



Department of Veterans Affairs Office of Inspector General

Combined Assessment Program Review of the VA Maryland Health Care System Baltimore, Maryland

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 VA 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

The Department of Veterans Affairs (VA) Office of Inspector General (OIG) conducted a Combined Assessment Program (CAP) review of the VA Maryland Health Care System (the System) during the week of December 8-12, 2003. The purpose of the review was to evaluate selected medical center operations focusing on patient care administration, quality management (QM), and financial and administrative management controls. During the review, we also provided 5 fraud and integrity awareness briefings to 516 System employees.

Results of Review

The System provided long-term ventilator-dependent patients an improved quality of life. The Medication Usage Evaluation template improved patient and system level outcomes. The QM program, patient transportation services, and controlled substances security were managed effectively. To enhance operations, the Veterans Integrated Service Network (VISN) 5 Director needed to ensure that the System Director:

- Strengthens internal controls over the Radiology transcription contract.
- Improves information technology security.
- Strengthens controls over the Government Purchase Card Program.
- Improves compliance with part-time physician timekeeping requirements.

We also made suggestions related to the environment of care.

VISN and System Director Comments

The VISN and System Directors agreed with the CAP review findings and provided acceptable improvement plans. (See Appendixes A and B, beginning on page 9 for the full text of the Directors' comments.) We consider all review issues to be resolved but may follow up on implementation of planned improvement actions. This report was prepared under the direction of Victoria Coates, Director, Atlanta Office of Healthcare Inspections.

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

Introduction

Facility Profile

Organization. The VA Maryland Health Care System, located in Baltimore and Perry Point, Maryland is a tertiary health care system that provides a broad range of inpatient and outpatient health and mental health care services. Inpatient rehabilitation and extended care is provided at the Baltimore VA Rehabilitation and Extended Care Center. Outpatient care is also provided at five community-based outpatient clinics located in Glen Burnie, Cambridge, Pocomoke City, Fort Howard, and Loch Raven. The System is part of VISN 5 and serves a veteran population of about 276,240 in a primary service area that includes 15 counties in Maryland.

Programs. The System provides medical, surgical, mental health, geriatric, and rehabilitation services. The System has 373 acute hospital beds, 200 nursing home beds, 50 domiciliary beds, 108 Substance Abuse Residential Rehabilitation Treatment Program/Psychosocial Residential Rehabilitation Treatment Program beds, and 23 Compensated Work Therapy beds. The System has a sharing agreement with 1 military base and 18 sharing agreements with the University of Maryland Medical System.

Affiliations and Research. The System is affiliated with the University of Maryland School of Medicine and supports 113.5 medical resident positions in 32 training programs. In Fiscal Year (FY) 2003, the System research program had 97 projects and a budget of \$14,637,387. Important areas of research include mental illness, geriatrics, multiple sclerosis, oncology, neuroimmunology, molecular medicine, endocrinology, effects of exposure to depleted uranium, and Human Immunodeficiency Virus.

Resources. In FY 2003, medical care expenditures totaled \$336.4 million. The FY 2004 medical care budget is estimated to be \$345,530,291. FY 2003 staffing totaled 2,626.6 full-time equivalent employees (FTEE), including 137.8 physician and 765.9 nursing FTEE.

Workload. In FY 2003, the System treated 50,863 unique patients. The System provided 99,078 inpatient days of acute hospital care as well as 69,313 inpatient days of care in the Nursing Home Care Unit. The acute inpatient care workload totaled 8,705 discharges, and the average daily census, for acute care and nursing home patients, was 461. The outpatient workload was 585,501 visits.

Objectives and Scope of the 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 are to:

- Conduct recurring evaluations of selected medical center 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 the requirement to refer suspected criminal activity to the OIG.

Scope. We reviewed selected clinical, financial, and administrative activities to evaluate the effectiveness of patient care administration, QM, and general management controls. QM is the process of monitoring the quality of patient care to identify and correct harmful or potentially harmful practices or conditions. Patient care administration is the process of planning and delivering patient care. Management controls are the policies, procedures, and information systems used to safeguard assets, prevent errors and fraud, and ensure that organizational goals are met. The review covered selected facility operations from March 27, 1996, through December 17, 2003, and was done in accordance with OIG standard operating procedures for CAP reviews.

