Department of Veterans Affairs
Office of Inspector General

Combined Assessment Program Review of the VA Southern Nevada Healthcare System Las Vegas, Nevada

Report No. 07-00472-138 **May 29, 2007**

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 healthcare is provided to our Nation's veterans. CAP reviews combine the knowledge and skills of the OIG's Offices of Healthcare Inspections and Investigations to provide collaborative assessments of VA medical facilities 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 services.
- 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 22–26, 2007, the Office of Inspector General (OIG) conducted a Combined Assessment Program (CAP) review of the VA Southern Nevada Healthcare System (the healthcare system). The purpose of the review was to evaluate selected operations, focusing on patient care administration and quality management (QM). During the review, we also provided fraud and integrity awareness training to 797 employees. The healthcare system is part of Veterans Integrated Service Network (VISN) 22.

Results of Review

The CAP review covered six operational activities. We identified the following three organizational strengths and reported accomplishments:

- An innovative provider-specific patient satisfaction program allows patients to rate the customer service skills of clinical providers.
- A multidisciplinary fall prevention program has reduced the fall rate.
- An electronic peer review process has standardized medical record evaluations.

The healthcare system complied with selected standards in the following three activities:

- Community Based Outpatient Clinic (CBOC).
- Contract Community Nursing Home (CNH) Program.
- Patient Satisfaction Survey Results Action Plans.

We made recommendations in three of the activities reviewed. For these activities, the healthcare system needed to:

- Strengthen the QM Program by ensuring that patient complaint trends are acted upon appropriately and by developing written criteria for ambulance diversion.
- Review business rules governing the computerized patient record system (CPRS) to ensure compliance with Veterans Health Administration (VHA) policy.
- Address identified environment of care (EOC) deficiencies and conduct a vulnerability assessment of drinking water.

This report was prepared under the direction of Ms. Julie Watrous, Director, Los Angeles Office of Healthcare Inspections.

Comments

The VISN and Healthcare System Directors agreed with the CAP review findings and recommendations and provided acceptable improvement plans. (See Appendixes A and B, pages 10–13, for the full text of the Directors' comments.) We will follow up on the planned actions until they are completed.

(original signed by Dana Moore, Ph.D.,
Deputy Assistant Inspector General for
Healthcare Inspections for:)

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

Introduction

Healthcare System Profile

Organization. The healthcare system provides inpatient and outpatient health care services in Las Vegas, Nevada, and provides additional outpatient care at CBOCs located in Henderson and Pahrump, NV. Outpatient care in the Las Vegas metropolitan area is distributed among seven clinic sites. The healthcare system is part of VISN 22 and serves a veteran population of about 240,230 in a primary service area that includes Clark, Lincoln, and Nye counties in Nevada.

Programs. The healthcare system provides medical, surgical, and mental health care services. The healthcare system has 52 hospital beds at the Mike O'Callaghan Federal Hospital (MOFH) as part of a sharing agreement with the Department of Defense at Nellis Air Force Base in Las Vegas.

Affiliations and Research. The healthcare system is affiliated with the University of Nevada School of Medicine and supports 10.3 medical resident positions in four training programs. Other affiliations include the University of Nevada, Las Vegas; Touro University; Nevada State College School of Nursing; Southern California College of Optometry; Illinois College of Optometry; and the University of Southern Nevada. In fiscal year (FY) 2006, the healthcare system research program (under the Research and Development Committee located at the VA Loma Linda Healthcare System) had approximately 27 studies and a budget of $376,317. Areas of research include endocrinology, oncology, and cardiology.

Resources. In FY 2006, the healthcare system's expenditures totaled $161 million. Staffing in FY 2006 was 929.45 full-time employee equivalents (FTE), including 100 physician and 219 nursing FTE.

Workload. In FY 2006, the healthcare system treated 40,419 unique patients and provided 12,995 inpatient days in the hospital. The inpatient care workload totaled 2,377 discharges, and the average daily census was 35.6. Outpatient workload totaled 432,229 visits.

