



Department of Veterans Affairs Office of Inspector General

Combined Assessment Program Review of the Ralph H. Johnson VA Medical Center Charleston, South Carolina

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.
- 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.

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 December 6-10, 2004, the Office of Inspector General (OIG) conducted a Combined Assessment Program (CAP) review of the Ralph H. Johnson VA Medical Center, Charleston, South Carolina. The purpose of the review was to evaluate selected 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 employees. The medical center is under the jurisdiction of Veterans Integrated Service Network (VISN) 7.

Results of Review

This CAP review focused on 11 areas. The medical center complied with selected standards in the following six areas:

- Controlled Substances Accountability
- Environment of Care
- Government Purchase Card Program
- Part-time Physician Timekeeping
- Pressure Ulcer Management
- QM

We identified five areas that needed management attention. The following recommendations were made:

- Improve contract award and administration.
- Improve supply inventory management practices.
- Enhance information technology security.
- Include the research facility in the annual hazard vulnerability assessment (HVA).
- Improve pain management documentation.

This report was prepared under the direction of Ms. Victoria H. Coates, Director, Atlanta Regional Office of Healthcare Inspections, and Ms. Bertie Clarke, CAP Team Leader, Atlanta Regional Office of Healthcare Inspections.

VISN and Medical Center Directors' Comments

The VISN and Medical Center Directors agreed with the findings and recommendations and provided acceptable implementation plans. (See pages 11-17 for the full text of the Directors' comments.) We will follow up on planned actions until they are completed.

(original signed by:)

RICHARD J. GRIFFIN
Inspector General

Introduction

Medical Center Profile

Organization. The Ralph H. Johnson VA Medical Center located in Charleston, South Carolina, is a large tertiary care facility that provides a broad range of inpatient and outpatient health care services. Outpatient care is also provided at three community-based outpatient clinics (CBOCs) located in Myrtle Beach and Beaufort, South Carolina, and Savannah, Georgia. The medical center is part of VISN 7 and serves a veteran population of approximately 427,700 in a primary service area that includes 20 counties along the South Carolina coast and southeastern Georgia.

Programs. The medical center is a tertiary referral center that provides medical, surgical, mental health, geriatric, and rehabilitation services. The medical center has 98 operating hospital beds and 28 nursing home beds, and operates several regional referral and treatment programs including Home Based Primary Care and Mental Health Intensive Case Management. The medical center has sharing agreements with Beaufort Naval Hospital and the Medical University of South Carolina (MUSC).

Affiliations and Research. The medical center is affiliated with MUSC and supports 89 medical resident positions in 22 training programs. In Fiscal Year (FY) 2004, the medical center's research program had 179 projects and a budget of \$15.2 million. Important areas of research include Cardiology, Nephrology, and Mental Health.

Resources. In FY 2004 medical care expenditures totaled \$166,589,600. The FY 2005 projected medical care budget is approximately \$173,253,000. FY 2004 staffing totaled 1058.6 full-time equivalent (FTE) employees, including 84 physicians and 304 nursing employees.

Workload. In FY 2004, the medical center treated 37,379 unique patients. The medical center provided 26,781 inpatient days of care in the hospital and 8,873 inpatient days of care in the Nursing Home Care Unit. The inpatient care workload totaled 4,444 discharges, and the average daily census, including nursing home patients, was 97. The outpatient workload was 360,917 visits, including CBOC visits.

Decisions Relating to Recommendations of the Commission on Capital Asset Realignment for Enhanced Services (CARES). On February 12, 2004, the CARES Commission issued a report to the Secretary of Veterans Affairs describing its recommendations for improvement or replacement of VA medical facilities, and the Secretary published his decisions relative to the Commission's recommendations in May 2004. The Commission did not recommend any mission changes for the medical center. The Secretary concluded that, "VA will make necessary renovations at the ... Charleston VAMC [medical center] to ensure that local veterans are cared for in safe and efficient facilities designed to provide high quality care." By 2012, the medical center will put

new CBOCs into service in Hinesville, Georgia, and Goose Creek, South Carolina. Go to <http://www1.va.gov/cares/> to see the complete text of the Secretary's decision.

