



Department of Veterans Affairs Office of Inspector General

Combined Assessment Program Review of the Bronx VA Medical Center Bronx, New York

Office of Inspector General

Combined Assessment Program Reviews

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

- Evaluate how well VA facilities are accomplishing their missions of providing veterans convenient access to high quality medical and benefits services.
- Determine if management controls ensure compliance with regulations and agency policies, assist management in achieving program goals, and minimize vulnerability to fraud, waste, and abuse.
- Conduct fraud and integrity awareness training for facility staff.

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

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Executive Summary

Introduction

During the week of May 20–24, 2002, the Office of Inspector General (OIG) conducted a Combined Assessment Program (CAP) review of the Bronx VA Medical Center (VAMC), Bronx, New York. The purpose of the review was to evaluate selected health care system operations, focusing on patient care administration, quality management (QM), and financial and administrative controls. During the review, we also provided fraud and integrity awareness training to approximately 475 employees.

Results of Review

Bronx VAMC patient care and QM activities reviewed were generally operating satisfactorily. VAMC management actively supported high quality patient care and performance improvement. The QM program was comprehensive and provided effective oversight of the quality of care. Financial and administrative activities were generally operating satisfactorily, and management controls were generally effective. To improve operations, management needed to:

- Improve procurement practices by avoiding conflicts of interest, and improve contract documentation and administration.
- Strengthen Government Purchase Card Program controls, and obtain supplies and services from sources most favorable to the Government.
- Improve controlled substances inspection procedures.
- Strengthen controls over vendor representative visits.
- Address environmental cleanliness issues.
- Enhance the QM program by trending morbidity and mortality data by shift and provider.
- Monitor patient care and safety issues.
- Enhance automated information system (AIS) security by obtaining accreditation and certification.
- Strengthen time and attendance controls for part-time physicians.
- Evaluate the perceptions of patients and employees.

VISN Director Comments.

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

(original signed by:)
RICHARD J. GRIFFIN
Inspector General

Introduction

Medical Center Profile

Organization. Located in Bronx, New York, the Bronx VAMC is a tertiary care facility that provides a broad range of inpatient and outpatient health care services. Outpatient care is also provided at four Community Based Outpatient Clinics located in Yonkers, White Plains, South Bronx, and Queens. The Bronx VAMC is part of Veterans Integrated Service Network (VISN) 3 and serves a veteran population of about 124,000 in a primary service area that includes 2 counties in New York.

Programs. The Bronx VAMC provides medical, surgical, mental health, geriatric, and advanced rehabilitation services. The Bronx VAMC has 311 authorized hospital beds and 112 nursing home beds and operates several regional referral points including Spinal Cord Injury (SCI) and VISN referrals for Medical/Surgical subspecialties. For example, the Bronx VAMC SCI Patient Care Center is the referral point for VISNs 2, 3, and 4 as well as new Department of Defense SCI patients. The Bronx VAMC serves Hudson Valley Health Care System patients with acute care needs and referrals to subspecialty clinics. Additionally, the Bronx VAMC Telephone Triage serves not only the medical center's patients but patients in VISNs 3 and 4.

Affiliations and Research. The Bronx VAMC is affiliated with the Mt. Sinai, Columbia, and Cornell Schools of Medicine and supports approximately 120 medical resident positions in training programs. In Fiscal Year (FY) 2001, the Bronx VAMC research program had 327 projects and a budget of \$5.9 million. Important areas of research included psychiatry, SCI, and infectious diseases.

Resources. In FY 2001, the Bronx VAMC's medical care expenditures totaled \$159.8 million. The FY 2001 medical care budget was \$158.8 million, 6.5 percent more than FY 2000 expenditures. FY 2001 staffing was 1,507.3 full-time equivalent employees (FTEE), including 125.1 physician and 450.3 nursing FTEE.

Workload. In FY 2001, the Bronx VAMC treated 26,241 unique patients, a 2.7 percent increase from FY 2000. The inpatient care workload totaled 4,732 discharges and the average daily census, including nursing home patients, was 261.9. The outpatient workload totaled 286,250 visits.

Objectives and Scope of CAP Review

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

- Conduct recurring evaluations of selected health care system operations, focusing on patient care, QM, and financial and administrative controls.
- Provide fraud and integrity awareness training to increase employee understanding of the potential for program fraud and of the need to refer suspected fraud to the OIG.

Scope. We reviewed selected clinical, financial, and administrative activities to evaluate the effectiveness of patient care administration, QM, and management controls. Patient care administration is the process of planning and delivering patient care. QM is the process of monitoring the quality of patient care to identify and correct harmful and potentially harmful practices and conditions. Management controls are the policies, procedures, and information systems used to safeguard assets, prevent errors and fraud, and ensure that organizational goals are met.

