Department of Veterans Affairs
Office of Inspector General

Combined Assessment Program Review of the VA Medical Center Miami, Florida

Report No. 05-00502-171 **July 8, 2005**

VA Office of Inspector General
Washington, DC 20420

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 January 24–28, 2005, the Office of Inspector General (OIG) conducted a Combined Assessment Program (CAP) review of the VA Medical Center Miami, FL. 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 provided 6 fraud and integrity awareness briefings to 1,056 employees. The medical center is under the jurisdiction of Veterans Integrated Service Network (VISN) 8.

Results of Review

The CAP review covered nine operational activities. The medical center complied with selected standards in the following three activities:

- Contract Administration
- Pressure Ulcer Clinical Practices
- Quality Management

We identified six activities that needed management attention. To improve operations, the following recommendations were made:

- Improve controls over information technology (IT) security.
- Improve controls over supply inventory management.
- Improve controls over access to the research laboratory area.
- Improve controls over part-time physician time and attendance.
- Conduct reviews of Government purchase cards.
- Improve controls over environment of care issues.

This report was prepared under the direction of Mr. James R. Hudson, Director, and Mr. Floyd C. Dembo, CAP Review Coordinator, Atlanta Audit Operations Division.

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.

(originial signed by:)
JON A. WOODITCH
Acting Inspector General

Introduction

Medical Center Profile

Organization. The medical center is a large tertiary care facility that provides a broad range of inpatient and outpatient health care services. Outpatient care is also provided at eight community-based outpatient clinics located in Coral Springs, Deerfield Beach, Hollywood, Homestead, Key Largo, Key West, Oakland Park, and Pembroke Pines, FL. The medical center is part of VISN 8 and serves a veteran population of about 233,100 in a primary service area that includes 3 counties in Florida.

Programs. The medical center provides medical, surgical, mental health, geriatric, rehabilitation, and spinal cord injury services. The medical center has 227 hospital beds and 120 nursing home beds. The medical center also operates several regional referral and treatment programs, including an Outpatient Substance Abuse Clinic, Spinal Cord Injury Program, and the Psychiatric Rehabilitation Residential Treatment Program. The medical center also has sharing agreements with the Naval Hospital, Jacksonville; the 482nd Fighter Wing, Homestead Air Reserve Base; and the State of Florida.

Affiliations and Research. The medical center is affiliated with the University of Miami and supports 159 medical resident positions in 28 training programs. In fiscal year (FY) 2004, the medical center's research program had 191 projects and a budget of $10.5 million. Important areas of research include spinal cord injury, diabetes, and neuropathology.

Resources. In FY 2004, medical care expenditures totaled $267.8 million. The FY 2005 medical care budget was $282.6 million, a 5.5 percent increase over FY 2004 expenditures. FY 2004 staffing totaled 2,346 full-time equivalent employees (FTE), including 148 physician FTE and 598 nursing FTE.

Workload. In FY 2004, the medical center treated 55,735 unique patients and provided 73,473 days of inpatient care and 43,105 days of VA nursing home care. The inpatient care workload totaled 6,776 discharges, and the average daily census, including nursing home patients, was 334. The outpatient workload was 543,080 visits.

Services for Military Personnel Returning from Iraq and Afghanistan. The medical center offers a comprehensive program of services to military personnel returning from duty in Iraq and Afghanistan. A Seamless Transition Team (STT) consisting of medical center and Vet Center clinicians, and representatives from the Veterans Benefits Administration and the State of Florida, provides outreach and service coordination. The STT has conducted open houses for returning military personnel at each VISN 8 medical facility and has educated staff on assessment, treatment, and clinical management of veterans returning from combat. The STT has also trained public school staff and administrators to identify atypical behavior in children whose parent(s) may have

recently returned from Iraq and Afghanistan. The State of Florida has had approximately 20,000 active duty military personnel deployed to Iraq or Afghanistan. Through its outreach efforts, the medical center has made initial contact with about 2,000 returned military personnel and has enrolled 681 for VA care.

Decisions Relating to Recommendations of the Commission on Capital Asset Realignment for Enhanced Services. On February 12, 2004, the Commission on Capital Asset Realignment for Enhanced Services issued a report to the Secretary of Veterans Affairs providing its recommendations for improving or replacing VA medical facilities. In May 2004, the Secretary published his decisions relative to the Commission's recommendations. The Secretary concluded that the medical center would explore enhanced use lease project opportunities.

