



Department of Veterans Affairs Office of Inspector General

Healthcare Inspection

Quality of Care Issues in the Dialysis Unit, Bay Pines VA Medical Center, Bay Pines, Florida

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DEPARTMENT OF VETERANS AFFAIRS
Office of Inspector General
Washington, DC 20420

TO: Director, Veteran Integrated Service Network (10N8)

SUBJECT: Healthcare Inspection – Quality of Care Issues in the Dialysis Unit, Bay Pines VA Medical Center, Bay Pines, Florida - Project Number: 2005-02589-HI-0257

1. Purpose

The VA Office of Inspector General (OIG), Office of Healthcare Inspections (OHI), reviewed allegations that the Bay Pines VA Medical Center (BPVAMC) Dialysis Unit provided substandard care, had lapses in environment of care, improperly documented dialysis treatments, and did not handle patient complaints effectively. The purpose of this review was to determine the validity of these allegations.

2. Background

The BPVAMC Dialysis Unit has a professional staff of 17, including 3 physicians, 9 nurses, 3 technicians, a dietitian, and a social worker. The Dialysis Unit had 88 patients in Fiscal Year (FY) 2004 and 135 patients in FY 2005 through August 11. The program has a caseload of 40 patients weekly with 12 dialysis chairs. From October 2004 through June 2005, BPVAMC performed 5261 dialysis treatments.

An anonymous complainant alleged to the OIG Hotline Section that the BPVAMC Dialysis Unit provided poor quality of care because its staff are not properly trained and did not follow generally accepted policies and procedures; patient safety and infection control violations frequently occurred; patient dialysis treatments were falsely documented; there were environment of care issues such as improper storage of bio-hazardous materials and old dilapidated equipment/furniture; and patients' complaints were not handled properly. Specifically, the complainant alleged that:

Quality of Care Issues

- Nurses were not adequately trained to perform dialysis procedures.
- Nurses did not follow proper dialysis procedures.
- Nurses did not monitor dialysis treatments as required.

Patient Safety/Infection Control Issues

- Nurses did not comply with infection control requirements when preparing patient medications and injections.
- Nurses did not follow proper procedures when a blood leak occurs during hemodialysis.
- Gloves were placed in nurses' pockets prior to use, contrary to expected standards of hygiene and sterility.
- Nurses handled potassium jugs in an unsanitary manner.

Documentation Issues

- Nurses falsified dialysis documentation to cover up mistakes, including intentionally entering incorrect information in patient records.
- Medication labels were switched to cover up medication errors such as administration of prescribed medication to the wrong patient.

Environment of Care Issues

- Bio-hazardous containers for hemodialysis tubing, artificial kidneys¹, and body waste were stored at the patients' chairs.
- Dialysis chairs and machines were very old and inadequate for current use.

Patient Relations Issues

- The nurse manager was "anti-veteran" and on one occasion called the VA police after accusing a patient of improperly taking pictures of patient care activities in the Dialysis Unit.
- The director of the dialysis program listened only to the nurses in disputes, ignoring the patients.
- Patient advocates did not handle patient complaints impartially or professionally.

¹ The artificial kidney is the filtration unit on the dialysis machine.

3. Scope and Methodology

We interviewed several dialysis patients, clinical staff, administrators, managers, and other employees knowledgeable about the BPVAMC Dialysis Unit and the specific events alleged.

We reviewed medical and administrative records and reviewed pertinent facility and VHA policies, procedures, and standards. We conducted an on-site inspection which included an observation of dialysis treatments and an inspection of the Dialysis Unit environment of care. We utilized an external expert consultant with extensive expertise and experience in VA dialysis program operations.

The inspection was conducted in accordance with the *Quality Standards for Inspections* published by the President's Council on Integrity and Efficiency.