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

Contract Award and Administration	Medication Usage Evaluation Template
Controlled Substances Security	Mental Health
Environment of Care	Nurse Staffing
Government Purchase Cards	Part-Time Physician Time and Attendance
Information Technology Security	Patient Transportation Services
Long-Term Ventilator Unit	Quality Management

As part of the review, we used questionnaires and interviews to survey patient and employee satisfaction with the timeliness of services and the quality of care. We sent electronic survey questionnaires to System employees, 187 of whom responded. We surveyed 96 mental health and 20 primary care outpatients and 10 inpatients during our review. The surveys indicated high levels of patient satisfaction and moderately high levels of employee satisfaction and did not disclose any significant issues. We provided the survey results to System managers.

During the review, we also presented five fraud and integrity awareness briefings for System employees. These briefings, attended by 516 employees, 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.

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

Results of Review

Organizational Strengths

Long-Term Ventilator-Dependent Unit – Social and Recreational Opportunities Improved Patients' Quality of Life

The aggressive socialization programs provided to long-term ventilator-dependent patients improved their quality of life. Ventilator-dependent patients, because of the complex care they require, are usually limited in both activities and social interactions. At the System's Perry Point campus, we found employees assisted patients to get out of bed and dress in street clothes daily. Patients received frequent physical, speech, respiratory, and recreational therapy. All patients participated in unit-wide activities. Employees routinely took ventilator-dependent patients shopping at the Canteen, a half-mile away. Unit employees took six patients on a fishing trip in 2002 and four patients on a second fishing trip in 2003. A patient that we interviewed told us that prior to coming to this unit, he was bedridden. He now wheels himself outside every day, interacts with other patients often, and feels that this unit "...has given him his life back."

Medication Usage Evaluation Template – Evidence-Based Practices Improved Patient Care

Managers re-engineered Pharmacy and Therapeutics (P&T) Committee activities to improve patient and system level outcomes. The P&T Committee developed the Medication Usage Evaluation (MUE) computerized decision support process to assist physicians in prescribing the most appropriate medications to patients. This committee was also responsible for review and incorporation of evidence-based research, programming and data analysis required to refine existing and deploy new MUE templates, and outcomes measurement. Thus far, clinical managers have targeted 11 drugs that meet high risk, high volume, and/or high cost criteria.

Clinical managers created Computerized Patient Record System templates (designated MUEs) that activate when a physician enters an electronic prescription. In these MUE templates, providers respond to a series of prompts that guide them toward evidence-based, best practice drug utilization. The MUE templates were designed to save physicians' time by automatically: a) retrieving relevant test and procedure results; b) ordering follow-up tests or consultation requests; and c) writing progress notes that the pharmacist reviews prior to filling the prescription. MUE templates also feature direct links to research studies and to a website where physicians can offer feedback.

Since 2001, more than 700 physicians completed over 24,000 MUE notes. The following are examples of observed outcomes:

- Within 6 months, the MUE-attributable increase in follow-up test orders¹ for patients on amiodarone, a toxic antiarrhythmic medication, ranged from 39-120 percent above baseline.
- Outpatient antibiotic² prescriptions for uncomplicated upper respiratory conditions decreased by 48 percent during the study period. Overall, admissions for pneumonia did not increase, suggesting that the antibiotic MUE did not lead to underutilization of these medications when they were indicated.
- Off-label use of gabapentin, a seizure medication, was virtually eliminated. Gabapentin is ineffective in the treatment of mood disorders and should be used only as a second-line agent to treat neuropathic pain.
- Evidence-based drug conversions resulted in significant cost savings. When managers determined that the pharmacy could no longer reliably obtain the calcium channel blocker felodipine³ from the supplier, they implemented an evidence-based MUE with links to recent clinical trial data. More than half of the targeted patients were converted to equally effective, lower cost medications,⁴ resulting in a cost savings of \$106,000. Had the System conducted a blanket conversion to the equivalent calcium channel blocker (amlodipine), the annual cost would have exceeded \$600,000.

Collectively, the re-engineered P&T Committee process and the individual MUE templates that it generates represent an organizational strength that could be exported to other VA medical facilities nationwide.