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, QM, 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 of our previous CAP review of the medical center (*Combined Assessment Program Review of the VA Medical Center Miami, Florida,* Report No. 00-02974-35, January 31, 2001).

The review covered medical center operations for FY 2004 and FY 2005 through January 28, 2005, 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 nine activities:

Contract Administration	Part-time Physician Time and Attendance
Emergency Preparedness	Pressure Ulcer Clinical Practices
Environment of Care	Quality Management
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 quality of care. We made electronic survey questionnaires available to all medical center employees, and 403 employees responded. We also interviewed 42 patients during the review. The survey results were provided to medical center management.

During this review, we also presented 6 fraud and integrity awareness briefings to 1,056 medical center 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.

Activities needing improvement are discussed in the Opportunities for Improvement section (pages 4–10). In this report 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

Information Technology – Security Needed Improvement

Condition Needing Improvement. The medical center did not effectively guarantee continuity of business operations, control access to critical IT resources, or segregate incompatible duties. Additionally, the VISN IT system did not force strong password requirements and intruder lockout features.

Continuity of Business Operations. The Local Area Network (LAN) and Veterans Health Information System and Technology Architecture (VistA) Contingency Plans did not:

- Identify the current Information Security Officer (ISO) and the Chief of Information Resource Management (IRM).
- Designate responsibilities for key IRM staff.
- Provide telephone contact numbers for key medical center and vendor support staff.

Access to Critical IT Resources. Five access control deficiencies required corrective action:

- The ISO did not record and report security incidents to medical center management as required by VA policy. The policy requires that the location, date, and time of all security incidents be identified.
- Acquisition and Materiel Management Service (A&MMS) staff did not submit contract proposals to the ISO and IRM management for review and concurrence prior to award, as required by the Office of Acquisition and Materiel Management and Veterans Healthcare Administration (VHA) policy. The ISO and IRM management are required to ensure that the contracts include background investigation requirements for contract employees who require access to automated information systems.
- The ISO did not ensure that all contract employees had appropriate security levels and background investigations before allowing them access to the medical center's IT systems as required by VHA policy.
- The ISO did not perform quarterly reviews of the continued need for non-employee user access to IT systems. As of January 1, 2005, 182 (34 percent) of 534 VistA user accounts had not been accessed in over 90 days. The ISO terminated 172 of the 182 accounts during our review.
- The medical center had signage on the doors leading to the computer room and telecommunication and electrical closets, allowing for easy identification of IT areas

vulnerable to destruction or other misuse. Medical center staff began removing the signage during our review.

Segregation of Duties. The medical center did not establish policies and controls for segregation of incompatible duties. As a result, an IT specialist at the Oakland Park VA Clinic performed IT duties and served as the Alternate ISO, creating a conflict of interest.

Strong Password Requirements and Intruder Lockout Features. The VISN IT system did not force strong password requirements for LAN access. Additionally, the system did not force intruder lockout features that suspend an account after three invalid attempts to log on. Although medical center IRM had established the appropriate setting requirements to ensure strong passwords were used and user accounts were suspended after three invalid attempts, the VISN IT system settings overrode the requirements.

Recommended Improvement Action 1. We recommended the VISN Director ensure that the Medical Center Director requires that:

a. Contingency plans identify key staff, their responsibilities, and their telephone contact numbers.

b. Incident reporting procedures are implemented.

c. The ISO and IRM management review and concur with contract proposals prior to awarding contracts.

d. Appropriate security levels are assigned and background investigations requested for all contract employees requiring access to the medical center's IT systems.

e. The ISO conducts quarterly reviews of users' continued need to access IT systems.

f. Signs identifying the computer room and telecommunication and electrical closets are removed.

g. Policies and procedures are established to enforce segregation of IT duties.

The VISN 8 Director and the Medical Center Director agreed with the findings and recommendations and provided acceptable improvement plans. The Medical Center Director reported that the contingency plans include the telephone numbers and responsibilities of the ISO, the Chief, IRM, and alternates; and all open security incidents are now being recorded and reported monthly to the Associate Medical Center Director. Processes have been implemented to review all new contracts to ensure that all contract employees have appropriate security levels and background investigations before allowing access to sensitive VA systems. Quarterly reviews of the continued need for non-employee user access to IT systems will be performed. Also, signs identifying the computer room and telecommunication and electrical closets were removed; and ISO

duties have been segregated from IT duties. We will follow up on the planned actions until they are completed.