4. Inspection Results

Issue 1: Quality of Care Issues

We did not substantiate the complainant's allegations regarding dialysis nurse training and competency per se. However, we found that the BPVAMC Dialysis Program lacks a coherent set of policies and procedures and the formal management structure necessary for effective and efficient operation of the Dialysis Program.

Nurse Training and Competency

We reviewed training and competency documentation for the Dialysis Unit nurses and technicians. Dialysis Unit nurses and technicians received a minimum of 6 weeks orientation by a preceptor with proficiency in dialysis patient care. Vendor training was provided on operation of dialysis machines. Most of the nurses had prior dialysis experience, and on-going in-service training was provided.

We found that competency skills of nurses and technicians need to be clarified. Our review of competency skills lists for the nurses and technicians showed that there was little difference in the competency skills required for nurses and for technicians. Insofar as the competency skills needed by dialysis nurses differ from those needed by technicians, such differences should be reflected in competency skills lists.

Although the allegation that training of dialysis staff was deficient was not substantiated, we found that individual staff followed varying procedures in providing some aspects of dialysis patient care. We found that individual nurses and technicians did not have uniform procedures to follow in providing many aspects of dialysis patient care. For example, our review of one near miss incident that occurred during our visit indicated that BPVAMC needs to clarify emergency dialysis procedures and technical operation of

dialysis machines. The need for clear procedures is discussed more fully in the section below.

Policies and Procedures

We found that the BPVAMC Dialysis Unit has not developed sufficient internal policies and procedures and lacked an adequate organizational structure to ensure that the quality of care provided to dialysis patients meets acceptable standards.

Although BPVAMC has various procedures relating to several aspects of dialysis patient care, it does not have a comprehensive policy manual, dialysis nursing scope of practice, or standards of nephrology practice. The BPVAMC Chief Nurse, Acute Care, and the Director of Dialysis stated that the Dialysis Unit previously had a policy manual but was unable to locate it during our visit. The lack of clear policies and procedures has resulted in Dialysis Unit clinical and technical staff following inconsistent practices. For example, we interviewed three dialysis staff about blood leak management procedures. All three described different steps to follow in the event of blood leaks. We reviewed the Dialysis Unit procedure for blood leak management and found it to be unclear and open to differing interpretations.

Dialysis Program Organizational Structure

We found that many of the problems the Dialysis Unit has experienced are directly or indirectly attributable to operational deficiencies and weaknesses in the program's organizational structure.

The BPVAMC had no End Stage Renal Disease (ESRD) committee that could formulate basic policies and procedures, accept patients into the renal replacement program, oversee program activities, monitor quality improvement measures, and take actions to improve dialysis treatment through recommendations to the BPVAMC Medical Staff Executive Board.

We found that the Dialysis Unit staff and nephrologists met informally and only seldom documented such meetings. There were no formal meetings with documentation to ensure that management's expectations are known and followed, that quality improvement measures are incorporated into operation of the Dialysis Program, and that the needs of the Dialysis Unit are effectively reported in formal recommendations to the BPVAMC's senior management.

The Dialysis Unit nurse manager also manages the Cardiac Catheterization Lab and, until recently, the BPVAMC Chemotherapy Unit. The BPVAMC recognizes that this one-third distribution of time to the Dialysis Unit has made effective management of the Dialysis Unit more difficult, and we were told that full-time nurse management for dialysis will be initiated in October 2005.

During our site visit, the Director of Dialysis told us that the BPVAMC Dialysis Unit was previously a satellite dialysis operation of the Tampa VAMC, but he did not know whether BPVAMC was still a satellite or an independent dialysis operation. He provided us a copy of a 1992 document authorizing BPVAMC as a satellite dialysis unit. As a satellite, the BPVAMC Dialysis Unit would fall under the authority of the James A. Haley VAMC. Management officials at the facility and the VISN were unable to determine whether BPVAMC had been authorized since then to be an independent dialysis operation. Clarification of the BPVAMC Dialysis Unit's organizational status as a satellite or independent operation is necessary to determine overall responsibility for development and implementation of its policies and procedures.