¹ Follow-up includes liver, thyroid, and pulmonary function tests, chest x-rays, and ophthalmology examinations

² Gatifloxacin and azithromycin

³ Felodipine is prescribed for the treatment of high blood pressure and congestive heart failure

⁴ Nifedipine SR, hydrochlorothiazide, or beta blockers

Opportunities for Improvement

Contracts – Internal Controls for Radiology Transcription Services Needed Improvement

Condition Needing Improvement. The Contracting Officer's Technical Representative (COTR) certified Radiology transcription invoices for payment without validating amounts charged. The System paid the contractor about \$547,400 during the period March 27, 1996, through December 17, 2003. During the period, the contractor provided transcription services to the System under two contracts and two extensions.

Neither of the contracts required the contractor to provide support for total lines billed on monthly invoices. Without supporting documentation, the COTR could not compare actual transcription line counts with the lines billed by the contractor. VA policy requires that the amounts charged be validated. As a result of our review, VISN 5 Acquisition and Materiel Management Service Line (A&MMS) staff requested that the contractor provide a monthly log showing line counts for each job transcribed.

Additionally, the contractor did not obtain background investigations for the seven transcriptionists, as required in the contracts.

Recommended Improvement Action(s) 1. The VISN Director should ensure that the VISN A&MMS staff:

- a. Amend the Radiology transcription services contract to require the contractor to submit line count logs supporting the monthly invoices, and ensure that the COTR verifies the accuracy of the invoices.
- b. Ensure that the contractor obtains background investigations for transcriptionists.

The VISN and System Directors agreed with the findings and recommendations, and the VISN Director agreed with the System Director's corrective action plan. The System Director provided acceptable improvement plans. We will follow up on the planned actions until they are completed.

Information Technology – Security Needed Improvement

Condition Needing Improvement. The following information technology (IT) security conditions required management attention:

- Four contractors had not obtained background investigations for six contractor employees with Veterans Health Information System and Technology Architecture (VISTA) access. A&MMS staff agreed to work with the contractors to ensure that the required background investigations are obtained.
- IT management did not store automated information systems (AIS) back-up tapes outside the main computer room.
- The VISTA contingency plan did not include the labeling scheme needed to distinguish which set of tapes represented the latest back-up data.

Recommended Improvement Action(s) 2. The VISN Director should ensure that the System Director takes action to:

- a. Ensure that background investigations are completed for all contractor employees with VISTA access.
- b. Store AIS back-up tapes in a location outside the main computer room.
- c. Include the labeling scheme for back-up tapes in the VISTA contingency plan.

The VISN and System Directors agreed with the findings and recommendations, and the VISN Director agreed with the System Director's corrective action plan. The System Director provided acceptable improvement plans. We will follow up on the planned actions until they are completed.

Government Purchase Card Program – Controls Needed Improvement

Condition Needing Improvement. During the 11-month period ending August 29, 2003, cardholders completed 27,209 transactions totaling \$15.6 million. Government Purchase Card Program officials were not monitoring transactions to determine if cardholders were following the program requirements. Improvements are needed in the following areas:

- One employee used 65 convenience checks totaling about \$163,000 between July 2003 and September 2003 to purchase services rather than using purchase cards. Using convenience checks to pay the vendors that accept purchase cards resulted in the System losing about \$1,625 in rebates.
- Purchase cardholders split 51 purchases valued at about \$86,000 to stay within single purchase limits.

- Purchase cardholders did not enter 1,551 purchase orders totaling about \$1.3 million into the IFCAP⁵ system within 1 workday following the purchases.
- Approving officials did not approve 868 purchase card transactions valued at about \$786,000 in a timely manner. These transactions ranged from 15 to 324 days old. Also, 572 of these transactions, valued at about \$540,000, were over 60 days old.

Recommended Improvement Action(s) 3. The VISN Director should ensure that the System Director implements purchase card controls to ensure that:

- a. Government purchase cards are used to pay for goods and services.
- b. Purchase cardholders do not split purchases.
- c. Purchase cardholders enter purchase orders into the IFCAP system no later than 1 workday following purchases.
- d. Approving officials approve purchase card transactions timely.

The VISN and System Directors agreed with the findings and recommendations, and the VISN Director agreed with the System Director's corrective action plan. The System Director provided acceptable improvement plans. We will follow up on the planned actions until they are completed.