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

Clinical and Non-Clinical Service Contracts	Safety Issues
Government Purchase Card Program	Patient Care Issues
Controlled Substances	Automated Information Systems
Vendor Representative Visits	Part-Time Physician Time and Attendance
Environmental Cleanliness	Patients' and Employees' Perceptions
Quality Management Issues	

As part of the review, we used questionnaires and interviews to survey patients' and employees' satisfaction with the timeliness of service and the quality of care. Survey results were discussed with Bronx VAMC management.

During the review, we also conducted 4 fraud and integrity awareness training sessions for approximately 475 Bronx VAMC employees. These briefings covered procedures for reporting suspected criminal activity to the OIG and included case-specific examples illustrating procurement fraud, false claims, conflicts of interest, and bribery.

The review covered Bronx VAMC operations for FY 2001 and FY 2002 through May 31, 2002, and was conducted in accordance with OIG standard operating procedures for CAP reviews.

In this report, we make recommendations and suggestions for management attention. Recommendations pertain to issues that are significant enough to be monitored by the OIG until corrective actions are implemented. Suggestions pertain to issues that need corrective actions and should be monitored by VAMC management until corrective actions are completed.

Results of Review

Organizational Strengths

The Bronx VAMC management had created an environment that supported high quality patient care and performance improvement. The patient care administration, QM, financial, administrative activities were generally operating satisfactorily, and management controls were generally effective.

Pharmacy Security Was Appropriate. The Bronx VAMC pharmacy had appropriate security that included scramble-pad access at the hallway doors leading into the pharmacy area and the vaults containing controlled substances. Access was recorded and provided an audit trail of names, dates, and times of individuals accessing the area as well as an audio alert that sounded if a door was open too long or an individual without proper access attempted to enter. Panic buttons that alert the medical center police were placed at strategic sites for use by pharmacy staff dealing with the public, as were closed circuit television cameras. We also found that all controlled substances were ordered by the pharmacy and all deliveries were made directly to the pharmacy. No other service was directly ordering or receiving controlled substances.

The Medical Resident Fingerprinting Process Is An Innovative Veterans Health Administration Model. The Bronx VAMC's Human Resources Management Service (HRMS) has implemented an innovative process that quickly screens medical residents for felony records. The Bronx HRMS program utilizes technology that scans medical residents' fingerprints and electronically compares them with records in other data banks such as the Federal Bureau of Investigation. The HRMS staff receives the majority of the electronic fingerprint comparison results within 3 working days. This is a significant improvement over the average 4-month turnaround time for clinicians fingerprint results found in some recent CAP reviews of VAMCs.

Opportunities for Improvement

Clinical and Non-Clinical Services Contracts – Controls Need to be Strengthened to Avoid Conflicts of Interest, Improve Contract File Documentation, and Improve Contract Administration

Conditions Needing Improvement. VISN management needs to ensure that conflicts of interest do not occur with the Bronx VAMC's affiliate during contract negotiations and subsequent oversight monitoring, contract files include required documentation, and contracting officers comply with Federal contract administration policies and procedures.

Conflicts of Interest. Controls need to be strengthened to ensure that officials developing, soliciting, awarding, and administering contracts comply with conflicts of interest statutes and contract administration procedures. Federal statutes prohibit a Government employee from participating personally and substantially in a matter in which the employee, to the employee's

knowledge, has a financial interest. Veterans Health Administration (VHA) policy states that if a physician has a faculty appointment and receives any compensation, or is under the direction of the school, the physician has at least an imputed financial interest in VA contracts with the school.

Potential conflicts of interest were identified in three clinical service contracts with the affiliate, Mt. Sinai School of Medicine. The total estimated value of the three contracts for the base and option years was approximately \$657,000. The physician who performed some of the duties normally performed by a Contracting Officer Technical Representative (COTR) for these three contracts, held a faculty appointment and compensated position at Mt. Sinai School of Medicine. These cases of potential conflicts of interest were referred to the OIG's Office of Investigations for further review.

Contract File Documentation. Federal Acquisition Regulations (FAR) require contracting officials to establish files containing records of significant contractual actions. We reviewed 10 clinical and non-clinical services contracts with an estimated cost of \$3 million. The following required documents were missing from contract files:

- Price Negotiation Memorandums and COTR Appointment Letters to summarize the contracting process and to designate contract administrators for all 10 contracts.
- Amendments to justify options to extend the terms for six contracts with a combined cost of \$1.7 million.
- Small Business Coordination Record to determine whether the priority set aside procedures were suitable for four contracts with a combined cost of \$1.7 million.
- Pre-Solicitation and Market Synopsis/Response/Analysis to improve small business access to acquisition information and to identify private commercial sources for four contracts with a combined cost of \$2 million.
- Contractor Representation and Certification for four contracts with a combined cost of \$1.5 million.
- Notification to Unsuccessful Offerors for three contracts with a combined cost of \$1.5 million.
- Abstract of Proposals to record invitations for bids and receipt of bids for two contracts with a combined cost of \$1.2 million.

