



Department of Veterans Affairs Office of Inspector General

Combined Assessment Program Review of the Fayetteville VA Medical Center Fayetteville, Arkansas

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 October 24–28, 2005, the Office of Inspector General (OIG) conducted a Combined Assessment Program (CAP) review of the Fayetteville VA Medical Center (referred to as the Medical Center). The purpose of the review was to evaluate selected operations, focusing on patient care administration, quality management (QM), and financial and administrative controls. During the review, we also provided fraud and integrity awareness training to 143 employees. The Medical Center is under the jurisdiction of Veterans Integrated Service Network (VISN) 16.

Results of Review

This CAP review focused on 12 operational activities. We found the Medical Center complied with selected standards in all of the 12 activities:

| | |
|--------------------------------------|---------------------------------|
| All Employee Survey | Medical Care Collections Fund |
| Controlled Substances Accountability | Pharmacy Security |
| Environment of Care | Quality Management |
| Equipment Accountability | Radiology and Laboratory Review |
| Government Purchase Card Program | Service Contracts |
| Information Technology Security | Supply Inventory Management |

This report was prepared under the direction of Karen A. Moore, Associate Director and CAP Review Coordinator, Dallas Healthcare Operations Division.

VISN and Medical Center Director Comments

The VISN and Medical Center Directors agreed with the findings.

(original signed by:)
JON A. WOODITCH
Deputy Inspector General

Introduction

Medical Center Profile

Organization. The Medical Center provides inpatient and outpatient services in Fayetteville, AR, and provides outpatient care at Community Based Outpatient Clinics in Mount Vernon, MO, and Fort Smith and Harrison, AR. The Medical Center is part of VISN 16 and in Fiscal Year (FY) 2005 served a population of 133,075 veterans in a primary service area that includes 11 counties in Arkansas, 11 counties in Missouri, and 2 counties in Oklahoma.

Programs. The Medical Center operates 51 beds providing acute medical, surgical, and psychiatric inpatient services. Outpatient programs include primary care, ambulatory surgery, mental health services, and 16 specialty clinics.

Affiliations and Research. The Medical Center has an affiliation with the University of Arkansas for Medical Sciences at Little Rock and supports a limited family practice residency program. Nursing student affiliations exist with the University of Arkansas, Northwest Arkansas Community College, Northwest Technical Institute, and Vanderbilt University. Allied health affiliations include dental hygienists and optometry residents.

Resources. FY 2005 Medical Center budget was \$137.7 million, a 9.1 percent increase over the FY 2004 budget of \$126.2 million. FY 2005 staffing was 774.2 full-time equivalent employees (FTE), including 63.5 physician and 241.1 nursing FTEs.

Workload. In FY 2005, the Medical Center treated 43,319¹ unique veterans, a 7 percent increase from FY 2004. Medical Center management attributed the increase in unique veterans treated to two causes. One is the continuing population growth in the area, and the second is increasing number of veterans who are turning to VA for most or all of their medical care in order to use VA pharmacy benefits. The FY 2005 inpatient average daily census was 54. Outpatient workload totaled 341,718 patient visits in FY 2005, an 8.7 percent increase from FY 2004.

Objectives and Scope of the CAP Review

Objectives. CAP reviews are one element of the OIG's efforts to ensure that our nation's veterans receive high quality VA health care and benefits services. The objectives of the CAP review are to:

- Conduct recurring evaluations of selected health care facility and regional office operations focusing on patient care, quality management, benefits, and financial and administrative controls.

¹ Data from KLF and last updated 10/12/05

- 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 management controls. Patient care administration is the process of planning and delivering patient care. QM is the process of monitoring the quality of care to identify and correct harmful and potentially harmful practices and 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. The review covered facility operations for FY 2004 through October 24, 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 the following 12 activities:

| | |
|--------------------------------------|---------------------------------|
| All Employee Survey | Medical Care Collections Fund |
| Controlled Substances Accountability | Pharmacy Security |
| Environment of Care | Quality Management |
| Equipment Accountability | Radiology and Laboratory Review |
| Government Purchase Card Program | Service Contracts |
| Information Technology Security | Supply Inventory Management |

As part of this review we used questionnaires and interviews to survey employee and patient satisfaction with the timeliness of service and the quality of care. We also interviewed 30 patients during the review. The survey results were shared with Medical Center management.

During this review, we also presented fraud and integrity awareness briefings for 143 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.

Opportunities for improvement, which did not constitute findings, were shared with management during interviews and facility rounds. At the closing brief, we commended Medical Center management for achieving full compliance with inspected standards.

VISN Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: January 26, 2006
From: VISN 16 Director
Subject: Fayetteville VA Medical Center Fayetteville, Arkansas
To: John D. Daigh, Jr. MD, Assistant Inspector General for
Healthcare Inspections

Concur with report.

(original signed by:)
Robert Lynch, MD

Medical Center Director Comments


**Department of
Veterans Affairs**

Memorandum

Date: January 26, 2006
From: Medical Center Director
Subject: Fayetteville VA Medical Center Fayetteville, Arkansas
To: John D. Daigh, Jr. MD, Assistant Inspector General for
Healthcare Inspections

THRU: Peggy Seleski, Director, Management Review
Service (10B5)

Concur with report. Since there were no findings, an
implementation plan is not required.



MICHAEL R. WINN

cc: Linda DeLong
Robert Lynch, MD

OIG Contact and Staff Acknowledgments

| | |
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