Objectives and Scope of the Combined Assessment Program 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 services. The objectives of the CAP review are to:

- Conduct recurring evaluations of selected health care facility operations, focusing on patient care administration and QM.

- 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 and administrative activities to evaluate the effectiveness of patient care administration and QM. 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.

In performing the review, we inspected clinical areas; interviewed managers and employees; and reviewed clinical and administrative records. The review covered the following six activities:

CBOC	EOC
CNH Program	Patient Satisfaction Survey Results
CPRS Business Rules	QM

The review covered healthcare system operations for FYs 2006 and 2007 through November 30, 2006, and was done in accordance with OIG standard operating procedures for CAP reviews.

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.

Results of Review

Organizational Strengths and Reported Accomplishments

Customer Service Program Allows Patients to Rate Clinical Providers.

In 2004, healthcare system managers and clinical providers jointly agreed to implement an innovative patient satisfaction program known as the Red, White, and Blue (RWB) Report. This program provides patients the opportunity to rate the customer service skills of their providers and allows managers to respond quickly to issues and concerns identified by the patients. Since its inception, over 10,000 patients have been surveyed. As a result, overall patient satisfaction scores have improved, and the RWB report initiative received the Under Secretary for Health Award in Customer Service in April 2006.

Innovative Fall Prevention Program Has Reduced the Fall Rate.

A multidisciplinary fall prevention program has successfully reduced the fall rate below the national rate. In FY 2006, a new approach to fall prevention was implemented at the MOFH to reduce repeat falls and the overall fall rate. Interventions included the purchase of new beds with built-in alarms, use of hip protectors, a standardized hospital intervention plan, assessments of individualized risk factors, multidisciplinary post-fall assessments, and a follow-up process to prevent fall recurrence. Since its implementation, the fall rate has decreased to 3.15, which is below the national rate of 4.98. During the first quarter of FY 2007, the fall rate at MOFH continued to decrease to a rate of 2.1. In addition, there were no repeat falls for the same time period.

Electronic Peer Review Process Has Standardized Medical Record Evaluations.

Peer review is an essential component of medical care. In 2004, healthcare system providers endorsed an electronic process that allows medical record reviews to be completed online by peer providers. This electronic system has standardized the review process and makes it easier for providers to complete their reviews at their convenience using any computer with intranet access. The online peer review process provides an efficient method for each provider to review a minimum of 12 medical records a year. In addition, electronic reports allow supervisors and managers to view the results online and identify practice trends and improvement opportunities.

Opportunities for Improvement

Quality Management

The purpose of this review was to evaluate whether the healthcare system's QM Program provided comprehensive oversight of the quality of care and whether senior managers actively supported the program's activities. We interviewed the healthcare system Director, Chief of Staff, Chief Nurse Executive, and QM personnel. We evaluated plans, policies, and other relevant documents from both the healthcare system and the MOFH.

The QM Program was generally effective in providing oversight of the quality of care in the healthcare system. Appropriate review structures were in place for 12 of the 14 program activities reviewed. However, we identified two program areas that needed improvement.

Patient Complaints Analyses. Patient advocates received patient complaints and addressed individual complaints. They shared the results with service line chiefs. They also analyzed complaints data, identified trends, and made recommendations for corrective action. However, we found the same recommendations in reports for both the 3rd and 4th quarters of FY 2006, implying that the recommendations had not been addressed. Healthcare system managers need to decide how the information will be reported and which committees should be responsible for acting upon the recommendations.

Efficient Patient Flow. Managing the flow of patients through the hospital is essential to the prevention and mitigation of patient crowding, a problem that can lead to lapses in patient safety and quality of care. Accreditation standards require that hospitals assess patient flow issues and strive for efficiency. It was clear that healthcare system managers had begun to assess patient flow issues and address identified problems. However, the MOFH lacked the required written criteria to guide decisions about initiating ambulance diversion.

Recommendation 1. We recommended that the VISN Director ensure that the Healthcare System Director requires that appropriate committees act upon the recommendations from patient complaint analyses.