Contract Administration. Contracting officials did not administer three clinical service contracts with its affiliate, Mt. Sinai School of Medicine, in accordance with VHA policies and procedures and contract provisions. The Contracting Officer or designee did not ensure that contractor invoices for three sole source clinical service contracts accurately reflected the work completed.

We compared time and attendance sheets to payment vouchers for three physicians for September through November 2001 and determined that the Bronx VAMC overpaid its affiliate approximately \$17,326 for the 3-month period. We found that the affiliate was paid for hours not worked by two Anesthesiologists [.875 Full Time Equivalent (FTE) and .275 FTE] and one Gynecologist (.1 FTE).

Recommended Improvement Action 1. We recommended that the VISN Director ensure that the VAMC Director: (a) prevents potential conflicts of interest; (b) implements controls to comply with contract documentation and administration policies and procedures; and, (c) certifies that payment for services rendered reflects actual hours worked, and recovers the \$17,326 overpayment from the affiliate.

The VISN Director agreed with the finding and recommendations, and provided acceptable implementation plans. (See Appendix B, page 14 for the Director's implementation plan.) The improvement actions are acceptable and we will follow up on the planned actions until they are completed. (The monetary benefit associated with this recommendation is shown in Appendix A, page 13.)

Government Purchase Card Program – Controls Need To Be Strengthened

Conditions Needing Improvement. VISN management needs to ensure that competition is promoted to the maximum extent practicable for orders that exceed \$2,500, cardholders make only authorized purchases using the card, and the local Purchase Card Program policy is revised to incorporate all policies and procedures required by VHA policy.

VA facilities are required to use Government purchase cards for small purchases of goods and services (usually \$2,500 or less). FAR also permits the Government to use the purchase card for the acquisition of supplies and services, including construction, the aggregate amount of which does not exceed \$100,000. The Purchase Card Program at the Bronx VAMC had 127 purchase cardholders and 42 approving officials. Cardholders processed 15,809 transactions totaling approximately \$15.2 million between October 1, 2000, and February 28, 2002.

Competition. FAR requires purchasing officials to promote competition to the maximum extent practicable to obtain supplies and services from sources offering the most advantageous price to the Government. A review of implant purchases during the 20-month period ending May 31, 2002, showed that a cardholder had not solicited competition for 10 separate purchases of stent implants and components that exceeded \$2,500 each. For 9 of 10 purchases valued at \$56,500, there was no documentation explaining why the purchases had been made on the open market without sole source justifications. The orders were placed with specific vendors based on requests from physicians. The cardholders indicated that they had not sought other sources for the supplies and services. As a result, for purchases totaling \$56,500, there was no assurance that supplies were obtained from sources that were most advantageous to the Government.

Local Purchase Card Policy. The Bronx VAMC's local Government-wide Purchase Card Policy, dated January 21, 2000, did not reflect all the policies and procedures as required by VHA. For

example, the local policy did not cite current timeliness standards for reconciling and certifying transactions.

Recommended Improvement Action 2. We recommended that the VISN Director ensure that the VAMC Director: (a) requires cardholders to solicit competition in accordance with FAR and document actions taken, (b) requires cardholders to make only authorized procurements, and (c) issues a revised purchase card policy.

The VISN Director agreed with the finding and recommendations, and provided acceptable implementation plans. (See Appendix B, page 15 for the Director's implementation plan.) The improvement actions are acceptable and we will follow up on the planned actions until they are completed.

Controlled Substances – Inspection Procedures Need To Be Improved

Conditions Needing Improvement. VISN management needs to ensure that controlled substances inspections are conducted appropriately. VHA policy requires an adequate and comprehensive system to include safety and control for all Schedule II-V controlled substances. Controls need to be strengthened in the following areas:

- Monthly, unannounced inspections were not complete. We found that 12 of 224 areas (5.4 percent) were not inspected as required for the period March 2001 through March 2002.
- Inspectors were not verifying a sample of ward dispensing entries with physicians' orders and patients' medication records.
- Controlled substances held for destruction were not stored in sealed containers, inventoried monthly, and disposed of quarterly.
- Appointed inspectors did not rotate off the inspection team on an annual basis.
- Orientation and training was not documented for the four alternate controlled substances inspectors.

Recommended Improvement Action 3. We recommended that the VISN Director ensure that the VAMC Director: (a) corrects each deficiency described above and (b) establishes monitors to ensure inspection procedures of controlled substances are improved.

