



Department of Veterans Affairs Office of Inspector General

Healthcare Inspection

Environmental, Safety, Patient Privacy, and Staffing Issues

**Edward Hines, Jr. VA Hospital
Hines, Illinois**

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

TO: Director, Veterans Integrated Service Network 12 (10N12)

SUBJECT: Healthcare Inspection - Environmental, Safety, Patient Privacy, and Staffing Issues, Edward Hines, Jr. VA Hospital, Hines, Illinois

1. Purpose

The Department of Veterans Affairs Office of Inspector General's (OIG) Office of Healthcare Inspections (OHI) conducted an inspection to determine the validity of allegations regarding environmental, safety, patient privacy, and staffing issues in the Dental Clinic at the Edward Hines, Jr. VA Hospital (referred to in the remainder of this report as Hines).

2. Background

Hines provides primary, extended, and specialty care and serves as a tertiary care referral center for all VA facilities in Veterans Integrated Service Network (VISN) 12. Hines currently operates 472 beds, and primary care is provided at community-based outpatient clinics in Oak Park, Manteno, Elgin, Oak Lawn, Aurora, LaSalle, and Joliet, Illinois. Hines is affiliated with approximately 70 colleges and universities for the education of undergraduate and graduate students in the associated health professions and occupations and professional students in medicine, nursing, and dentistry.

A complainant forwarded allegations to the OIG regarding environmental, safety, patient privacy, and staffing issues in the Hines Dental Service.¹ The complainant alleged:

Environmental deficiencies:

- The dental clinic was in "deplorable" condition, with many outdated or non-functional equipment items and broken or damaged cabinets and counters.
- Fans provided the only ventilation in the dental clinic.

¹ The Hines Dental Service includes the dental and oral surgery clinic and the dental laboratory.

- The clinic was dirty and black mold was present.

Safety deficiencies:

- Staff were working in hazardous conditions including kneeling on surgical chairs while assisting the doctors.
- There were inadequate accommodations for patients in wheelchairs or gurneys.
- Dangerous non-sterile products were stored in areas where sterile surgery was performed.
- Flammable materials were stored next to a large sterilizer.
- The clinic lacks adequate storage, and shipping cans and chemicals were stored in treatment rooms.
- Staff did not follow infection control regulations.

Patient privacy issues:

- Crowded clinic conditions compromised patient privacy, and patient records and information was unprotected.
- Dental laboratory work was unprotected on counters and shelves.

Staffing issues:

- The Dental Service was short of staff, and the morale was low.

On July 8, 2005, the Hines Director received a request for reply from the Office of the Secretary of Veterans Affairs regarding a letter they received from the complainant detailing conditions in the Hines Dental Clinic. The OIG received essentially the same allegations from the complainant, as did the Secretary. On July 14, the complainant and the Chief of Dental Service met with the Chief of Staff and Associate Director to discuss the issues and concerns detailed in the correspondence to the Secretary. Also on July 14, the Hines Director wrote a letter to the complainant. The letter states, "...Hines senior management realizes that the environmental conditions of the existing Dental Clinic are not acceptable and this precipitated Hines putting forth a Minor construction project to relocate the Dental Clinic to new and improved space."

The relocation scheme includes 17 treatment rooms, 1 recovery room, and a patient consultation room. The letter further states, "A new clinic design meets and complies

with the requirements of the ADA, OSHA, and HIPAA.² This facility would be able to treat handicapped and disabled patients.” At the time of our inspection, Hines senior managers had not received official project approval from VHA Headquarters. Additionally, the letter requests the complainant’s participation in developing a specific action plan to address the situation. The letter states, “As communicated in the July 14 meeting, Hines management agrees that the conditions in the Dental Clinic space are not acceptable. To address the situation, a very specific action plan is to be developed with your participation. A senior administrator has been detailed to Dental to assist with the administrative issues facing the clinic.”

3. Scope and Methodology

We reviewed hospital policies and procedures, environmental rounds documentation, safety and infection control committee minutes, work orders, equipment inventory lists, staffing records, official correspondence, and other pertinent documentation. We conducted interviews with the complainant, managers, and employees; inspected the Dental Service on August 15; and took digital photographs to document conditions observed during the inspection.