Recommended Improvement Action 2. We recommended the VISN Director ensure that strong password requirements and intruder lockout features are established at the VISN level.

The VISN 8 Director agreed with the findings and recommendations and provided acceptable improvement plans. The VISN Director reported that the VISN 8 domain security policy is currently configured to meet VA requirements. We will follow up on the planned actions until they are completed.

Supply Inventory Management – Controls Needed Improvement

Condition Needing Improvement. The following inventory conditions needed management attention:

- Generic Inventory Package (GIP) records contained inaccurate inventory balances.
- Five of the six primary inventory points contained inadequate usage data.
- GIP did not contain all recurring use items for the Engineering Service primary inventory point.

A&MMS established six primary inventory points [Dental Service, Engineering Service, Environmental Management Service (EMS), Laboratory Service, Radiology Service, and Supply Processing and Distribution (SPD) Section], and started using a new prime vendor. As of November 30, 2004, GIP records showed that all inventory points reported 1,014 stock items with a total value of about $563,200.

Inaccurate Inventory Balances. We reviewed a judgment sample of 60 stock items valued at $142,249 and found that inventory records were not accurate for 28 items (47 percent). Our physical counts of the 28 items found that 23 were overstated by $86,368 (less stock on hand than recorded in GIP) and 5 were understated by $12,421 (more stock on hand than recorded in GIP). VA policy requires a 90 percent minimum acceptable accuracy rate for inventories. Because of the large discrepancies between the GIP records and the physical counts, we could not reliably determine the amount of stock on hand that exceeded VHA's 30-day supply requirement.

Inadequate Usage Data. Except for SPD, the primary inventory points had inadequate data for evaluating increases or decreases in usage in order to adjust stock levels. As of November 30, 2004, these 5 inventory points reported no usage data for 403 (94 percent) of the 431 stock items. VHA policy requires that primary and secondary inventories be regularly reviewed using GIP-generated reports to ensure that supplies are maintained at required stock levels.

Engineering Service Recurring Use Items. Since November 30, 2004, Engineering Service had entered about 500 (42 percent) of its estimated 1,200 recurring use items into GIP. However, Engineering Service staff was not entering issues and receipts into GIP, so the items were not being tracked. VHA policy requires that all recurring use items be entered into GIP so that it can be effectively used to manage the inventory.

Recommended Improvement Action 3. We recommended the VISN Director ensure that the Medical Center Director requires that: (a) GIP records contain accurate inventory balances, (b) all usage data is entered in the primary inventory points, and (c) all Engineering Service recurring use items are entered into GIP.

The VISN 8 Director and the Medical Center Director agreed with the findings and recommendations and provided acceptable improvement plans. The Medical Center Director reported that conversion factors and levels are being checked for accuracy on all items and adjusted as necessary. Also, all primary inventory points show usage data, except for Engineering Service, which is currently establishing recurring items. We will follow up on the planned actions until they are completed.

Emergency Preparedness – Research Laboratory Area Security Needed Improvement

Condition Needing Improvement. Controls over access to the medical center's research laboratory area needed to be improved to prevent unauthorized access. Unauthorized persons could enter the third floor research laboratory area from an elevator located near the loading docks. This elevator did not require key or card access.

In 2002, the OIG reported the lack of physical security for the third floor research laboratory area (*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, March 14, 2002). In January 2004, the VISN 8 System-Wide Ongoing Assessment and Review Strategy team also reported that research laboratory area security needed a complete evaluation. Medical center staff secured the main entrance to the research laboratory area but did not secure the elevator to prevent unauthorized access through the rear entrance of the research laboratory area.

Recommended Improvement Action 4. We recommended the VISN Director ensure that the Medical Center Director requires that the elevator with access to the research laboratory area be closed until appropriate security access controls are installed.

The VISN 8 Director and the Medical Center Director agreed with the findings and recommendations and provided acceptable improvement plans. The Medical Center Director reported that a keyed control system was installed in the research laboratory elevator. Access is limited to authorized research personnel through issue of person

specific control access keys. We will follow up on the planned actions until they are completed.