The VISN Director agreed with the finding and recommendations, and provided acceptable implementation plans. (See Appendix B, pages 15-16 for the Director's implementation plan.) The improvement actions are acceptable and we will follow up on the planned actions until they are completed.

Vendor Representative Visits – Controls Need To Be Strengthened

Conditions Needing Improvement. VISN management needs to ensure that visits by pharmaceutical manufacturer representatives (PMRs) are controlled in accordance with local policy and that employee acceptance of gifts from PMRs be monitored.

Vendor Representative Visits. The Bronx VAMC has a policy that establishes guidelines for relationships with pharmaceutical companies that include restriction of PMRs to visits by appointment only. PMRs schedule meetings with the Chief, Pharmacy Service but occasionally a PMR visits the medical center without an appointment. For example, while we were conducting interviews during the CAP review, a PMR visited the Pharmacy Service without a scheduled appointment. Interviews with Chiefs of Medical, Surgical, and Psychiatry Services confirmed that PMRs regularly visit the VAMC without appointments.

Employee Acceptance of Gratuities. VA policy restricts employee acceptance of gifts. Employees may accept gifts having a market value of \$20 or less per source per occasion, provided the aggregate market value of individual gifts received from any one person or vendor does not exceed \$50 in a calendar year. PMRs often provide promotional items but these are of inconsequential value consisting mainly of items such as pens and note pads. PMRs frequently provide lunches for staff physicians and residents. The Chief, Psychiatry Service reported that three leading pharmaceutical companies each sponsor buffet lunches once a month for staff and residents. The Chief, Medical Service noted that lunches, usually consisting of sandwiches or pizza, are sometimes provided for residents' noon conferences. We were not able to determine if the value of these meals exceeded \$50 per individual during a calendar year because there was no documentation or log of visits available. VAMC policy prohibits physicians from accepting drug samples. We found no evidence that this had occurred.

Recommended Improvement Action 4. We recommended that the VISN Director ensure that the VAMC Director: (a) enforces VAMC policy related to vendor representative visits by centralizing the appointment process to ensure that all visits are by appointment only and appropriately documented and (b) requests that Regional Counsel review the practice of pharmaceutical manufacturers providing lunch to determine compliance with VA policy.

The VISN Director agreed with the finding and recommendations, and provided acceptable implementation plans. (See Appendix B, page 16 for the Director's implementation plan.) The improvement actions are acceptable and we will follow up on the planned actions until they are completed.

Environmental Cleanliness – Environment of Care Committee Needs to Address Issues

Condition Needing Improvement. The Environment of Care Committee (EOC) needs to address cleanliness and physician representation issues reported to the Committee.

We noticed either a musty or urine smell in approximately 25 bathrooms we inspected in both non-patient areas and inpatient rooms. We also noted that the Bronx VAMC Infection Control Subcommittee had prepared reports over the last 12 months identifying similar issues related to the cleanliness of the bathrooms.

We noted that the EOC membership list showed that there was no medical staff member on the committee to provide direction to the EOC on issues affecting patient care.

Recommended Improvement Action 5. We recommended that the VISN Director ensure that the VAMC Director: (a) develops a plan for a long-term solution to maintaining bathrooms so that they are free from odors and (b) adds a medical staff member to the EOC.

The VISN Director agreed with the finding and recommendations, and provided acceptable implementation plans. (See Appendix B, pages 16-17 for the Director's implementation plan.) The improvement actions are acceptable and we will follow up on the planned actions until they are completed.

Quality Management Issues – Some Activities Need Improvement

Conditions Needing Improvement. Mortality and morbidity data needs to be trended by shift and by involved practitioners. The Bronx VAMC was trending mortality rates by patient unit but not by shift and involved providers as recommended by VHA.

After studying the feasibility and benefits of trending mortality rates of its VAMCs by ward, shift, and providers, VISN 3 managers determined it was not cost-beneficial, and instead implemented a program of reviewing mortality rates by disease such as acute myocardial infarction. However, according to the VHA Chief Network Officer's April 27, 2000 memorandum, VHA is committed to exploring statistical review procedures to monitor mortality on a quarterly basis in order to assess facility and VISN level differences in patterns of care by ward, shift, provider, and other characteristics.

Suggested Improvement Action. We suggested that the VISN Director ensure that the VAMC Director evaluates the feasibility of trending its VAMCs' patient mortality by ward, shift, and provider in accordance with VHA standards.

The VISN Director agreed with the finding and suggestion, and provided acceptable implementation plans. (See Appendix B, page 17 for the Director's implementation plan.) The improvement actions are acceptable and we consider the issues resolved.

Safety Issues – Some Areas Need Improvement

Conditions Needing Improvement. VISN management needs to ensure that medication carts are locked when they are left unattended, hallways and tunnels are free of supplies and equipment, and handrails are installed along the hallways on all inpatient acute wards.