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

4. Inspection Results

Issue 1: Environmental Deficiencies

We substantiated that environmental deficiencies existed in the Hines Dental Service at the time of the complainant’s contact with the OIG. Selected environmental deficiencies remained at the time of our inspection.

Equipment, Cabinets and Counters. The complainant provided photographs and employee interviews substantiated that the Dental Service had outdated equipment, broken cabinets, and damaged counters at the time the complainant forwarded allegations to the OIG. Many of the damaged cabinets and counters identified by the complainant and documented in the photographs had been or were in the process of being repaired or replaced when we completed our inspection of the area on August 15. Our review of the Dental Service equipment list showed that 62 of 103 items (60 percent) with a scheduled replacement date were past due for replacement.

Hines Resources Committee approved \$44,544 in additional funding in August 2005 for replacement equipment in the Dental Service. Facilities Management Service (FMS)

² Americans with Disabilities Act (ADA), Occupational Safety and Health Administration (OSHA), and Health Information Portability and Accountability Act of 1996 (HIPAA).

staff removed or repaired broken cabinets. Some counter edges had damaged laminate exposing wooden surfaces, which presented a safety and infection control concern. FMS staff scheduled repair of all damaged laminate. Long-term staff members employed by the Dental Service stated that much of the existing equipment, cabinets, and counters had been in the clinic for over 30 years.

To address deficiencies in the Dental Service, Hines senior managers submitted a fiscal year (FY) 2007 Minor Construction Application (MCA) proposing relocation of the Dental Service to the 13th floor in Building 200 from the existing space on the 1st floor of that building. The MCA proposal states, “The dental clinic needs to be redesigned, rebuilt and re-equipped with the latest technological advances. The current clinic was designed and built over thirty five (35) years ago when standards for providing care in a safe, private and accessible manner were very different than they are today.”³

Ventilation. Staff described ventilation in the clinic as “poor,” especially on days when the outdoor temperatures were high. Fans were provided to the clinic by a former senior manager. Staff attempted to improve circulation on warm days by opening an exterior door in the dental laboratory, although they realized this might allow entry of pests, entry of fumes from vehicles in the adjacent dock area, and movement of dust and particulates from the laboratory. Staff members stated that patients frequently complained about the hot conditions in the clinic, and some patients reportedly required administration of oxygen during their procedures because of the heat.

The MCA acknowledges ventilation problems in the Dental Clinic and states, “The air circulation in the clinic is so poor that the staff must operate large floor fans just to have a little air movement that potentially has been contaminated by aerosol from drills operating in open treatment areas. This compromises patient safety and staff safety due to potential contamination and infection by germ laden recirculated air.” A thermostat in an oral surgery suite registered 80 degrees on the day of our inspection.

General Cleanliness. The complainant alleged that the Dental Clinic received ineffective housekeeping services and that black mold was present. The housekeeper’s tour of duty was 3:30 p.m. until 12:00 midnight. In addition to cleaning the Dental Service, the housekeeper’s duties included cleaning the radiology area, the chapel, and the artwork, chrome, and water fountains in the hallways of Building 200. Staff acknowledged there was a concerted effort by FMS staff during July 2005 to terminally clean the dental clinic and laboratory and to make needed repairs. We did not observe black mold during our inspection. However, staff members reported that areas under the sinks in treatment areas appeared to have mold prior to the cleaning efforts. We identified the following general cleanliness concerns during our August 15 inspection of the Dental Clinic:

³ The MCA was last revised on May 27, 2005, and was submitted to VISN 12 for concurrence. At the time of our inspection, the proposal was in VHA Headquarters pending approval.

- Accumulation of debris (loose or encased in wax) on floors, especially along baseboards, in corners, and between equipment and cabinetry in dental treatment areas.
- Debris from peeling baseboards on the floor in an oral surgery room.
- Stained areas on the floors around the bases of dental chairs.
- Soiled and dusty junction boxes and connective tubing near the bases of dental chairs.
- Accumulation of debris under plastic footrest covers on dental chairs.

Issue 2: Safety Deficiencies

We substantiated that safety deficiencies existed in the Hines Dental Service at the time of the complainant's contact with the OIG. Selected safety deficiencies remained at the time of our inspection.