Part-Time Physician Timekeeping – Controls Needed Improvement

Condition Needing Improvement. Part-time (PT) physician time and attendance controls required management attention. Employee Accounts Section staff did not, as required by Veterans Health Administration policy, review Subsidiary Time and Attendance Reports during their semi-annual desk audits. As a result, the Employee Accounts Section employees did not know that PT physicians in the Medical Care and Surgical Care Clinical Centers were not completing the required Subsidiary Time and Attendance Reports.

Recommended Improvement Action(s) 4. The VISN Director should ensure that the System Director requires that:

- a. Employee Accounts Section employees review Subsidiary Time and Attendance Reports during the semi-annual desk audits.
- b. Timekeepers obtain completed Subsidiary Time and Attendance Reports from PT physicians in the Medical Care and the Surgical Care Clinical Centers.

⁵ Integrated Funds Distribution, Control Point Activity, Accounting and Procurement

The VISN and System Directors agreed with the findings and recommendations, and the VISN Director agreed with the System Director's corrective action plan. The System Director provided acceptable improvement plans. We will follow up on the planned actions until they are completed.

Environment of Care – Safety and Maintenance Conditions Needed Improvement

We inspected 17 patient care areas at the Perry Point and Baltimore campuses, and generally found System buildings to be clean. Several issues such as leaking faucets, burned out light bulbs, or broken light fixtures were corrected at the time of our visit. However, some safety and maintenance conditions required management attention.

Condition Needing Improvement. Locked mental health units needed suicide risk assessments. Several patient rooms on ward 6A had suspended ceilings, thus allowing patients access to utility pipes in the ceilings. Bathroom grab bars on wards 6A, 364A, and 364B were not flush to the wall. Both conditions posed potential suicide risks for mental health patients.

Managers previously identified the suspended ceilings as a vulnerability and initiated plans to correct the problem. We shared several Joint Commission on Accreditation of Healthcare Organizations consultation reports describing the risks of bathroom grab bars in locked mental health units, and managers agreed to explore alternatives.

Suggested Improvement Action(s) 1. The VISN Director should ensure that the System Director completes an environmental risk assessment on locked mental health units and makes appropriate adaptations to reduce identified risks.

Condition Needing Improvement. Patient nourishment kitchens on wards 3A, 5A, 5B, 9H, the Medical Intensive Care Unit, the Cardiac Intensive Care Unit, the Surgical Intensive Care Unit, and the Emergency Room needed attention. Conditions included torn or moldy refrigerator gaskets, dirty splashguards, and dirty floors with lime build-up around ice machines. Managers initiated work orders during our visit that would correct the patient nourishment kitchen deficiencies.

Suggested Improvement Action(s) 2. The VISN Director should ensure that the System Director initiates a regular schedule for cleaning and repairing patient nourishment kitchens.

The VISN and System Directors agreed with the findings and suggestions, and the VISN Director agreed with the System Director's corrective action plan. The System Director provided acceptable improvement plans. We will follow up on the planned actions until they are completed.

VISN 5 Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: February 10, 2004

From: Network Director, VISN 5 (10N5)

Subject: Combined Assessment Program Review of the VA Maryland Health Care System Baltimore, Maryland, Project #2004-00356-HI-0037

To: Assistant Inspector General for Healthcare Inspections

1. Attached please find the comments and actions from the Director, VA Maryland Health Care System (VAMHCS) regarding the Office of the Inspector General Combined Assessment Program Review of December 8-12, 2004.
2. I concur with all corrective actions concerning the four (4) recommendations and two (2) suggestions. I appreciate the courtesy and cooperation of the OIG team while at the VAMHCS.

James J. Nocks, MD, MSHA

System Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: February 5, 2004

From: Director, VA Maryland Health Care System (512/00)

Subject: Combined Assessment Program Review of the VA Maryland Health Care System Baltimore, Maryland, Project #2004-00356-HI-0037

To: Assistant Inspector General for Healthcare Inspections

Thru: Network Director, VISN 5 (10N5)

1. Attached please find the action plans for the four (4) recommendations and two (2) suggestions from the Office of the Inspector General Combined Assessment Program Review conducted December 8-12, 2004.
2. We appreciate the professionalism demonstrated by your team during this review process.
3. If you have any questions regarding this report, please contact Kathy Barney, Acting Director Accreditation and Performance Improvement at 410-605-7000 ext. 6616.