Medication carts were found unlocked and unattended on Wards 8B, 7B, 6C, and on the two Nursing Home Care Units (NHCUs). We discussed these findings with the VAMC Director and the Nurse Executive who agreed to remind nurses of the procedures to ensure that medications are properly stored.

In addition, we identified other conditions needing management's attention. Hallways and tunnels were used to store supplies and equipment. We found seven canisters of oxygen and compressed air (in appropriate holders/stands) stored outside of a patient's room. VAMC managers removed some of the canisters when informed of this observation. On the first and second floors of one of the NHCUs, extra equipment such as beds, wheel chairs, and lifts were stored at the end of hallways. The tunnel between the main hospital and the NHCU was used as a storage area for beds, cabinets, and a pile of broken pieces of metal. There was standing water on the floor as well as a broken telephone and several electrical boxes without locks. Also, we noted that not all inpatient acute wards had handrails along the hallways.

Suggested Improvement Action. We suggested that the VISN Director ensure that the VAMC Director: (a) implements controls to lock unattended medication carts, (b) keeps hallways and tunnels free of supplies and equipment, and (c) installs handrails along the hallways on all inpatient acute wards.

The VISN Director agreed with the finding and suggestions, and provided acceptable implementation plans. (See Appendix B, page 18 for the Director's implementation plan.) The improvement actions are acceptable and we consider the issues resolved.

Patient Care Issues – Appropriateness of Care and Patient Privacy Should Be Addressed

Conditions Needing Improvement. Patient concerns relating to pain control, assistance with basic care, patient falls, and participation in decision-making need to be addressed. Additionally, the privacy of patient medical records needs to be better protected.

Appropriateness of Care. We interviewed 14 inpatients and found that 12 were satisfied with their care. The other two patients complained that physicians delayed reordering pain medications, staff did not fully explain treatment plans, and one physician did not coordinate patient care activities. The specific complaints of these two patients were discussed with management. In addition, a root cause analysis had not been initiated on a patient fall.

Privacy of Patient Records. We found documents with patients' names and social security numbers on a stand across from the nursing station and on two unattended medication carts. When these documents were shown to the nurse manager, she stated that these documents should not have been left in a public area. Immediate action was taken to properly store the documents.

Suggested Improvement Action. We suggested that the VISN Director ensure that the VAMC Director: (a) reviews the two cases cited above for appropriateness of care and (b) monitors the privacy of patient documents on a regular basis.

The VISN Director agreed with the finding and suggestions, and provided acceptable implementation plans. (See Appendix B, page 18 for the Director's implementation plan.) The improvement actions are acceptable and we consider the issues resolved.

Automated Information Systems – Controls Need To Be Strengthened

Conditions Needing Improvement. VISN management needs to strengthen AIS controls and ensure that Bronx VAMC's AIS are accredited and certified as required by VA policy.

AIS Certification and Accreditation. The Bronx VAMC's AIS were not accredited and certified as required by VA policy. VA policy requires that AIS be certified and accredited in order to improve the security of all VA systems and to comply with Office of Management and Budget guidelines and the Government Information Security Reform Act. All systems should undergo the certification and accreditation process at least every 3 years or when there is a major change in the system.

Suggested Improvement Action. We suggested that the VISN Director ensure that the VAMC Director takes action to accredit and certify the Bronx VAMC's AIS as required.

The VISN Director agreed with the finding and suggestions, and provided acceptable implementation plans. (See Appendix B, page 19 for the Director's implementation plan.) The improvement actions are acceptable and we consider the issues resolved.

Part-Time Physician Time and Attendance – Timekeeping Controls Need To Be Improved

Conditions Needing Improvement. VISN management needs to improve timekeeping controls for the posting of part-time physicians timecards, ensure timekeepers receive their annual refresher training, and conduct desk audits on an annual basis.

Time and Attendance. Timekeepers for part-time physicians were not posting timecards based on actual hours worked. The timekeeper's knowledge of a physician's attendance is a key element of control for accurately reporting timecards. VA policy requires that timecards be posted based on actual hours worked. In discussions with eight timekeepers for part-time physicians, five timekeepers stated that part-time physicians' timecards were posted based on physicians' tours of duty unless notified of changes. In addition, the timekeepers stated that they often did not have personal knowledge of physicians' time and attendance.

Training and Desk Audits. The timekeepers did not receive annual refresher training in FY 2001. Fiscal Service management stated this was due to understaffing of the payroll section. Fiscal Service conducted refresher training in FY 2000 and recently began refresher training for FY 2002.

Desk audits for FY 2001 were not conducted. Fiscal Service conducted desk audits on an annual basis in FYs 1999 and 2000 rather than semi-annually as required by VA policy. Fiscal Service

recently began conducting desk audits for FY 2002. The desk audits include a review of timekeepers' maintenance of records for part-time physicians.