Work Practices. We did not observe unsafe work practices during our inspection. Staff acknowledged that the dental treatment areas are very small, and that there are challenges in accommodating patients using wheelchairs or gurneys, especially when patients cannot transfer into dental chairs. Staff reported that dental assistants kneel on the dental chairs during patient care because of the limited space in the treatment areas. The complainant provided a photograph documenting this practice.

Accommodations for Patients in Wheelchairs and Gurneys. We observed dental treatment for a patient in a wheelchair. Since the patient could not transfer into a dental chair, the dentist stood while providing care. Because of the limited space in the treatment cubicle, the patient's wheelchair was adjacent to the main hallway. Since the treatment cubicle was open, the patient's care could be observed and conversations heard by other patients or staff in the hallway.

The MCA substantiates problems with accommodations for patients in wheelchairs or gurneys stating, "One of the major shortcomings of the existing clinic is the challenge of non-compliance with the ADA. The reception and waiting area is not arranged to be able to accommodate several wheelchairs and gurneys. Many of the patients that report for dental consults, exams and treatment are confined to gurneys and wheelchairs and the reception room becomes very chaotic and hectic most days. This situation prevents easy egress should an emergency arise. The clinic also does not have a handicapped accessible washroom for patients or staff. The closest handicapped accessible washroom is over 120 feet and two hallways away, outside the clinic. The treatment rooms and surgical areas also cannot accommodate the many patients who are in wheelchairs and on

gurneys. These shortcomings are due to the actual physical plant being built with very narrow and inaccessible rooms, corridors and reception room.”

Storage Issues. We did not observe the storage of non-sterile products in oral surgery rooms, storage of flammable material next to a sterilizer, or shipping cans and chemicals stored in treatment areas. Two treatment rooms were being used for storage: one room had rolling carts used for storage of clean supplies, and the second room was used for the preparation of used dental instruments to be processed in the main sterilization area in the basement of Building 200 (main hospital). The sterilizer described by staff as requiring frequent costly repairs and having questionable sterilization effectiveness, had been removed from the Dental Service prior to our inspection. The evidence gained through interviews of staff and photographic documentation from the complainant substantiated that storage issues existed at the time of the complaint.

Infection Control. To address identified deficiencies, the Hines Director ordered the closure of the Dental Laboratory on July 13. Inefficiencies in the fume hood, used to remove odors from the mixture of chemicals used to make dentures, was one of the major reasons for closure of the Dental Laboratory. At the time of our inspection, employees processed dental impressions at a table in a treatment cubicle closest to the laboratory. Since the treatment cubicle was an open area, there were no barriers to limit the dust and particulates produced by the work.

Infection control practitioners participated in hospital environmental rounds and conducted individual rounds in the Dental Service. Infection control concerns identified during rounds included boxes stored on the floor, failure of staff to wear personal protective equipment because of limited ventilation in the clinic, bacteria aerosolized by fans used in the clinic for ventilation, problems with the sterilizer, areas that required further cleaning, and concerns because of the open treatment cubicles. Staff making rounds provided feedback to Dental Service staff and requested they initiate corrective actions to resolve deficiencies; however, they generally did not follow-up to ensure that the issues were addressed. We identified damaged surfaces on patient care equipment, such as dental chair armrests and seat cushions, creating an infection control risk.

The MCA substantiates infection control issues in the Dental Clinic: “Infection control is further compromised by cracks in floor tiles that harbor a myriad of bacteria and viruses. The area for processing instruments has no separation between ‘dirty’ and ‘clean’. All contaminated instruments are brought to the same cleaning area where sterile instruments are processed and made ready for use. The water supply to the actual treatment units (dental chairs) also needs to be converted to a system that utilizes purified or distilled water in self-contained individual water bottles. The age of the plumbing makes it almost certain that bacterial biofilm contamination is well beyond acceptable published norms.”

Other Safety Deficiencies. Junction boxes and cords from dental instruments were on the floor near dental chairs and created a tripping hazard for staff and patients.

The MCA substantiates safety deficiencies stating, “Safety for patients and staff is also a major deficiency with the current dental clinic. Due to the design of the facility and the actual construction there are many obstacles to complete compliance with OSHA regulations. The treatment areas have raised floor junction boxes and electrical boxes that are a definite tripping hazard. These boxes are placed in areas where doctors, assistants and at times patients are forced to move around.”