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 and benefits services. The objectives of the CAP review are to:

- Conduct recurring evaluations of selected health care facility and regional office operations focusing on patient care, quality management, benefits, 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. 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 or potentially harmful practices or 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. We also followed up on the recommendations included in our previous CAP report of the facility (*Combined Assessment Program Review of the Ralph H. Johnson VA Medical Center, Charleston, South Carolina, Report No. 01-00507-79, June 27, 2001*).

The review covered medical center operations from FY 2003 to FY 2005 through December 10, 2004, 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:

Contract Award and Administration	Pain Management Documentation
Controlled Substances Accountability	Part-time Physician Timekeeping
Emergency Preparedness	Pressure Ulcer Management
Environment of Care	QM
Government Purchase Card Program	Supply Inventory Management
Information Technology Security	

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. Web based questionnaires were made available to all medical center employees, and 89 responded.

We also surveyed 30 patients during our site review. We provided full survey results to medical center managers.

During this review, we presented 4 fraud and integrity awareness briefings that 134 employees attended. The 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.

We discussed activities needing improvement in the Opportunities for Improvement section (pages 4-9). For these activities, we make recommendations for improvement. Recommendations pertain to issues that are significant enough to be monitored by the OIG until corrective actions are implemented. For the activities not discussed in the Opportunities for Improvement section, there were no reportable conditions.

Results of Review

Opportunities for Improvement

Contract Award – Sole-Source Contract Proposals Should Receive A Pre-Award Review

Condition Needing Improvement. During FY 2003 and FY 2004, VISN 7 contracting officers awarded five sole-source contracts for the medical center to the affiliated medical school, for services valued at more than \$500,000 each, without a pre-award review. VHA Directive 99-056 requires a pre-award review by the OIG Contract Review and Evaluation Division of all contract proposals valued at more than \$500,000, inclusive of option years, that were awarded to affiliated institutions on a sole-source basis.

Sole-Source Contract Costs

CONTRACT NUMBER	DESCRIPTION OF SERVICE	TOTAL
V247P-1087	Anesthesiology	\$2,502,209
V247P-1876	Infectious Disease Physician	\$574,688
V247P-1877	Pulmonary/Critical Care	\$1,803,380
V247P-1906	Neurosurgery	\$1,809,575
V247P-1995	Gastroenterology	\$1,933,943
TOTAL VALUE		\$8,623,795

VISN contracting officers misinterpreted the Directive paragraph that stated, in part: “When it is determined that the cost data is inadequate to determine a fair and reasonable price, contracting officers should request an audit.” to mean that if the contracting officer determined the price to be fair and reasonable for any sole-source contract, an OIG pre-award review was not required. Although contracting officers have the authority to make decisions concerning the adequacy of cost data for sole-source contract proposals under \$500,000, all sole-source contract proposals valued at \$500,000 or more must be forwarded to the OIG Contract Review and Evaluation Division for a pre-award review.

Historically, OIG pre-award reviews have resulted in contracts at prices significantly below those proposed by the affiliated institutions. During the period FY 2000 through October 15, 2004, the OIG completed 54 pre-award reviews of sole-source contracts to affiliated institutions that had a proposed price of more than \$500,000. These pre-award reviews recommended cost reductions totaling approximately 21 percent of the proposed prices. Subsequent contract negotiations resulted in 62 percent of the recommended reductions being sustained by the contract negotiation. As a result, the proposed contract prices for those contracts reviewed were reduced by an average of about 13 percent.

Based on these results, we estimate that had OIG pre-award reviews been requested, the cost of the sole-source contracts with affiliated institutions could have been reduced by \$1.1 million (\$8.6 million x 13 percent).

Recommended Improvement Action(s) 1. The VISN 7 Director should ensure that all sole-source contract proposals with affiliated institutions valued at \$500,000 or more receive an OIG pre-award review.

The VISN Director agreed with the findings and recommendation, and initiated action to ensure that applicable sole-source contracts receive an OIG pre-award review.

Supply Inventory Management – Inventory Controls Needed Improvement

Condition Needing Improvement. The following inventory management areas required management attention:

- Stock levels in the warehouse, Supply Processing and Distribution (SPD), and non-medical primary inventory points exceeded the 30-day stock level.
- Engineering Service had not identified and entered some inventory items in the Generic Inventory Package (GIP) Item Master File (IMF).