Recommendation 2. We recommended that the VISN Director ensure that the Healthcare System Director requires that criteria for ambulance diversion are clearly documented.

The VISN and Healthcare System Directors agreed with the findings and recommendations. The Executive Leadership Board has been designated to take appropriate actions and make final recommendations for patient complaint data analyses. A working group has been established to generate a written policy for ambulance

diversions. Once the policy is adopted, the Quality & Performance Improvement Committee will monitor the implementation and report monthly to the Joint Venture Executive Committee. The improvement plan is acceptable, and we will follow up on the completion of the planned actions.

Computerized Patient Record System Business Rules

The purpose of this review was to determine whether business rules governing CPRS comply with VHA policy. CPRS business rules define what functions certain groups or individuals are allowed to perform in the medical record.

In October 2004, VHA's Office of Information (OI) provided guidance that advised VHA facility managers to review their business rules and delete any rules that allowed editing of signed medical records. The OI cautioned that, "The practice of editing a document that was signed by the author might have a patient safety implication and should not be allowed." Following this guidance, OI has recommended that any editing of signed records be limited to the healthcare system's Privacy Officer. On June 7, 2006, VHA issued a memorandum to all VISN Directors instructing all facilities to comply with the OI guidance sent in 2004.

We reviewed the healthcare system's business rules and policies related to computerized records and interviewed program staff, including the Clinical Application Coordinator; the Chief, Health Information Management; and the Chief, Business and Health Administration Services. We reviewed a sample of the healthcare system's business rules governing clinical documents and found three that allowed editing of signed records, in violation of VHA policy. In addition, we found 10 rules that were not current and needed to be updated or deleted. While onsite, program staff deleted rules deemed inappropriate and initiated a review of existing business rules.

Recommendation 3. We recommended that the VISN Director ensure that the Healthcare System Director requires program staff to update business rules as necessary and delete business rules no longer in use.

Recommendation 4. We recommended that the VISN Director ensure that the Healthcare System Director requires program staff to perform a periodic review of all business rules to ensure full compliance with VHA policy.

The VISN and Healthcare System Directors agreed with the findings and recommendations and reported that they will take actions, which will include deleting rules no longer in use and conducting quarterly reviews. In addition, a subcommittee under the Medical Records Review Committee has started reviewing all business rules to ensure currency and compliance with VHA policy. The target date for completion is May 1, 2007. The improvement plan is acceptable, and we will follow up on the completion of the planned actions.

Environment of Care

The purpose of this review was to determine if the healthcare system (a) maintained a safe and clean patient care environment and (b) complied with selected VHA standards related to infection control (IC) and oversight of the drinking water system. We inspected selected patient areas at the MOFH, four outpatient clinic sites, and a CBOC in Pahrump, NV. We also reviewed relevant documents and interviewed key personnel.

The healthcare system had established an appropriate IC policy by identifying patients with multi-drug resistant organisms (MDRO). Medical records of two patients with MDRO at the MOFH contained appropriate stickers. In addition, while we were onsite, the IC nurse started placing clinical warnings in CPRS to electronically identify patients with MDRO. Also, we found that the patient care areas inspected at the MOFH and at the Central Clinic were generally clean and safe. However, we identified improvement opportunities in the following areas:

General Cleaning Practices. We found several housekeeping issues that managers needed to address at three of the four clinic sites inspected.

- At the Southwest Clinic, we found that floors in many of the areas, including bathrooms, required thorough cleaning. During our inspection, employees and some patients confirmed that cleanliness was a concern. Managers informed us that the housekeeping contract for this clinic was currently up for renewal and that the new contract is expected to improve the adequacy of housekeeping support.
- At the East and North Clinics, we found air vents and baseboards that required further cleaning.

General Safety. At the CBOC, we found that containers used for disposal of sharp objects, such as needles, were not locked and secured. We also identified damaged furniture that needed to be repaired or replaced.