“The dental lab also has deficiencies in employee safety. The hood for removal of noxious fumes and aerosols does not move an acceptable volume of air to insure operator safety. The shower for decontamination if a caustic spill or splash should occur is placed in an inaccessible location without a floor drain. These shortcomings in staff and patient safety are primarily due to the age of the design, construction and equipping of the existing clinic and lab and can only be rectified with a new facility.”

Issue 3: Patient Privacy Issues

We substantiated that patient privacy issues existed in the Hines Dental Service at the time of the complainant’s contact with the OIG. Selected patient privacy issues remained at the time of our inspection.

Clinic Logistics. Staff provided dental treatment in open cubicles, and only two of the eight treatment cubicles had curtains that could be drawn for visual privacy. The remaining six treatment cubicles were open without any doors, curtains, or other barriers to ensure auditory and visual privacy. Two treatment rooms and two oral surgery rooms had doors; however, staff usually kept doors open during treatment or surgery because of limited ventilation. Managers reportedly ordered privacy screens for each treatment cubicle to create a barrier between the treatment area and the main hallway corridor.

Protection of Sensitive Patient Information. We observed dental laboratory work stored in individual boxes labeled with the patients’ names and social security numbers in an open shelving unit in the clinic hallway. The hallway was the main corridor adjacent to all treatment areas in the dental clinic. A new covered shelving unit was reportedly on order at the time of our inspection. Staff relocated computers that were previously located in the hallway to a more private area. The complainant alleged that patient medical records were unattended in areas accessible by patients; however, we did not observe this condition during our inspection.

The MCA substantiates patient privacy issues: “Compliance with patient privacy regulations as specified within the HIPAA and hospital standards are virtually impossible with the present configuration and layout of the existing dental facility. All treatment areas are open to a common hallway with the reclined dental chairs actually projecting into the passage area. All who pass through can see and hear all that transpires during treatment of patients by the various clinicians. The doctors and their assistants do not have a private setting to speak with referring physicians or with patient’s family

members. All consultations with patients, family members and other healthcare providers are conducted in the open clinic for all to hear due to not having a private consultation room...the laboratory does not have an enclosed area for prostheses and therefore all lab cases are out in the open in the hallway with the patient's personal information available to all who pass through the clinic...the configuration of the existing clinic, lab and waiting room do not allow for privacy for the patients. All conversations and at times other private records and prostheses are open and exposed to any passerby despite the heroic efforts of the doctors and staff in the dental service."

Issue 4: Staffing Issues

We were unable to substantiate or refute the allegation of inadequate staffing in the Hines Dental Service. The allegation regarding low staff morale in the Hines Dental Service was not substantiated.

Dental Service Staffing. Our interviews with the Chief of Dental Service and senior managers revealed that there were efficiency and productivity issues affecting the service at the time of the Chief's arrival in November 2004. The Chief's initial assessment of the Dental Service was that the clinic was functioning at a very low productivity level. At the time of our inspection, the Chief reported that the clinic's productivity had greatly improved. The Chief instituted changes, conducted time studies, and developed new policies and procedures to positively affect overall clinic productivity. We interviewed a number of Dental Service employees, and each employee provided his or her opinion of additional staffing needs for the service. The Hines Resources Committee receives requests from services for staffing, and the Chief appropriately forwarded requests to the committee for consideration. We did not conduct a comprehensive analysis of the current staffing in the Dental Service relative to the clinic workload and specific staffing needs. We believe this task is best managed by Hines senior management.

Employee Morale. The complainant alleged that morale was "low" in the Dental Service. We learned through interviews with employees and managers that there was turnover in Dental Service management in recent years. Employees told us that they felt that previous managers and administrative personnel were aware of problems in the Dental Service, but that they had no success in bringing issues and concerns forward to senior managers. Employees also related a history of inadequate responses from supporting services to address needs such as replacement of equipment, necessary repairs, and housekeeping issues. The Chief of Dental Service related that changes made during the first few months of his tenure "generally weren't well received" by the service staff. At the time of our inspection, he believed the staff were committed to their jobs and had accepted changes initiated by the Chief. Employees' interviews did not reveal morale issues. Rather, we found that employees were positive and committed to providing excellent care for their patients.