VHA policy establishes a 30-day supply level and requires medical facilities to use GIP to establish inventory levels, set reorder quantities, and track usage of supplies.

30-day Stock Levels. As of November 17, 2004, the three primary inventory control points (warehouse, SPD, and non-medical) had 1,137 line items valued at \$305,516, of which 559 (49 percent) valued at \$76,533 exceeded the VHA 30-day supply level. The medical center's GIP Days of Stock On Hand report showed the 559 line items exceeded the 30-day stock level by about \$50,200. We sampled 34 inventory line items that exceeded their 30-day stock level and found that the normal stock level in GIP had been manually set at more than a 30-day stock level for each item, ranging from 32 days to 2,400 days. Logistics management was not utilizing the GIP automated stock level utility to set normal stock levels.

During the CAP review, the medical center provided an updated SPD Days of Stock On Hand report to show inventory management improvements made since the November 17, 2004, report. The report showed that the medical center had reduced the excess stock by \$17,700.

Engineering Service Recurring Use Items. Some Engineering inventory items had not been identified and entered in the IMF to allow management by GIP. At the time of the CAP review, Engineering Service had entered about 800 line items (about two-thirds of all Engineering Service line items) in the IMF. A personnel shortage was cited as the

reason some items were not identified and entered in the IMF. VHA policy requires that all recurring stock items funded as operating supplies be entered in the IMF.

Recommended Improvement Action(s) 2. The VISN 7 Director should require that the Medical Center Director takes action to ensure that:

- a. The medical center uses the GIP automated stock level utility to reduce items in the primary inventory points to a 30-day stock level.
- b. All Engineering Service items are identified and entered in the IMF.

The VISN and Medical Center Directors agreed with the findings and recommendations, and the VISN Director agreed with the Medical Center Director's corrective action plan. The automatic level setter will be used for identified inventory points, and staff will adjust inventory levels as appropriate. Personnel from each engineering shop have been designated to complete the IMF inventory, and compliance reports will be submitted to management for review.

Information Technology – Security Needed Improvement

Condition Needing Improvement. The following Automated Information Systems (AIS) conditions required management attention:

AIS Accreditation and Certification. The medical center's request for an Interim Authority to Operate (IATO) dated January 1, 2004, expired on June 30, 2004. The medical center did not receive an IATO and the Information Security Officer (ISO) had not requested an extension, nor taken all necessary actions required to obtain certification and accreditation of the AIS, such as completion of contingency plans, system security plans, and risk assessments that include required elements prescribed by the National Institute of Standards and Technology (NIST).

Contingency Plans. The Local Area Network (LAN) Contingency Plan had not been developed, and the Veterans Health Information System and Technology Architecture (VistA) and the Public Branch Exchange (PBX) contingency plans did not meet mandatory operational requirements as outlined by VA policy and NIST. These requirements included plans to deal with possible disruptions in service, identification of a backup storage site, system description and architecture, assignment of responsibilities, description of the notification and activation process, evacuation guidelines, after hours phone numbers of key personnel, technical support numbers, and plans for post-disaster recovery operations.

System Security Plans (SSP). The medical center SSP for the VistA, LAN, and PBX systems did not meet mandatory operational requirements. The SSP did not address required elements as outlined in VA Handbook 6210, to include applicable laws or regulations affecting the system, system unique identifier, rules of behavior for

interconnecting systems, risk assessment and management methodology, procedures relating to position sensitivity level, background screenings, an audit trail to maintain a record of system and user activity, and a process for issuing and closing user accounts and termination procedures.

Risk Assessments. Risk assessments of VistA, LAN, and PBX systems had not been conducted since 2000. Assessing the risk to a system should be an ongoing activity to ensure that new threats and vulnerabilities are identified and appropriate security measures are implemented. Medical Information Security Service conducted the last independent review in May 2000. Office of Management and Budget Circular A-130 requires an independent review of the security controls for each major application at least every 3 years.