Issue 2: Patient Safety/Infection Control Issues

We substantiated the complainant's allegations that BPVAMC did not comply with several BPVAMC patient safety and infection control requirements.

Patient Safety

We reviewed two medication error incident reports of erroneous doses of dialysate mixtures.² We found that the technicians premixed dialysate with potassium chloride (KCl) by "eyesight" rather than utilizing more accurate means of measurement. The technicians then placed jugs of varying KCl concentrations on a shelf for future use, greatly increasing the risk of selecting the wrong dosage mixture. We also found that the cup used for preparing the mixtures was not bacteria-free, which posed a risk of contaminating the dialysate jugs. Furthermore, technicians are not licensed to dispense medications.

Infection Control

We did not substantiate the complainant's specific allegation that nurses placed gloves in their pockets prior to use. However, we observed the staff using protective clothing and equipment incorrectly. We saw staff with their gowns open, staff with their sleeves rolled up, and staff not wearing protective face shields, all contrary to generally accepted dialysis unit practices.

We also observed BPVAMC electricians placing their tools on top of a dialysis machine and working in close proximity to a dialysis patient while not wearing protective equipment, which presented both a patient safety hazard and an infection control issue.

We substantiated the allegations that the Dialysis Unit had a biohazard trash container located next to the dialysis chairs. However, we found this practice was appropriate. The containers opened and closed with a foot pedal. The close proximity of the containers

² Dialysate mixtures are solutions of minerals and water used in dialysis to draw fluids and toxins out of the bloodstream and supply electrolytes and other chemicals to the bloodstream.

made the disposal of used equipment and supplies safer for both patients and staff. While we found biohazard trash containers located next to dialysis chairs to be an appropriate practice, we also found large open trash cans containing used dialysate jugs located in the middle of the Dialysis Unit or, at times, pushed next to the medication and sterile/clean supply carts. This is not appropriate as it poses a contamination risk.

Issue 3: Documentation Issues

We partially substantiated the complainant's allegations regarding documentation of dialysis patient care. Specifically, we did not substantiate that Dialysis Unit staff intentionally falsified documentation in order to cover up errors and incidents; however, we did substantiate allegations that BPVAMC did not adequately document dialysis patient care, properly report incidents and errors, or correctly report dialysis workload data. We concluded that these problems are a result of organizational deficiencies rather than intentional wrongdoing.

Dialysis Treatment Documentation

The Florida ESRD Network requires that all ESRD patients have Interdisciplinary Treatment Care Plans that include long-term and short-term goals. We found that interdisciplinary rounds were conducted on a monthly basis on each patient, but we could only locate documentation of short-term goals. We did not find documentation of long-term goals that addressed the selection of suitable treatment modality (dialysis or transplantation) and dialysis setting (in-center, home, self care). We also found that treatment care plans were not part of dialysis patients' medical records. The nurse manager developed an Interdisciplinary Care Plan form, which is awaiting approval by the Medical Records Committee. However, the form does not include long-term goals. The long-term goals should be reviewed annually. At a minimum, a transplant surgeon should review and sign each patient's long-term plan to indicate agreement with chosen treatment modality.

Dialysis staff did not consistently document that they monitored dialysis treatments. Dialysis nurses and technicians did not continually initial hemodialysis flow sheets for each patient on an hourly basis to document that staff are properly monitoring dialysis treatments. During our observation, staff did not initial the dialysis flow sheet for one patient for 3 hours.

Incident/Error Reporting

We found that the Dialysis Unit did not consistently report incidents. There were four incident reports for the 12 months preceding our visit involving two patient falls and two medication errors. However, there were no incident reports of near misses. Staff stated they documented such incidents on the patient's hemodialysis flowsheet and notified the attending nephrologists, but we found that staff did not document a near miss event that

occurred during our visit. The incident involved air in a patient's blood line, which required that the artificial kidney be replaced. The patient's hemodialysis flowsheet included no documentation of the incident, and the nephrologist stated that he had not been notified.