Drinking Water Vulnerability Assessment. We reviewed the documents related to water testing, and we found that managers appropriately monitored monthly testing that was performed by the Southern Nevada Water System. Managers provided us with written documentation from VHA Headquarters exempting the healthcare system from performing their own routine water testing. However, managers had not conducted vulnerability assessments to determine whether additional testing was warranted, as required. Managers plan to incorporate a vulnerability assessment of drinking water into the healthcare system's emergency management plan.

Recommendation 5. We recommended that the VISN Director ensure that the Healthcare System Director takes appropriate actions to correct identified cleanliness and safety deficiencies.

Recommendation 6. We recommended that the VISN Director ensure that the Healthcare System Director takes appropriate actions to conduct a vulnerability assessment of drinking water, as required.

The VISN and Healthcare System Directors agreed with the findings and recommendations and reported that actions are being taken to address identified EOC issues. A performance improvement plan for housekeeping services is currently being executed at all contracted locations to ensure acceptable levels of performance. The unsecured sharp containers and damaged furniture have been replaced. The Emergency Manager will conduct a utility vulnerability assessment no later than June 2007. The improvement plan is acceptable, and we will follow up on the completion of the planned actions.

Other Review Topics

Community Based Outpatient Clinic

The purpose of this review was to determine if the outpatient clinic in Pahrump, NV, complied with selected VHA standards of CBOC operation, improved patient access to health care services, and maintained the same standards of care for providing mental health services and anticoagulation therapy. We conducted environmental rounds; interviewed key personnel and patients; and evaluated policies, procedures, and other relevant documents.

We found that the CBOC provided quality care and was compliant with the VHA standards of operation reviewed. The clinic had improved access, timeliness, and convenience of services. Patients were satisfied with all aspects of care. Mental health treatment was provided by clinicians at the CBOC and by remote professionals through video conferencing. The standards of care for providing anticoagulation therapy were the same throughout the healthcare system, and a pharmacist coordinated the program.

A facility policy outlined appropriate emergency protocols, and CBOC personnel appeared to be knowledgeable of these procedures. We found complete and current documentation for physician and nurse licenses, background checks, and provider privileging. All clinicians had current cardiopulmonary resuscitation certifications. We did not make any recommendations.

Contract Community Nursing Home Program

The purpose of this review was to assess if the healthcare system complied with requirements regarding the selection, placement, and monitoring of patients in CNHs. The VHA CNH Program has two important tenets (1) patient choice in selecting a nursing home and (2) local VHA facility oversight of CNHs. Oversight consists of monthly patient visits and annual reviews. To assess the healthcare system's CNH Program oversight, we reviewed medical records of 10 randomly selected patients; visited three randomly selected local CNHs; reviewed relevant documents; and interviewed program managers, patients, and CNH administrators.

We found that the healthcare system's CNH program was comprehensive and well organized. The Oversight Committee and review team provided excellent controls over the functions of the program. CNH Program managers had established contacts with representatives from the State Ombudsman's and Veterans Benefits Offices, as required.

During our site visits at the three nursing homes, we found evidence of collaborative relationships between program staff and nursing home administrative and clinical teams. We interviewed 10 patients at these three homes, and all verbalized overall satisfaction with the care received and oversight provided by program staff.

We reviewed the medical records of 10 of the 54 patients in the program, and all the patients received monthly visits. Two patients in our sample also required rehabilitation therapy at healthcare system's expense. Both patients appeared to have received the therapies required. However, we did not find evidence that a VA physician approved the orders. While onsite, program managers implemented a policy requiring a CNH Program physician to approve all rehabilitation therapy orders. Therefore, we did not make any recommendations.

Patient Satisfaction Survey Results

The purpose of this review was to assess the extent to which the healthcare system used the results of VHA's patient satisfaction survey to improve care, treatment, and services. In 1995, VHA began surveying its patients using a standardized instrument modeled from the Picker Institute, a non-profit health care surveying group. VHA set FY 2006 Survey of the Health Experiences of Patients (SHEP) target results of patients reporting overall satisfaction of Very Good or Excellent at 76 percent for inpatients and 77 percent for outpatients. The table below shows the national, VISN 22, and the healthcare system's survey results.