Memorandum of Understanding (MOU). The MOU with the alternate processing site did not address NIST required elements, including how each site would be able to support the other in addition to its own workload, testing at the partnering site to evaluate the extra processing thresholds, compatibility of system and backup configurations, sufficiency of telecommunication connections, compatibility of security measures, sensitivity of data that might be accessible, and the functionality of the recovery strategy.

User Access. The Acting ISO did not perform quarterly reviews of the continued need for VistA access. As of November 1, 2004, the medical center had 1,271 VistA access accounts. We found that 114 accounts had not been accessed in over 90 days, including 31 not accessed in over 1 year and 2 in over 15 years.

Automatic Session Timeout. The automatic session timeout (password-protected screensaver) was not activated on some medical center computers. We found that 9 of 14 computers we observed did not have the password-protected screensaver activated. Of the 9 computers, 4 were unattended, including 2 that had patient information showing on the screen. VHA Directive 6210 requires that the automatic session timeout be activated on all computers.

Contractual Agreements. The Acting ISO did not review and approve contractual agreements for contract employees prior to the signing of the agreements as required by Office of Acquisition and Materiel Management, Information Letter 90-01-6. As a result, the ISO could not ensure that all contractor personnel requiring access to the medical center AIS received the appropriate security training.

Computer Security Awareness Training. Annual security awareness training was not provided to all AIS users. In FY 2004, only 86 percent of the medical center users received the required computer security training. VA Handbook 6210 requires all AIS users receive training.

Incident Reporting. Computer security incidents have not been tracked and reported since April 2004. The Acting ISO had not reported any incidents for the past 8 months. VA Handbook 6210 requires the facility ISO to record and report security incidents for tracking and reconciliation of the suspected incident. Essential information about the security incident should be identified in as much detail as possible, at the time of occurrence. This issue was reported during the previous CAP review.

Recommended Improvement Action(s) 3. The VISN 7 Director should require that the Medical Center Director takes action to ensure that:

- a. All required actions are taken to obtain certification and accreditation of AIS.
- b. Contingency plans are comprehensive and contain required elements to ensure effective contingency planning.
- c. SSPs are comprehensive and contain required elements to ensure effective security of AIS.
- d. Risk assessments are completed to ensure that threats and vulnerabilities are identified and appropriate security measures are implemented.
- e. The MOU with the alternate processing site contains required elements.
- f. User access is reviewed for continued need and terminated as required.
- g. Automatic Session Timeout is activated on all computers to ensure the protection of sensitive information.
- h. Contractual agreements for contract employees are reviewed and approved by the ISO.
- i. Annual computer security awareness training is provided to all AIS users.
- j. Incident reporting procedures are developed and implemented.

The VISN and Medical Center Directors agreed with the findings and recommendations, and the VISN Director agreed with the Medical Center Director's corrective action plan. The Medical Center Director has agreed to obtain certification and accreditation of AIS, and ensure that contingency plans and SSPs are comprehensive, risk assessments are completed, MOUs are modified, and employees receive computer awareness training. Medical center managers will review user access and contractual agreements, activate automatic session timeout, and implement incident reporting procedures.

Emergency Preparedness – The Research Building Was Not Included in the Medical Center's Hazard Vulnerability Assessment

Condition Needing Improvement. The VA Strom Thurmond Research Building, with two floors devoted to animal research, was not included in the medical center's HVA. Although the building is owned by MUSC and leased by the medical center, the medical center Associate Chief for Research is responsible for the laboratories. VHA Handbook 1200.8 requires "an evaluation of the laboratory area by appropriate facility personnel, with outside experts if necessary, to identify both safety and security

concerns.” OIG Report *Review of Security and Inventory Controls Over Selected Biological, Chemical, and Radioactive Agents Owned by or Controlled at Department of Veterans Affairs Facilities* (Report No. 02-00266-76, dated March 14, 2002) concluded that, “...vulnerability assessments need to include the potential for terrorist activities...” and “...include all high-risk security areas in laboratories.” Animal research facilities are vulnerable to attacks, as evidenced by the November 14, 2004, attack and destruction of an animal laboratory at the University of Iowa.

Recommended Improvement Action(s) 4. The VISN Director should ensure that the Medical Center Director require the research building be included in the annual HVA, and implement follow up actions in accordance with HVA recommendations.