Workload Reporting

BPVAMC did not accurately input workload data into the VA national database for the VA Dialysis Program Report. For example, we found that chronic renal failure patients who came to the BPVAMC for in-transit dialysis or were admitted to the hospital were incorrectly counted as acute renal failure patients.

Issue 4: Environment of Care Issues

We partially substantiated several but not all of the complainant's allegations regarding the Dialysis Unit environment of care. While not directly included in the complainant's allegations, we also found that space limitations were a significant factor in Dialysis Unit environment of care issues.

Condition of Equipment and Furniture

We did not substantiate the complainant's allegations that Dialysis Unit furniture and equipment were old, obsolete, or excessively malfunctioning. We reviewed acquisition records, budget planning documents, and maintenance logs and determined that Dialysis Unit furniture and equipment were not significantly old and functioned adequately for purposes of patient care. Although the complainant did not specifically allege that the dialysis machines experienced excessive malfunctions, we reviewed preventive maintenance records and determined that the machines were kept in good operating order. We also reviewed budget documents showing that BPVAMC was adequately planning for timely replacement of dialysis machines and furniture.

Space Limitations

We found that the BPVAMC Dialysis Unit operates in a constricted space that directly causes environment of care problems. The BPVAMC did not have a separate clean utility room, soiled utility room, medication room, supply room, or storage area for wheelchairs and stretchers. VHA policies require separate rooms for each of these purposes. Not having separate rooms requires the staff to sometimes use patient care areas for these purposes, resulting in environment of care policy violations.

Issue 5: Patient Relations Issues

We did not substantiate the complainant's allegations regarding handling of patient complaints. We reviewed incident reports, police reports, patient advocacy documentation, and social service records relating to handling of complaints made by

dialysis patients. We interviewed the BPVAMC Director of Dialysis and nurse manager, as well as the BPVAMC patient advocate, social worker, Chief of Police, and a police officer involved in several patient complaints. We also interviewed all available dialysis patients, including two who had made complaints that had resulted in police involvement. After review and analysis of the complaints and the actions taken in regard to them, we concluded, that patient complaints were handled correctly given the on-going nature of dialysis care and the need for security and order in the dialysis area. We also concluded from our interviews with the patients, including the two patients who had made complaints, that the dialysis patients are generally very satisfied with the care they are receiving in the BPVAMC Dialysis Unit.

6. Conclusions

We substantiated some, but not all, of the complainant's allegations. We concluded that improvements are needed in the BPVAMC Dialysis Unit organizational structure and operations to ensure that its quality of care, patient safety/infection control practices, documentation efforts, and environment of care meets acceptable standards of care. Staff training and competency needs strengthening through the development of separate listings of the skill competencies needed by the Dialysis Unit nurses and technicians. Comprehensive policies and procedures need to be developed for the Dialysis Unit, including a policy manual, nursing scope of practice, and nephrology standards of practice.

The Dialysis Unit organizational structure and operational management needs to be improved through creation of an ESRD Committee that meets regularly and documents its proceedings with minutes. To the extent that Dialysis Unit operational and clinical issues are not covered by the ESRD Committee, the nephrologists, nurses, and technicians should have regular, recorded staff meetings. BPVAMC should clarify the status of the Dialysis Unit as a satellite or independent operation.

Patient safety/infection control procedures need to be improved regarding the preparation and administration of dialysate solutions, the use of protective clothing and equipment, and the location of trash cans. Documentation of dialysis treatments, incident reporting, and workload needs to be strengthened. The Dialysis Unit environment of care could be improved by compliance with VHA space policies.

We found no evidence that patients' complaints were mismanaged. Moreover, we concluded based on our interviews that dialysis patients are generally very satisfied with the care they are receiving in the BPVAMC Dialysis Unit.