Part-Time Physician Time and Attendance – Controls Needed Improvement

Condition Needing Improvement. The following part-time physician time and attendance controls needed management attention:

- "Subsidiary Time and Attendance Reports – Part-Time Physicians" (VA Forms 4-5631a) did not agree with the electronic time and attendance (ETA) records.
- Part-time physicians did not sign written agreements as required by VHA policy.
- Some part-time physicians certified timecards prior to completing their workweek.

Time and Attendance Records. Our review of timekeeper records for a judgment sample of 20 of the 53 part-time physicians found that 8 (40 percent) of the subsidiary time and attendance reports did not agree with the ETA records.

Written Agreements. VHA policy requires that each part-time physician sign a written agreement ("Physician Service Agreement") acknowledging VA's expectations and the physician's responsibilities. In addition, the medical center requires physicians to sign a medical center memorandum ("Certification of Receipt and Understanding") concerning tour of duty requirements. Of the 53 part-time physicians, 10 did not sign the VHA agreement, 1 did not sign the medical center memorandum, and 2 did not sign either document.

Certification of Timecards. Three (15 percent) of the 20 physicians in our sample certified their timecards before completing their workweek. VHA policy requires part-time physicians to post hours worked on a daily basis and to certify these hours at the end of their workweek. The Chief of Staff did not know about the certification problem and implemented immediate corrective action.

Recommended Improvement Action 5. We recommended the VISN Director ensure that the Medical Center Director requires that: (a) ETA records agree with subsidiary time and attendance reports, (b) part-time physicians sign agreements acknowledging VA's expectations and their responsibilities, and (c) part-time physicians certify timecards after completing their workweek.

The VISN 8 Director and the Medical Center Director agreed with the findings and recommendations and provided acceptable improvement plans. The Medical Center Director reported that part-time physicians' ETA records match the subsidiary time and attendance reports, an annual recertification process was implemented to verify ETA tours with official tours, part-time physicians have completed a "Certification of Receipt and Understanding" and a "Physician Service Agreement," and part-time physicians

certify timecards after completing their workweek. We will follow up on the planned actions until they are completed.

Government Purchase Card Program – Quarterly Reviews Needed Improvement

Condition Needing Improvement. A&MMS and Fiscal Service did not conduct quarterly reviews of all purchase card accounts as required by VHA policy. During the 15-month period ending December 31, 2004, A&MMS and Fiscal Service did not review 170 (65 percent) of the 262 active purchase card accounts. As a result, there was no evidence that 65 (57 percent) of the 115 active purchase cardholders had ever been reviewed. During this period, one purchase cardholder, who had never been reviewed, inappropriately used the purchase card. In addition, we found that the method used for reviewing the purchase card accounts was ineffective. The reviews did not evaluate supporting documentation for purchase cardholders and consequently, the reviewer may not have identified the inappropriate use of the purchase card.

Recommended Improvement Action 6. We recommended the VISN Director ensure that the Medical Center Director requires that quarterly reviews of cardholder accounts be conducted as required by VHA policy.

The VISN 8 Director and the Medical Center Director agreed with the findings and recommendations and provided acceptable improvement plans. The Medical Center Director reported that a process has been implemented to audit all cardholder accounts quarterly. We will follow up on the planned actions until they are completed.

Environment of Care – Safety Needed Improvement

Condition Needing Improvement. The following patient safety issues needed management attention:

- The fifth floor of the medical center did not have a defibrillator or an automated external defibrillator (AED).
- The Substance Abuse Residential Rehabilitation Treatment Program (SARRTP) unit contained unsecured patient medications.
- EMS staff left housekeeping carts and a closet door unlocked and unattended.

Absence of a Defibrillator. The fifth floor, which houses the SARRTP, Post Traumatic Stress Disorder, and Dual Diagnosis units did not have a defibrillator or an AED. VHA policy requires placement of AEDs where there is a reasonable probability of at least one needed use in 5 years. The medical center indicated that four code blue events had occurred on the fifth floor within the past 3 years.

Unsecured Medications. While patients are allowed to keep and administer their own medications in the SARRTP unit, VHA policy requires that the medications be kept in locked cabinets or lockers accessible only to that patient and the medication nurse. Patients in a four-bed room in the SARRTP unit maintained their medications in unlocked lockers. SARRTP staff corrected this condition during our review.

Accessible Hazardous Cleaning Materials. EMS staff left housekeeping carts with hazardous cleaning materials unattended and unlocked on two patient wards and in the Dialysis unit. In another patient ward, EMS staff left the door to a closet containing cleaning supplies unlocked. VHA policy requires that hazardous materials be properly secured to protect patients from ingestion of them or otherwise injuring themselves.