The VISN and Medical Center Directors agreed with the findings and recommendations, and the VISN Director agreed with the Medical Center Director’s corrective action plan. Medical center managers will revise their Emergency Preparedness policy to require that the research building be included in the HVA.

Pain Management - Documentation Needed Improvement

Condition Needing Improvement. Health care providers did not consistently document ongoing assessments of patients’ pain levels, individualized plans of care, or the effectiveness of interventions. VHA and the Joint Commission on Accreditation of Healthcare Organizations require documentation of these elements for patients receiving pain medications. We reviewed the medical records of seven outpatients who received narcotic medications for more than 6 months in 2004. One or more of the required elements were missing in all seven records. In two cases, the patients’ pain was not re-assessed by their providers for more than 6 months. The Chief of Staff told us that providers complete pain assessments during patients’ appointments, but acknowledged that documentation was deficient. Without consistent documentation of care plans, patients’ pain levels, and effectiveness of interventions, clinicians could not be assured that care was appropriate and effective. This condition was identified in the previous CAP report.

Recommended Improvement Action(s) 5. The VISN Director should ensure that the Medical Center Director requires health care providers to document patients’ pain levels, individualized plans of care, and intervention effectiveness.

The VISN and Medical Center Directors agreed with the findings and recommendations, and the VISN Director agreed with the Medical Center Director’s corrective action plan. The Medical Center Director has chartered a Healthcare Failure and Effects Mode Analysis process improvement team to address documentation and improve management of outpatients receiving pain medications.

VISN 7 Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: January 28, 2005

From: Director, Veterans Integrated Service Network 7 (10N7)

Subject: **Ralph H. Johnson VA Medical Center Charleston, SC**

To: Director, Office of Inspector General

1. We have reviewed the draft report of the Inspector General's Combined Assessment Program (CAP) of the Ralph H. Johnson VA Medical Center. We concur with the findings and recommendations, and with all comments and planned actions.

2. I appreciate the opportunity for this review as a continuing process to improve the care to our veterans.

(original signature by:)

LINDA F. WATSON

**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 7 Director should ensure that all sole-source contract proposals with affiliated institutions valued at \$500,000 or more receive an OIG pre-award review.

Concur **Target Completion Date:** Completed

VISN 7 CLO has initiated action to ensure all future sole-source contract proposals with affiliated institutions valued at \$500,000 or more receive an OIG pre-award review in accordance with VHA Directive 99-056.

Medical Center Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: January 28, 2005
From: Ralph H. Johnson VA Medical Center Director (534/00)
Subject: **Ralph H. Johnson VA Medical Center Charleston, SC**
To: Director, Veterans Integrated Service Network 7 (10N7)

1. I have reviewed the draft report of the Inspector General's Combined Assessment Program (CAP) of the Ralph H. Johnson VA Medical Center. We concur with the findings and recommendations, and with all comments and planned actions.
2. I appreciate the opportunity for this review as a continuing process to improve the care to our veterans.

(original signed by:)

WILLIAM A. MOUNTCASTLE, CHE

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) 2. The VISN 7 Director should require that the Medical Center Director takes action to ensure that:

Concur **Target Completion Date:** 6/30/05

a. The medical center uses the GIP automated stock level utility to reduce items in the primary inventory points to a 30-day stock level.

The Automatic Level Setter option will be run for the Warehouse Inventory Point and both of the Primary Inventory Points to identify a 30 day level for items based on average daily usage over the last six months (8/1/04 – 1/31/05). Resulting report will be reviewed and levels edited where appropriate. Review for all three inventory points will be completed by 2/28/05.

b. All Engineering Service items are identified and entered in the IMF.

Concur: An individual from each engineering shop has been designated to work with logistics to complete the IMF inventory. Monthly goals for completion have been established by Logistics. Reports will be submitted to the Chief of Facilities and CFO (Business Manager) each month to ensure compliance to established goals.

Target Date for full completion: 6/30/05

Recommended Improvement Action(s) 3. The VISN 7 Director should require that the Medical Center Director takes action to ensure that:

Concur

Target Completion Date: 7/31/05

- a. All required actions are taken to obtain certification and accreditation of AIS.

See response after item d.