7. Recommendations

The VISN 8 Director needs to ensure that the BPVAMC Director takes action to ensure:

- a. Competency requirements for dialysis nurses and technicians are clarified.
- b. Comprehensive policies and procedures for the Dialysis Unit, including a policy manual, nursing scope of practice, and nephrology standards of practice, are developed.
- c. An ESRD committee is created to ensure that all clinical and operational issues are routinely addressed.
- d. Dialysis Unit and Nephrology Section staff meetings are initiated and documented.
- e. The status of the Dialysis Unit as a satellite or independent operation is clarified.
- f. Patient safety/infection control procedures relating to preparation and administration of dialysate solutions and use of protective clothing are reviewed and enforced.
- g. Interdisciplinary Treatment Care Plans are made part of patients' medical records and include long term goals assessments and plans for each Dialysis Unit patient.
- h. Dialysis treatments, near miss incidents, and workload data are properly documented.
- i. Space requirements for dialysis operations are reviewed and VHA policies in the area are followed.

8. VISN and VAMC Director Comments

The VISN and Medical Center Directors have concurred with the conclusions of this inspection report and have taken actions to implement the recommendations in this report (See Appendix A & B, pages 13-19, for VISN and Medical Center Directors' comments).

9. Assistant Inspector General for Healthcare Inspections Comments

We agree with the improvement plans and actions taken by the VISN and Medical Center Director to the issues raised in this report. We will follow up until all actions are completed.

*(original signed by Dr. Dana Moore, Deputy
Assistant Inspector for Healthcare Inspections for:)*

JOHN D. DAIGH JR., M.D.
Assistant Inspector General for
Healthcare Inspections

VISN Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: November 25, 2005

From: Director, Veteran Integrated Service Network (10N08)

Subject: **Healthcare Inspection, Quality of Care Issues, Bay Pines
VA Medical Center, Bay Pines, Florida**

To: Director, Bay Pines Office of Healthcare Inspections

I have reviewed and concur with the findings and recommendations in the Healthcare Inspection, Quality of Care Issues, Bay Pines VA Medical Center Report. I have also reviewed and concur with the action plans submitted by the Medical Center Director.

Please contact Karen Maudlin, VISN 8 Risk Manager (727) 319-1063 if you have any questions.



George H. Gray, Jr.

Medical Center Director Comments

Director Comments to Office of Inspector General's Report

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

OIG Recommendation(s)

Recommended Improvement Action(s) a. The VISN 8 Director needs to ensure that the BPVAMC Director takes action to ensure competency requirements for dialysis nurses and technicians are clarified.

Concur **Target Completion Date:** Completed

Position-specific competency forms for the RN and MIT have been completed.

Recommended Improvement Action(s) b. The VISN 8 Director needs to ensure that the BPVAMC Director takes action to ensure comprehensive policies and procedures for the Dialysis Unit, including a policy manual, nursing scope of practice, and nephrology standards of practice, are developed.

Concur **Target Completion Date:** January 2006

Until this inspection, the Bay Pines VAMC was operating as a satellite Dialysis Unit of the James A. Haley VAMC in Tampa, FL. As such, according to the provisions of M-2 Part IV 1994, Bay Pines worked under the parent unit's ESRD Committee's Policies and Procedures. The James A. Haley Policy and Procedure manual was available in the Nurse Manager's office at the time of the inspection.

Medical Center Director Comments

Since the inspection, we have requested to be recognized as an independent Dialyses Center and have received approval from VACO. The 2005 Nephrology Standards of Practice (including nursing scope of practice) has been created and is on file in the Dialysis Unit.

The Bay Pines Dialysis Program Center Memorandum is currently in draft form and is being sent out for review by and concurrence from the medical staff. It is an agenda item for discussion and endorsement by the Medical Staff Executive Board on December 8, 2005. Publication is expected by January 2006.