Dennis Smith

System Director's Comments to Office of Inspector General's Report

The following Director's comments are submitted in response to the recommendation and suggestions in the Office of Inspector General Report:

OIG Recommendation(s)

Recommended Improvement Action(s) 1. The VISN Director should ensure that the VISN A&MMS staff:

- a. Amend the Radiology transcription services contract to require the contractor to submit line count logs supporting the monthly invoices, and assure that the COTR verifies the accuracy of the invoices.
- b. Ensure that the contractor obtains background investigations for transcriptionists.

Concur **Target Completion Date:** Completed

a. The Radiology Transcription Services contract has been amended effective January 27, 2004 to further define the contractor's requirement to submit line count logs supporting the monthly invoices in accordance with the contract. The monthly invoice will not be approved by the COTR without the transcription log.

The COTR will verify the invoice before approval by matching the invoice to the log. Quarterly, the Contracting Officer will monitor the contract to ensure that the invoices are verified for accuracy.

b. The Radiology Transcription Services contractor submitted information regarding background checks for their transcriptionists to the Contracting Officer on January 21, 2004, in accordance with the contract, Section CPSR-1 through CPSR-5, Contractor Personnel Security Requirements.

On January 23, 2004, the Chief, Acquisition Section for the VAMHCS submitted the request for background investigations of contractor personnel to the VA Office of Security and Law Enforcement, who will forward to the Office of Personnel Management (OPM).

Recommended Improvement Action(s) 2. The VISN Director should ensure that the System Director takes action to:

- a. Ensure that background investigations are completed for all contractor employees with VISTA access.

- b. Store AIS back-up tapes in a location outside the main computer room.
- c. Include the labeling scheme for back-up tapes in the VISTA contingency plan.

Concur **Target Completion Date:** Completed

a. One of the six existing contracted information technology employees has VistA access. The intent of this recommendation is to assure that all persons in Information Technology critical-sensitive positions undergo high-risk background investigations. VAMHCS has requested background investigations for all six existing contracted staff in Information Technology critical-sensitive positions. VAMHCS contract specialists will assure background investigations are requested for all future contractors in Information Technology critical-sensitive positions according to policy.

b. AIS back-up tapes were moved December 10, 2003 from the main computer room to a secure location outside the computer room, as mutually determined between the auditors and VAMHCS at the time of the Combined Assessment Program survey.

c. The ADP Contingency Plan has been modified to include the labeling scheme for the backup tapes to distinguish which set of tapes represents the latest backup.

Recommended Improvement Action(s) 3. The VISN Director should ensure that the System Director implements purchase card controls to ensure that:

- a. Government purchase cards are used to pay for goods and services.
- b. Purchase cardholders do not split purchases.
- c. Purchase cardholders enter purchase orders into the IFCAP system no later than 1 workday following purchases.
- d. Approving officials approve purchase card transactions timely.

Concur **Target Completion Date:** Completed

a. SOP No. 90-13, dated January 2004, "Use of Convenience Checks Within Acquisition & Materiel Management Service Line (A&MMS)" was implemented. This SOP describes the process and appropriate use of convenience checks in lieu of Government Purchase Cards by the Purchasing Agents, the method of monitoring and frequency (quarterly). The results of the quarterly review will be reported to the Assistant Director, A&MM Service Line, for inclusion in the quarterly report to Executive Committee of Administrative Services.

b. On-going audits are conducted randomly twice yearly using a preprinted form entitled, "VAMHCS Purchase Card Audit Report." This form reflects a review of any split orders in accordance with Section V, Verification that sampled purchases are within cardholder's limits, Question 17: Was order fragmented to stay within dollar limit? Any comments and corrective actions are also stated on the form.

The Audit form will be sent to the Service Chief for discussion with the cardholder to correct any performance problems and a monthly Audit report sent to the Associate Director for Finance. A follow up audit is conducted after 90 days on cardholders who were non-compliant. If the same discrepancy exists, a recommendation is made to the Associate Director for Finance to cancel the cardholder's purchase card for misuse/abuse and may result in disciplinary action.

A review of the Purchase Card Timely Commitment Report will begin in March 2004 and will be reviewed monthly by the Purchase Card Coordinator to determine if any orders were "split." The results will be forwarded to the Service Chief/Approving Official and correlating supervisor for review and action.

c. On-going audits are conducted randomly twice yearly using a preprinted form entitled, "VAMHCS Purchase Card Audit Report." This form reflects a review of any orders not entered into IFCAP within 24 hours in accordance with Section III, Timeliness Requirements of Cardholder & Approving Official, Question 6: Was the order entered within 1 day? Any comments and corrective actions are also stated on the form.