Recommended Improvement Action 7. We recommended the VISN Director ensure that the Medical Center Director requires that: (a) a defibrillator or an AED is placed on the fifth floor, (b) patient medications are secured, and (c) hazardous cleaning materials are secured.

The VISN 8 Director and the Medical Center Director agreed with the findings and recommendations and provided acceptable improvement plans. The Medical Center Director reported that an AED has been placed on the fifth floor, the Mental Health Self Medication Policy now requires that all patients keep medications under double lock, additional lock boxes were obtained and all patients on SARRTP unit now maintain medications under double lock, and a process was implemented to ensure housekeeping carts and closet doors are secured. We will follow up on the planned actions until they are completed.

Appendix A

VISN 8 Director Comments

Department of Veterans Affairs **Memorandum**

Date: May 11, 2005

From: Director, Veterans Integrated Service Network 8 (10N8)

Subject: **VA Medical Center Miami, Florida**

To: Director, Management Review and Administrative Service (10B5)

1. Thank you for the opportunity to review the draft report of the Combined Assessment Program Review of the VA Medical Center Miami, Florida.

2. I have read the report and the response from the Medical Center and concur with the findings of the Office of Inspector General and actions being taken by Miami VAMC.

3. Please contact Karen Maudlin at (727) 319-1063 if you have any questions.

George H. Gray, Jr.

George H. Gray, Jr.
Network Director, VISN 8

VISN 8 Director Comments to Office of Inspector General's Report

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

OIG Recommendation(s)

Recommended Improvement Action 2. We recommend the VISN Director ensure that strong password requirements and intruder lockout features are established at the VISN level.

Concur **Target Completion Date:** 2/4/05

Immediately following the discovery that the domain security policy had been modified, a review of user accounts with administrative access was conducted. This review showed that an inappropriate number of IT staff members in the VISN had been granted administrative level access to the domain. These accounts were removed from the domain administrative groups. To ensure that the two (2) administrators per site policy is not violated in the future, an access agreement document was created that will require approval by the VISN 8 Network Manager prior to administrative access being granted. There were also a large number of national IT support staff members that had administrative level access to the VISN 8 domain. The VISN 8 Network manager worked with the national IT staff to restrict access by national users to seven (7) administrators. To ensure continued compliance, VISN 8 IT staff are developing an automated process for auditing modifications to these administrative groups. The VISN 8 domain security policy is currently configured to meet VA requirements. Violations of these policies have been and will continue to be actively logged and monitored.

Appendix B

Medical Center Director Comments

Department of Veterans Affairs **Memorandum**

Date: May 10, 2005

From: Director, VA Medical Center Miami, Florida (546/00)

Subject: **VA Medical Center Miami, Florida**

To: Director (10N8), VA Sunshine Healthcare Network, Bay Pines, FL

1. I would like to express my appreciation to the Office of Inspector General (OIG) Survey Team for their professional and comprehensive Combined Assessment Program (CAP) review on January 24–28, 2005. The survey visit was both insightful and educational, and our staff was very appreciative of the multiple educational sessions provided.

2. I have reviewed the draft report for VA Medical Center Miami, Florida, and concur with the findings and recommendations. I appreciate the opportunity for this review as a continuing process to improve the care to our veterans.

(original signed by:)

Stephen M. Lucas

Medical Center Director Comments to Office of Inspector General's Report

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

OIG Recommendation(s)

Recommended Improvement Action 1. We recommend the VISN Director ensure that the Medical Center Director requires that:

a. Contingency plans identify key staff along with contact numbers.

b. Incident reporting procedures are implemented.

c. The ISO and IRM management review and concur with contract proposals prior to award.

d. Appropriate security levels are assigned and background investigations requested for all contract employees requiring access to the medical center's IT systems.

e. The ISO conducts quarterly reviews of users' continued need to access IT systems, as required.

f. Signs identifying IT areas and telecommunications and electrical closets are removed.

g. Policies and procedures are established to enforce segregation of duties.