The Dialysis Program Service Policy Manual is currently in draft form. Publication is expected in December 2005.

Recommended Improvement Action(s) c. The VISN 8 Director needs to ensure that the BPVAMC Director takes action to ensure an ESRD committee is created to ensure that all clinical and operational issues are routinely addressed.

Concur **Target Completion Date:** January 2006

Bay Pines is currently in the process of formalizing an ESRD Committee. Appointment letters will be sent upon approval of the Dialysis Program Center memo which is expected to be in December 2005. The first meeting of the formalized committee is expected to be in January 2006.

Recommended Improvement Action(s) d. The VISN 8 Director needs to ensure that the BPVAMC Director takes action to ensure Dialysis Unit and Nephrology Section staff meetings are initiated and documented.

Concur **Target Completion Date:** Immediate/Ongoing

Medical Center Director Comments

Dialysis Unit staff including all Nephrologists, nursing staff and technicians, meet monthly and the minutes are kept in the unit. While there has been a lapse in keeping minutes of meetings, regular meetings have occurred and continue to take place. In addition, the interdisciplinary staff communicates frequently utilizing other mechanisms of communication to manage the daily clinical and administrative activities of the Dialysis Unit. Minutes will be typed and maintained by the Nurse Manager in the Dialysis Unit.

This organization has been successful in meeting JCAHO standards and the relocation and activation of a new 12 station Dialysis Unit. Furthermore, we have been effective in delivering quality care to our ESRD population as demonstrated in the May 2005 VACO Hemodialysis Vascular Access Data.

Recommended Improvement Action(s) e. The VISN 8 Director needs to ensure that the BPVAMC Director takes action to ensure the status of the Dialysis Unit as a satellite or independent operation is clarified.

Concur **Target Completion Date:** September 23, 2005

VA Central Office approved the Bay Pines request for an independent Dialysis Program via electronic mail on September 23, 2005.

Recommended Improvement Action(s) f. The VISN 8 Director needs to ensure that the BPVAMC Director takes action to ensure Patient safety/infection control procedures relating to preparation and administration of dialysate solutions and use of protective clothing are reviewed and enforced.

Concur **Target Completion Date:** August 22, 2005

Medical Center Director Comments

According to the Association for the Advancement of Medical Instrumentation Standards (RD 52, 2004) when dialysate baths require addition of KCl they are always labeled with the correct KCl concentration to avoid the risk of selecting the wrong dosage mixture. An increase in KCl dialysate baths (17 ml to a gallon jug = 1 meq/L increase in KCl) was accomplished by a graded medicine measuring cup (not exactly 'naked eye'). Note that a 1 ml error in measurement creates a negligible error of $1/17 = 0.05$ meq/L (this may represent a 3.05 meq/L bath instead of 3.0 meq/L bath which cannot be even detected by common laboratory chemistries). According to AAMI standards dialysate does not need to be sterile, it requires to have controlled bacterial counts < 200 cfu/ml and reduced endotoxin level < 2 IU. We have no concerns of bacterial contamination as reflected on our negative machine cultures. However, we have changed to a syringe method for more precise measurement.

We continue to follow CDC recommendations for Infection Control in Dialysis Center. According to this report the use of protective equipment such as face shields and gloves are to be used only during initiation and termination of dialysis, and not at all times. We concur that these policies need to be reinforced and supervised to achieve maximum compliance. We have requested that the Head Nurse and Infection Control Nurse conduct weekly Rounds to supervise and reinforce these policies. We concur that the policies for correct use of protective clothing and equipment need to be reinforced and supervised to achieve maximum compliance. We have requested that the Head Nurse and Infection Control Nurse conduct weekly Round to supervise and reinforce these policies.

Training on proper infection control measures was conducted at the last Dialysis Unit staff meeting on August 22, 2005. The Nurse Manager will conduct spot checks to ensure compliance.