5. Conclusion

Many of the complainant's allegations regarding environmental, safety, and patient privacy issues in the Hines Dental Clinic had been or were being addressed at the time of our inspection. However, the preponderance of evidence based on interviews with the complainant, employees, and managers, and photographs provided by the complainant of conditions in the Dental Clinic substantiated the complainant's assertions regarding the environmental, safety, and patient privacy issues. We identified selected issues that remained at the time of our inspection, and this report details these concerns. Although managers and employees are hopeful that the Dental Service relocation MCA will be approved, it is imperative that corrective actions be aggressively pursued to ensure environmental and safety deficiencies are resolved and patient privacy is maintained.

In consideration of the complexity of staffing issues as well as the absence of a clearly defined staffing standard for dental services, we reached no conclusions regarding the adequacy of staffing for the Hines Dental Service. Further staffing analysis, using appropriate internal or external sources, will assist managers to determine the best staffing mix to ensure that patient care needs are met.

6. Recommendations

We recommend that the VISN Director ensure that the Hospital Director takes action to (a) correct the remaining environmental, safety, and patient privacy deficiencies detailed in this report and (b) coordinate a staffing analysis of the Hines Dental Service.

7. VISN and Hospital Directors Comments

The VISN and Hospital Directors concurred with the results of this inspection.

8. Assistant Inspector General for Healthcare Inspections Comments

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

(original signed by:)

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

VISN Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: December 30, 2005

From: Director, Veterans Integrated Service Network 12 (10N12)

Subject: **Environmental, Safety, Patient Privacy and Staffing
Issues, Edward Hines, Jr. VA Hospital, Hines, Illinois**

To: Director, Chicago Regional Office of Healthcare Inspections

1. I have reviewed and assessed the information contained in the Draft Report and note that the majority of these issues were identified by Hines prior to the complaint, as evidenced by the submission of the FY2007 Minor Construction Project and that corrective actions had already been planned and/or implemented prior to the OIG visit. Subsequent to the complaint, the Dental Lab was closed pending further evaluation and implementation of corrective actions and it remained closed until November 18, 2005 following the inspection by both Safety and Infection Control. Attached please find comments, corrective action plans and completion or proposed completion dates for the recommendations as provided by the Hospital Director.

2. I have reviewed and concur with the attached response.



James W. Roseborough

Network Director, VISN12

Director's 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's Report:

OIG Recommendation

Recommended Improvement Action We recommend that the VISN Director ensure that the Hospital Director takes action to:

(a) correct the remaining environmental, safety, and patient privacy deficiencies detailed in this report

Concur **Target Completion Date:** Complete

(1) Hines has a total of 12,598 items on the EIL (Equipment Inventory Listing) that are beyond the scheduled replacement date. The EIL is VHA's standard inventory package. The Hospital Equipment Committee relies on the submissions from the services when making decisions whether to replace existing equipment. A review of the equipment requests for FY05 showed that 0 requests were submitted by Dental Service for FY05 prior to the inspection by the OIG on August 15, 2005. As noted, the Hines Equipment Committee recommended for approval additional equipment in August 2005 and the equipment has been received and installed. The Chief, Dental Service is aware of the approval and purchase of this equipment and has been educated on his role in requesting needed equipment on at least an annual basis. As mentioned by the Associate Director to the OIG during the review, Hines had already started a process for prioritizing life safety equipment for automatic replacement and this was implemented in October 2005. The counter edges with damaged laminate have been repaired.

(2) The FY 2007 Minor Construction Application (MCA) referenced was approved for design in FY2007 and construction in FY2008. Whether the project is actually funded is outside of the facility's control. If the project is not funded, Hines will continue to operate the Dental Clinic in its current location.

(3) There were five general cleanliness issues they identified in the report. The Dental Clinic was terminal cleaned in July 2005 due to concerns of the staff which were brought forward to hospital leadership and the floor was stripped in August 2005.