Concur **Target Completion Date:** 5/27/05

a. The Medical Center Contingency Plan was corrected to include the telephone numbers and responsibilities for the Information Security Officer (ISO) and the Chief of Information Resource Management (IRMS) and alternates. Additional elements to provide telephone contact numbers for key vendor support staff will be incorporated in the Contingency Plan by May 27, 2005.

b. All open security incidents are now recorded as indicated in Medical Center Policy Memorandum 00-04-04 and procedures are followed to report monthly to the Associate Director.

c. A process has been implemented to ensure that all new contracts will be reviewed as required by VA Directive 6210. All existing contracts have been reviewed.

d. A process has been implemented to ensure that all contract employees have appropriate security levels and background investigations before allowing access to sensitive VA systems.

e. A process (fileman report and IRMS account validation) has been implemented for quarterly review of the continued need for non-employee user access to IT systems.

f. Signs identifying the computer room and telecommunication and electrical closets have been removed.

g. ISO duties have been segregated from IT duties as indicated in Medical Center Policy Memorandum 00-04-04. An alternate ISO has been appointed from outside of IRMS.

Recommended Improvement Action 3. We recommend the VISN Director ensure that the Medical Center Director requires that: (a) GIP records contain accurate inventory balances, (b) all usage data is entered in the primary inventory points, and (c) all Engineering Service recurring use items are entered into the GIP.

Concur **Target Completion Date:** 9/30/05

a. Interface from Pyxis Supply Stations to the SPD Primary has been restored. A process has been implemented to monitor the Pyxis/GIP links through requesting picking tickets from VISTA. All receiving and posting is being entered daily. Conversion factors and levels are checked for accuracy on all items and adjusted as necessary. Ninety percent of Electronic Data Input (EDI) orders have been reconciled.

b. With the exception of Engineering Service, all primary inventory points show usage data. We are currently in the process of establishing recurring items for Engineering.

c. Engineering Service recurring items are currently being identified with the help of the Engineering shops and are being loaded into the Item Master File.

Recommended Improvement Action 4. We recommend the VISN Director ensure that the Medical Center Director requires that the elevator with access to the research laboratory area be closed until appropriate security access controls are installed.

Concur **Target Completion Date:** 2/28/05

A keyed control system was installed in the research laboratory elevator. Access is limited to authorized research personnel through issue of person specific control access keys.

Recommended Improvement Action 5. We recommend the VISN Director ensure that the Medical Center Director requires that: (a) ETA records agree with subsidiary time and attendance reports, (b) part-time physicians sign agreements acknowledging VA's expectations and their responsibilities, and (c) part-time physicians certify timecards after completing their workweek.

Concur **Target Completion Date:** 4/15/05

a. Electronic Time and Attendance records (ETA) for part time physicians currently match with subsidiary time and attendance reports. An annual recertification process was implemented to verify ETA tours with the current official tours per Human Resources.

b. 100% of part time physicians have completed a Certification of Receipt and Understanding (part-time physician timekeeping regulations) and Physician Service Agreement (VA expectations and physician responsibilities).

c. Part time physicians certify timecards after completing their workweek. Education on this element was provided as part of the annual recertification.

Recommended Improvement Action 6. We recommend the VISN Director ensure that the Medical Center Director requires that quarterly reviews of cardholder accounts be conducted as required by VHA policy.

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

A process has been implemented to audit all cardholder accounts quarterly.

Recommended Improvement Action 7. We recommend the VISN Director ensure that the Medical Center Director requires that: (a) a defibrillator or an AED is placed on the fifth floor, (b) patient medications are secured, and (c) hazardous cleaning materials are secured.

Concur **Target Completion Date:** 5/11/05

a. An AED has been placed on the fifth floor.

b. Mental Health Self Medication Policy was revised to require that all patients keep medications under double lock system. Additional lock boxes were obtained and all patients on SARRTP now maintain medications under double lock.

c. A process was implemented to ensure that housekeeping carts and closet doors are secure. Monitors were developed and compliance rates are reported to the Safety Committee on a monthly basis.

Appendix C

OIG Contact and Staff Acknowledgments

OIG Contact	James R. Hudson, Director, Atlanta Audit Operations Division (404) 929-5921
Acknowledgments	Floyd C. Dembo, CGFM, Audit Manager (CAP Review Coordinator Victoria Coates, Director, Atlanta Office of Healthcare Inspections Christa Sisterhen, Deputy Director, Atlanta Office of Healthcare Inspections Ann Batson, Audit Team Leader Susan Zarter, Healthcare Inspections Team Leader George Boyer Bertie Clarke Melissa Colyn Earl Key Tina Mitchell

Appendix D

Report Distribution

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