Medical Center Director Comments

Recommended Improvement Action(s) g. The VISN 8 Director needs to ensure that the BPVAMC Director takes action to ensure Interdisciplinary Treatment Care Plans are made part of patients' medical records and include long term goals assessments and plans for each Dialysis Unit patient.

Concur

Target Completion Date: January 2006

Treatment documentation is logged q 30 minutes in the dialysis flow sheet (vital signs, blood flows, venous and arterial pressures, ultrafiltration and any other event). We recognize that inappropriately, staff may forget to initial off on the flow sheet, but by no means does this represent failure in monitoring patient treatments. The Interdisciplinary Treatment Care Plan forms are currently scanned into the electronic medical record and filed in the paper record. Emphasis on consistent documentation will be made with all staff.

A new electronic form that includes the long-term goal assessments is currently in development. Approval through the Forms Committee and posting in CPRS is expected by January 2006.

Every month during the interdisciplinary patient care meeting issues of modality of treatment (Hemodialysis, Peritoneal Dialysis, and Transplant) are discussed and any changes documented. Chief, Nephrology Section contacted the VACO Transplant Office, Pittsburgh Transplant Center and other VA Dialysis Centers (Boston, Tampa) and was assured that Transplant Surgeons do not review and sign long term treatment plans in the VA Dialysis system.

Recommended Improvement Action(s) h. The VISN 8 Director needs to ensure that the BPVAMC Director takes action to ensure Dialysis treatments, near miss incidents, and workload data are properly documented.

Concur

Target Completion Date: February 2006

Medical Center Director Comments

The Dialysis Unit Nurse Manager has created a draft incident log. This will be fine-tuned over the next 6 – 8 weeks. Once a final version is approved, the form will be completed as necessary, and then forwarded to Quality Systems to scan the data. The Dialysis Unit will track and trend the data which will be presented quarterly to the ESRD.

AMIS reporting is being completed by the Dialysis Clerk regularly. Copies are now being provided to the Chief, Nephrology and the Nurse Manager, and being filed in the Dialysis Unit.

Recommended Improvement Action(s) i. The VISN 8 Director needs to ensure that the BPVAMC Director takes action to ensure space requirements for dialysis operations are reviewed and VHA policies in the area are followed.

Concur **Target Completion Date:** October 2006

There is an action plan in place to address the space deficiencies in the Dialysis Unit in order to meet VHA standards.

Dialysis Action Plan

Recommendations	Corrective Action	Responsibility	Status
Space requirements for dialysis operations are reviewed and VHA policies in the area are followed.	<p>Phase 1 : Convert 4 offices into 8 offices. This space will be occupied by the 4 current physicians, PD room, Interdisciplinary conference room and meeting room, Physician support clerk and one room will be given to 4D clinic for patient care.</p> <p>Phase 2: Divide 4D-114 into a medication room and supply room. Inside the dialysis unit where the current supplies are located place a curtain on the ceiling to separate the space for clean equipment 1 bed. Patient</p>	<p>Dialysis Nurse Manager Chief of Acute Care Nursing AD for Nursing & Patient Services Director of Dialysis Chief of Medicine Chief of Staff</p>	<p>Phase 1: Anticipated completion date 5/1/06 Phase 2: Anticipated completion date 10/1/06</p>

Appendix B

Medical Center Director Comments

	Wheel chairs and scooters will be stored in the waiting area which will have a wall placed and a second set of double electric doors to provide security for patient belongings and improve infection control issue in the unit.		
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Appendix C

OIG Contact and Staff Acknowledgments

OIG Contact	Marisa Casado, Director, St Petersburg Regional Office of Healthcare Inspections, (727) 395-2416
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Acknowledgments	Marisa Casado, Director, St. Petersburg Regional Office of Healthcare Inspections
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	Mari Kelley, RN, CNN, CHTP, CHTI, Hampton VA Medical Center
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