Suggested Improvement Action. We suggested that the VISN Director ensure that the VAMC Director takes action to: (a) implement controls to ensure that timekeepers certify timecards that reflect actual hours worked, (b) conduct timekeepers' refresher training on an annual basis, and (c) conduct semi-annual desk audits of timekeepers' operations.

The VISN Director agreed with the finding and suggestions, and provided acceptable implementation plans. (See Appendix B, page 19 for the Director's implementation plan.) The improvement actions are acceptable and we consider the issues resolved.

Patients' and Employees' Perceptions

Conditions Needing Improvement. Concerns from patients and employees relating to assistance with basic care, participation in decision-making, and staffing levels needed to be addressed.

We interviewed patients and sent questionnaires to employees to obtain their perceptions of various aspects of healthcare provided at the Bronx VAMC. A total of 14 inpatients, 23 outpatients, and 125 employees were surveyed. Results of patients' interviews and employees' surveys identified the following concerns:

- 80 percent of outpatients interviewed responded that they were not told the reasons when their appointments were delayed.
- 43 percent of inpatients interviewed responded that they did not receive needed assistance with basic activities.
- 50 percent of employees surveyed expressed the opinion that staffing levels were insufficient to provide safe patient care.
- 37 percent of employees surveyed said they were often asked to work beyond their tours of duty because of insufficient staffing.
- 31 percent of employees surveyed stated that they believed appropriate actions were not taken when adverse events occurred.

Suggested Improvement Action. We suggested that the VISN Director ensure that the VAMC Director uses this data in conjunction with VISN and the Bronx VAMC's assessments to focus on areas warranting management attention.

The VISN Director agreed with the finding and suggestion, and provided acceptable implementation plans. (See Appendix B, page 20 for the Director's implementation plan.) The improvement actions are acceptable and we consider the issues resolved.

Monetary Benefits in Accordance with IG Act Amendments

Report Title: Combined Assessment Program Review of the Bronx VA Medical Center

Report Number: 02-01760-06

<u>Recommendation</u>	<u>Explanation of Benefits</u>	<u>Better Use of Funds</u>
1c	Better use of funds by improved certification of contractor's invoices for services rendered.	<u>\$17,326</u>
	Total	<u>\$17,326</u>

VISN Director Comments

OIG COMBINED ASSESSMENT PROGRAM REVIEW BRONX VA MEDICAL CENTER MAY 20-24, 2002

Described below is our Network concurrence with the recommendations contained in this Combined Assessment Program Review together with brief implementation plans.

Recommended Improvement Action 1. We recommend that the VISN Director ensure that the VAMC Director: (a) prevents potential conflicts of interest, (b) implements controls to comply with contract documentation and administration policies and procedures, (c) certifies that payment for services rendered reflects actual hours worked, and (d) recovers the \$17,326 overpayment from the affiliate.

VAMC Response:

Concur

A) The Medical Center has taken action to ensure that no one with an appointment at the affiliate is now involved in sharing agreements or contracts with the affiliate. Specific non-physicians have been identified as the COTRs for each of these contracts. As an additional control on this issue, documents have been given to both the Contracting and Fiscal Offices indicating that with one exception (a physician who is not affiliated) no physician can be involved with any sharing agreement or contracts with the school without the express permission of the Associate Director or Director. The Medical Center has initiated an Administrative Board, chaired by a manager from another facility to review the development and administration of these contracts, and make specific recommendations for corrective action. In addition, the Medical Center will cooperate with any review performed by the Office of Investigations. Effective - Immediately/Ongoing.

B) A checklist has been added to every contract file specifically detailing the item required for each contract. The contract specialist responsible for the contract will ensure each item is present and reflected on the checklist. In addition, an internal board within the Acquisition Program is being established that will be responsible checking contracts for compliance on a quarterly basis. All findings and corrective action will be documented. Effective - Immediately/Ongoing.

C) Both Fiscal and an Administrative Board are reviewing all payments to the affiliates to reconcile services provided with the bills submitted. The certifying officials for all of the contracts with the affiliates have been re-aligned. In addition, within 6 months, an audit will be conducted on these contracts to ensure the effectiveness of the re-aligned certification process. The overpayment to the affiliate will be used to reduce the next payment to the affiliate for services. Effective – Immediately, with a follow-up review in 6 months.

Recommended Improvement Action 2. We recommend that the VISN Director ensure that the VAMC Director: (a) requires cardholders to solicit competition in accordance with FAR and document actions taken, (b) requires cardholders to make only authorized procurements, and (c) issues a revised purchase card policy.

VAMC Response:

Concur

A) A purchase card refresher course will be given on a semi-annual basis. This course will re-emphasize that competition is required. Effective - Immediately/Ongoing.