a. Accumulation of debris (loose or encased in wax) on floors, especially along baseboards, in corners, and between equipment and cabinetry in dental treatment areas. *The loose debris has been removed that was encased in old floor wax. It should be noted that "debris" which was identified by the OIG and pointed out to hospital leadership were flecks of paint the size of a pin head.*

b. Debris from peeling baseboards on the floor in an oral surgery room. *The loose debris has been removed. There are no plans to replace the baseboards given that the desired strategy is to relocate the clinic.*

c. Stained areas on the floors around the bases of dental chairs. *These stains are due to rust from the dental chairs. Housekeeping has removed the rust stains to the best of their ability, but the stains can not be removed completely without replacing the floor.*

d. Soiled and dusty junction boxes and connective tubing near the bases of dental chairs. *The junction boxes are fixed and not removable since they are the nexus between the dental chair and hospital utilities (air and water). These boxes were cleaned and will be painted.*

e. Accumulation of debris under plastic footrest covers. *This debris has been removed.*

The Chief, Environmental Management Service (EMS) has been apprised to the EOC issues that the OIG noted in their report. He has been tasked to monitor each of these issues during his monthly/weekly rounds to ensure ongoing compliance. In addition, EMS supervisory staff has been charged with the implementation of the ESCt software (an off-the-shelf computer tracking quality control product) which provides an ongoing mechanism to track compliance with detailed cleaning schedules and allows the new Service Chief, EMS to have a process for ongoing oversight.

(4) Flexible rolling privacy screens were installed for all treatment cubicles, providing visual and some additional auditory privacy. These screens do not impede air circulation and can be moved easily to accommodate both traffic flow and cleaning.

(5) As indicated in the MCA, the area for processing instruments was not appropriate. Based on a thorough evaluation of SPD in May 2004, a plan to transition sterilization of the dental equipment to the main sterilization area had been developed and this was accomplished in August 2005.

(6) As indicated in the MCA, the water supply has been an ongoing challenge with the age of the plumbing. An evaluation will be done to see whether it is possible to install a supplemental deionization/filtration system using leased equipment until such time as the Dental Clinic project is complete.

(7) Infection Control makes unscheduled rounds in the Dental Clinic on a regular basis (approximately biweekly) and concerns are communicated directly to the staff in the area, to the Service Chief and/or Chief, Infection Control. Prior to the re-opening of the Dental Lab on 11/18/05, the area was reviewed on 11/14/05 by the Associate Director, the Safety Officer and an Infection Control Practitioner and all issues had been resolved.

(8) Employee safety was not an issue at the time of the complaint or at the present time. The specific chemicals in the Dental Lab are classified as 'irritants'; not as 'corrosive'; therefore ANSI standards require the presence of eyewashes, but not a shower for decontamination or a fume hood/biosafety cabinet. The hood that was in the lab has been replaced with an engineering control that was installed on 9/6/05 and airflow has been deemed sufficient. Since no specific requirements exist based on the chemicals in use in this area, periodic vapor sampling is done to ensure that the permissible exposure limit is not exceeded. Periodic testing for methylmethacrylate vapor is done and results showed concentrations of 7.3 ppm and 9.4 ppm in 10/24/02 and <1.2 ppm on 11/29/05, all well below the PEL for this chemical (100 ppm). A work order has been entered to have the shower removed. It is anticipated that this will be complete by 3/31/06.

(9) A 'blind' was added to the front of the shelving unit used to store the Dental Lab work to ensure the protection of sensitive patient information. This location has been added to the monthly HIPAA rounds conducted by the ISO, Privacy Officer and Compliance Officer. No problems were identified during the rounds in December '05.

(b) coordinate a staffing analysis of the Hines Dental Service.

Concur **Target Completion Date:** Complete

(1) A current staffing plan exists for the Dental Service (see attachment). With the adjustments made in the clinic flow in addressing wait times during FY05, no further staffing adjustments are needed at this time based on the following 3 indicators. Sufficient capacity currently exists to handle OEF/OIF patients with no waiting. KLF data for October and November 2005 respectively showed 1495 and 1474 scheduled appointments, 130 and 117 available slots, a next available wait time of 4.0 and 5.6 days and an average 7.1 and 10.6 days for 3rd next available. In addition, the issues with timely completion of dental assessments for Long Term Care patients was addressed and resolved and compliance has been >90% since June '05.

OIG Contact and Staff Acknowledgments

OIG Contact	Verena Briley-Hudson, MN, RN Director, Chicago Office of Healthcare Inspections (708) 202-2671
Acknowledgments	Dr. Andrea Buck, MD, JD Paula Chapman, Hotline Coordinator Theresa Golson Wachita Haywood Leslie Rogers

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