The Audit form will be sent to the appropriate Service Chief for discussion with the cardholder to correct any performance problems, and a monthly Audit report is sent to the Associate Director for Finance. Another audit is conducted after 90 days. If the discrepancy exists, a recommendation is made to the Associate Director for Finance to cancel the cardholder's purchase card for misuse/abuse and may result in disciplinary action.

A review of the Purchase Card Timely Commitment Report will begin in March 2004 and will be reviewed by the Purchase Card Coordinator for orders not entered into IFCAP within a 24-hour period. The results will be forwarded to the Associate Director for Finance and the Service Chief/Approving Official for review and action.

d. On-going audits are conducted randomly, twice yearly, using a preprinted form entitled, "VAMHCS Purchase Card Audit Report." This form reflects a review of any orders not approved within 14 days in accordance with Section III, Timeliness Requirements of Cardholder & Approving Official, Question 8: Did the approving official certify within 14 days? Any comments and corrective actions are also stated on the form.

The Audit form is then sent to the appropriate Service Chief, and a monthly Audit report is sent to the Associate Director for Finance. Another audit is conducted after 90 days. If the discrepancy exists, a recommendation is made to the Associate Director for Finance to cancel the cardholder's purchase card for misuse/abuse and may result in disciplinary action.

Beginning February 2004, a delinquent report will be reviewed monthly by the Purchase Card Coordinator, for randomly selected services, to determine if orders were approved by the Approving Official within 14 days. The results will be forwarded to the Service Chief/Approving Official with a copy sent to the supervisor for review and action.

By June 2004, A&MMS will review past split purchases to determine if high warrants are appropriate or contracts are needed. Mandatory training will continue to be offered quarterly to reinforce purchase card guidelines.

Recommended Improvement Action(s) 4. The VISN Director should ensure that the System Director requires that:

- a. Employee Accounts Section employees review Subsidiary Time and Attendance Reports during the semi-annual desk audits.
- b. Timekeepers obtain completed Subsidiary Time and Attendance Reports from PT physicians in the Medical Care and the Surgical Care Clinical Centers.

Concur **Target Completion Date:** Completed

a. The Employee Accounts Section (Payroll) has reviewed the Subsidiary Time and Attendance Reports in January 2004 and the next audit is scheduled for July 2004. The audit cycle of January and July will continue. Employee Accounts Section provided feedback to timekeepers regarding the discrepancies in the Subsidiary Time and Attendance Reports.

b. Employee Accounts Section meets monthly with the Time Keepers in the Medical and Surgical Clinical Care Centers and randomly reviews time cards. The Time Keepers for both Centers are completing all of the time card except for "Time Worked" and "Leave Used," which will be completed and certified as correct by the physician. Cards are not accepted from the physician without review by the Timekeeper and pay will be withheld until discrepancies are resolved.

OIG Suggestion(s)

Suggested Improvement Action(s) 1. The VISN Director should ensure that the System Director completes an environmental risk assessment on mental health units and makes appropriate adaptations to reduce identified risks.

Concur **Target Completion Date:** March 31, 2004

An environmental risk assessment on the mental health units will be conducted by March 31, 2004. Appropriate environmental changes to reduce identified risks will be made.

Suggested Improvement Action(s) 2. The VISN Director should ensure that the System Director initiates a regular schedule for cleaning and repair of patient nourishment kitchens.

Concur **Target Completion Date:** Completed.

a. Facilities and Engineering Service surveyed all refrigerators and assured that all units are included on the Preventive Maintenance Schedule.

b. The patient nourishment kitchens (floors, ice machine and counter areas) are cleaned daily. There will be two levels of review (a) the EMS supervisors will review the cleanliness of the areas on a monthly basis, and (b) Environmental Administrative rounds will review the cleanliness of this area on a monthly basis.

OIG Contact and Staff Acknowledgments

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This report will be available in the near future on the OIG's Web site at <http://www.va.gov/oig/52/reports/mainlist.htm>. This report will remain on the OIG Web site for at least 2 fiscal years after it is issued.