B) On a yearly basis, unannounced audits will be performed to verify that competition has been sought. In addition, a computer program is being written to look for split payments and other issues on a monthly basis. Effective - Immediately/Ongoing

C) The existing purchase card policy will be edited to more specifically address the issues related to competition, printing services, and timeliness standards for reconciling and certifying transactions. Also included in the purchase card policy will be website links for the latest Blanket Purchase Agreements (BPA) awarded by the National Acquisition Center (NAC) and for General Services Administration (GSA). Effective - Immediately/Ongoing

Recommended Improvement Action 3. We recommend that the VISN Director ensure that the VAMC Director: (a) corrects each deficiency described above and (b) establishes monitors to ensure inspection procedures of controlled substances are improved.

VAMC Response:

Concur

A) The 12 inspections that were missed, occurred when the Coordinator retired unexpectedly and in the interim there was miscommunication among Controlled Substance Inspectors (CSI), i.e., 2 of the CSI inspectors who were scheduled assumed that the other was covering them, when in fact, one went on vacation and the other had surgery. Since that time the new Coordinator has been assigned this program and the inspections are being tracked monthly and reported as required. A mechanism was established in May 2002 where the CSI Coordinator started providing and documenting orientation, training, and in-service to the CSIs, including the requirement to verify a sample of dispensing entries with physicians orders and patient's medication records. The inspection tool was revised to incorporate this element. The program coordinator is in the process of recruiting CSIs so that inspectors who have been on the team more than one year are rotated off the schedule. Effective - Immediately/Ongoing.

B) Expired controlled substances are sealed with two signatures and now checked monthly via the inspection process. A revised inspection of controlled substances form has been developed to include these expired narcotics and is checked monthly by the inspector. Narcotics held for destruction are now disposed on a quarterly basis regardless of quantity marked for destruction. Effective - Immediately/Ongoing.

Recommended Improvement Action 4. We recommend that the VISN Director ensure that the VAMC Director: (a) enforces VAMC policy related to vendor representative visits by centralizing the appointment process to ensure that all visits are by appointment only and appropriately documented and (b) requests that Regional Counsel review the practice of pharmaceutical manufacturers providing lunch to determine compliance with VA policy.

VAMC Response:

Concur

A) The Medical Center is developing a letter to be given to all vendors re-enforcing the requirement that they must have appointments, and must be processed through the Acquisition Program, as required by the existing policy. Both the Police and the staff at the information desk will have copies of this letter to give to any pharmaceutical representatives who arrive without following the process. Effective - Immediately/Ongoing.

B) The Medical Center has received guidance from Regional Counsel on pharmaceutical vendors providing food, but will be getting additional clarification on specific issues as requested. Effective - Immediately/Ongoing.

Recommended Improvement Action 5. We recommend that the VISN Director ensure that the VAMC Director: (a) develops a plan for a long-term solution to maintaining bathrooms so that they are free from odors and (b) adds a medical staff member to the EOC.

VAMC Response:

Concur

A) Most of the Medical Center bathrooms have not been renovated in 20 years. They were designed with a one-inch by one-inch (dirty gray) tile floor that, even when clean, appears dirty. As discussed the Medical Center has a project currently underway to renovate the bathrooms on Medical/Surgical Units, which will replace the floor tiles. One of the FY 2003 NRM projects that is being funded is designed to renovate many of the public restrooms. It was identified after the survey that one of the exhaust fans that service many of the public bathrooms in the A riser had failed during the time of the survey. It was also in investigating possible causes of any odor that the cleaning

solution used, which the infection control committee continues to support as an extremely effective agent, does leave a musky odor. A review is being conducted to determine if there is another cleaning agent that is both acceptable to the infection control and leaves a pleasant smell. The public bathrooms are inspected and cleaned twice a day (and the high use public bathrooms are inspected four times a day and cleaned). Effective - Immediately/Ongoing.

It should be noted that the Medical Center and Network have a comprehensive system to monitor and address issues. The Medical Center has a comprehensive Infection Control Program that performs rounds in each clinical area every two weeks. The Infection Control Committee has established a high threshold for achievement based on the medical center's goal to maximize cleanliness. Multidisciplinary Environmental Rounds are conducted weekly, so that every area within the Medical Center is inspected on a semi-annual basis. The Medical Center Director and Associate Director each conduct additional rounds. The Network Director, Network Safety Staff, and the Network Environmental Management Council each conduct rounds at least annually in each facility.

B) The Medical Center will place a physician on the environment of care committee.

Suggested Improvement Action. We suggest that the VISN Director ensure that the VAMC Director evaluates the feasibility of trending its VAMCs' patient mortality by ward, shift, and provider in accordance with VHA standards.