- b. Contingency plans are comprehensive and contain required elements to ensure effective contingency planning.

See response after item d.

- c. SSPs are comprehensive and contain required elements to ensure effective security of AIS.

See response after item d.

- d. Risk assessments are completed to ensure that threats and vulnerabilities are identified and appropriate security measures are implemented.

Concur with items a-d. In response to the VA Secretary's memorandum dated November 19, 2004, the VA has initiated a national VA-wide approach to certification and accreditation (C&A) of medical center information systems. On January 7, 2005, OCIS has developed and distributed to all sites security documentation templates that each site will be required to complete specific to their site. VA has purchased an enterprise-wide license for RiskWatch risk assessment software that the ISO will be required to complete by Spring of 2005. Independent Security Controls Assessment teams will be dispatched to perform controls evaluation at all VA medical centers in preparation for Full Authority to Operate and subsequent accreditation. The full action plan for VA, received on January 21, 2005 is attached.

- e. The MOU with the alternate processing site contains required elements.

Concur: The MOU with the alternate processing site will be modified to include all required elements by March 1, 2005.

- f. User access is reviewed for continued need and terminated, as required.

Concur: Eleven of the accounts that had not been signed on in over a year are ITD accounts for background job reports (test accounts). The jobs have to go to a user so users such as USER, BCMA are set up for that purpose. Sixteen have actually signed on in the last 90 days. One was already terminated previously in June 2000 yet showed on the list. The remainder were users such as residents, students, employees who have left, and users from other VA's. These accounts have been deleted. Quarterly reviews are now being conducted to ensure continued need for VISTA access. Target Date: Completed.

- g. Automatic Session Timeout is activated on all computers to ensure the protection of sensitive information.

Concur: The automatic session timeout (password-protected screensaver) is in place for all areas except BCMA carts and critical patient care areas (i.e. ICUs). Action has been initiated to have all areas completed by March 31, 2005.

- h. Contractual agreements for contract employees are reviewed and approved by the ISO.

Concur. A VISN policy pertaining to contractor suitability has been developed and is in concurrence. This is scheduled for final review on 2-9-05.

- i. Annual computer security awareness training is provided to all AIS users.

Concur. A process has been established that employees, residents, and students are not given access until certification of training is provided to the ISO. Target Date: Completed and ongoing.

- j. Incident reporting procedures are developed and implemented.

Concur. Monthly reports have been provided by the Acting ISO to the the Medical Center Director beginning in November 2004. Target Date: Completed.

Recommended Improvement Action(s) 4. The VISN Director should ensure that the Medical Center Director requires the research building be included in the annual HVA, and follow up actions are implemented per HVA recommendations.

Concur **Target Completion Date:** 2-25-05

The requirement for including the research building in the annual HVA is being added to the Center Policy on Emergency Preparedness and Operations Plan and will be included the the annual assessment. The requirements and plan were discussed at the Medical Center EOC Committee.

Recommended Improvement Action(s) 5. The VISN Director should ensure that the Medical Center Director requires health care providers to document patients' pain levels, individualized plans of care, and intervention effectiveness.

Concur **Target Completion Date:** 7-31-05

An interdisciplinary HFEMA (Healthcare Failure & Effects Mode Analysis) process improvement team will be organized to improve the documentation and management of outpatients on long term narcotics. Based on the recommendations from this team, actions will be implemented.

OIG Contact and Staff Acknowledgments

OIG Contact	Victoria H. Coates, Director Atlanta Regional Office of Healthcare Inspections (404) 929-5961
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Acknowledgments	James R. Hudson, Director Atlanta Audit Operations Division Floyd C. Dembo, Audit Manager Bertie Clarke, Healthcare Inspections Team Leader George Boyer Melissa Colyn Earl Key Judy Lawhead Paul Norris Cheri Preston Sue Zarter
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Monetary Benefits in Accordance with IG Act Amendments

<u>Recommendation</u>	<u>Explanation of Benefit(s)</u>	<u>Better Use of Funds</u>
1	Better use of contract funds	\$1,100,000
2	Reduce inventory to a 30-day level	\$50,200
	Total	\$1,150,200

Report Distribution

VA Distribution

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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.