducted supervisor/manager training regarding Incentive Awards.

Employees Perceived That Communication of New Policies and Assignments Needed Improvement. (page 10)

Every effort is made by health care system leadership to communicate changes to staff through employee newsletters, weekly bulletins, staff meetings, and Director’s Town Hall Meetings. Policies are available to all staff using a computerized system and policy changes are published in the weekly bulletin. Service Line Directors and supervisors are reminded regularly by the Office of the Director of their responsibility to assure that employees are aware of new policies. During weekly environmental rounds, the ability of employees to access and demonstrate competency regarding new policies is assessed. Communication strategies will continue to be an opportunity for improvement, and every effort will be made to accomplish such.

Means Testing Activities Should Be Improved. (page 13)

This issue is being addressed by the Medical Care Cost Fund (MCCF) Task Force which was appointed by the Director in October, 2000. In the meanwhile, Service Line Directors are working collaboratively to ensure means tests are completed and accurate for all patients. The installation of a software patch currently in use at the Kansas City VA Medical Center is being evaluated to help improve the means test process at VAEKHCS. Staff education and training programs have also been initiated.

Managers Should Enhance Various Aspects of the Agent Cashier Function. (page 14)

VAEKHCS concurs with the suggestions and Fiscal supervisors will correct indicated items.

Managers Should Enhance Various Aspects of Controlled Substance Accountability and Pharmacy Security. (page 14)

Actions have been taken regarding the suggestions made. The monthly controlled substance inspection at DDEVAMC now includes verifying the inventory of Schedule II through Schedule V stock stored in the vault. Restrictions in the policies that limit the inspection dates for both campuses have been removed. One coordinator will be responsible for the monthly inspections on both campuses. At DDEVAMC, the storage drawer for window pickup controlled substance prescriptions is now kept locked. As part of the integration plan, the VISTA controlled substance software package is

scheduled to be brought online at DDEVAMC within the next 90 days. A target date for bringing the VISTA drug accountability software package online at DDEVAMC has not yet been established.

Management Needs to Monitor Medical Care Collection Fund (MCCF) Billing Timeliness and Ensure That Accounts Receivable Follow-ups Are Documented. (page 16)

VAEKHCS continues to monitor the timeliness of third party reimbursable billing. An additional billing position has been established and the employee reported for duty on October 8, 2000. The lag time for outpatient claims continues to decrease and an MCCF Task Force has been developed to put into place processes which allow for expedient processing of medical records. The Accounts Receivable staff is working towards entering the handwritten information on follow-up calls into VISTA. Two students are working overtime to accomplish this. As recommended, the Patient Accounts Manager has met with a representative from the Telecommunications Office to determine the type of headset that would be best to use when calling insurance companies for follow-up purposes. One headset is on loan from that department until others can be obtained.

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