VAMC Response:

Concur

The Facility reviews mortality on an ongoing, provider specific basis, both at morning report and in Mortality and Morbidity Reviews. The facility will track and trend patient mortality by ward and shift. Effective - Immediately/Ongoing

Suggested Improvement Action. We suggest that the VISN Director ensure that the VAMC Director: (a) implements controls to lock unattended medication carts, (b) keeps hallways and tunnels free of supplies and equipment, and (c) installs handrails along the hallways on all inpatient acute wards.

VAMC Response:

Concur

A) The security and control of the medication carts will be specifically addressed as a performance issue for all of the Nursing Clinical Managers. Effective - Immediately/Ongoing.

B) The Medical Center has taken additional steps to remove equipment from hallways, and will perform additional reviews in these areas to address the issue on an ongoing basis. Effective - Immediately/Ongoing.

C) The Medical Center was built with a Nurse Server system, which results in many closet doors (the nurse server system) opening on the hallways. This limits the ability to place handrails. As part of the bathroom renovation project currently underway, these nurse servers are being removed and new handrails are being installed on all units. This project will include additional alcoves for the storage of wheeled equipment. Effective - Immediately/Ongoing.

Suggested Improvement Action. We suggest that the VISN Director ensure that the VAMC Director: (a) reviews the two cases cited above for appropriateness of care and (b) monitors the privacy of patient documents on a regular basis.

VAMC Response:

Concur

A) The Medical Center has reviewed both of these patients. One of the patients will also be included in a RCA on patient falls. In addition, both cases will be shared with the VISN, so they can also review the cases.

B) Prior to the audit, the Medical Center implemented a program where the Information Security Officer makes routine rounds throughout the Medical Center looking for breaches of patient confidentiality and information security. He has been informed of the issues identified by the audit team, and will heighten his review of these areas. In addition, the security and control of the medication carts, and the information on the carts will be specifically addressed as a performance issue for all of the Nursing Clinical Managers. Effective - Immediately/Ongoing

Suggested Improvement Action. We suggest that the VISN Director ensure that the VAMC Director takes action to accredit and certify the Bronx VAMC's AIS as required.

VAMC Response:

Concur

In accordance with VA Directive 6214 (March 2002) and VA Handbook 6214, interim authority to operate certificates will be requested for the Bronx VAMC's AIS. The ISO has coordinated the process of obtaining permanent authority to operate these systems through the VA Office of Cyber Security (OCS) according to the OCS capabilities and schedules. The OCS has indicated they are not yet ready to receive requests, and have asked to facility to hold. The request will be transmitted as soon as the OCS indicates they are ready. Effective – Immediately upon notification by OCS that they are accepting requests.

Suggested Improvement Action. We suggest that the VISN Director ensure that the VAMC Director takes action to: (a) implement controls to ensure that timekeepers certify timecards that reflect actual hours worked, (b) conduct timekeepers' refresher training on an annual basis, and (c) conduct semi-annual desk audits of timekeepers' operations.

VAMC Response:

Concur

A) The part-time Physician's subsidiary T&A Report (VA Form 4-5631a) were discussed at great length during the 2000 Annual Timekeeper Refresher Training. The copy of the policy was included in the Timekeeper Handbook that was given out during that training. VISTA E-mail message #15199192 was sent out to all Timekeepers and Certifying Officials on March 28, 2002 that, again, included a copy of the policy. The importance of the completion of the VA form 4-5631a was also emphasized during the 2002 Annual Timekeeper Refresher Training May 2002. Payroll has also created a Microsoft Template of the VA form 4-5631a and sent to the Timekeepers and Certifying Officials via MS Outlook. Effective - Immediately/Ongoing.

B) The Annual Timekeeper Training was completed on May 2002. Effective - Immediately/Ongoing.

C) The Semi-Annual Desk Audits for 2002 are currently in progress. The target date for completion is August 2002. Our second Desk Audits will be conducted in November 2002. Effective - Immediately/Ongoing

Suggested Improvement Action. We suggest that the VISN Director ensure that the VAMC Director uses this data in conjunction with VISN and Bronx VAMC assessments to focus on areas warranting management attention.

VAMC Response:

Concur

The Medical Center will review this data, and attempt to identify the need for additional surveys or action related to these concerns identified in the survey. Effective – Immediately/Ongoing.

We have outlined our concurrence and specific actions plans above. However, we would also like to make the following comment. The report contains both Recommended Improvement Actions and Suggestions for Improvement. In discussions the IG had with the Medical Center leadership at the time of the review, they indicated that suggestions were only suggestions. Nonetheless, the Executive Summary lists all without any distinction. We feel that the Executive Summary would be a more fair representation of the results of this review if it acknowledged the distinction between Recommended Improvement Actions and Suggestions for Improvement.



NETWORK DIRECTOR (10N3)

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