VA Southern Nevada Healthcare System

Inpatient SHEP Results FY 2006 Quarters 3 and 4	Access	Coordination of Care	Courtesy	Education & Information	Emotional Support	Family Involvement	Physical Comfort	Preferences	Transition
National	81.35	78.90	89.90	67.92	65.97	75.95	83.43	74.66	70.11
VISN	78.8-	77.8-	89.40	66-	64.4-	76.40	81.5-	72.7-	69.80
Healthcare System	79.60	78.80	90.60	67.30	69.9+	79.2+	82.30	76.00	66.9-

Outpatient SHEP Results FY 2006 Quarter 4	Access	Continuity of Care	Courtesy	Education & Information	Emotional Support	Overall Coordination	Pharmacy Mailed	Pharmacy Pick-up	Preferences	Specialist Care	Visit Coordination
National	81.1	77.9	94.7	72.8	83.1	75.6	81.9	65.9	81.4	80.7	84.4
VISN	79.9	75.2	95.2	71.6	82.8	73.3	86.8	70.6	81	79.2	81.2
Healthcare System Clinics	83	85.2	93.7	71.4	81.4	73.4	89.5	67.9	81.9	79.9	78.9

"+" Indicate Results that are Significantly **Better** than the National Average
"-" Indicate Results that are Significantly **Lower** than the National Average

The healthcare system's managers shared the results with employees, as expected. Managers had implemented action plans to improve patient satisfaction with education and information, transition, and pharmacy pick-up. We found the action plans acceptable and did not make any recommendations.

Appendix A

VISN Director Comments

Department of Veterans Affairs **Memorandum**

Date: February 22, 2007

From: Network Director, VA Desert Pacific Healthcare Network (10N22)

Subj: **Combined Assessment Program Review of the VA Southern Nevada Healthcare System, Las Vegas, Nevada**

To: Director, Los Angeles Healthcare Inspection Division (54LA)
Director, Management Review Office (10B5)

1. I appreciate the opportunity to provide comments to the draft report of the Combined Assessment Program (CAP) review of the VA Southern Nevada Healthcare System (VASNHS), Las Vegas, NV, during the week of January 22–26, 2007. I have discussed the findings and recommendations with the senior leadership at VASNHS.

2. In brief, I concur with all of the recommendations in the report. The staff at VASNHS has already begun to implement improvement actions.

3. If you have any questions, please contact my office at (562) 826-5963.

(original signed by Barbara Fallen for:)
Kenneth J. Clark, FACHE

VA SOUTHERN NEVADA HEALTHCARE SYSTEM
Response to the Office of Inspector General Combined Assessment Report

Comments and Implementation Plan

1. Quality Management:

Recommendation 1. We recommended that the VISN Director ensure that the Healthcare System Director requires that appropriate committees act upon the recommendations from patient complaint analyses.

Recommendation 2. We recommended that the VISN Director ensure that the Healthcare System Director requires that criteria for ambulance diversion are clearly documented.

Concur with recommended improvement actions.

Patient Complaint Analyses:

Planned Action: Patient advocates receive patient complaints and address individual complaints. They share the results with Care Line Chiefs. They analyze, identify, and make recommendations for corrective actions based on the complaint data. (1) Patient complaints and the analyses with recommendations will be presented to the following Medical Center Committees and Councils: Service Quality Council (SQC), Quality & Performance Improvement Council (QPIC), and the Executive Leadership Board (ELB) at minimum on a quarterly basis. FY 2007 Quarter 1 data will be presented to SQC 2/22/2007, QPIC 2/21/2007 and ELB 2/21/2007. (2) MOFH data will continue to be reported to the Joint Venture Executive Council (JVEC). The Councils and Committees will make appropriate recommendations based on the analyses and recommendations presented. The ELB is designated to make the final recommendations in compliance with the Council and Committee structure of the organization.

Efficient Patient Flow:

Planned Action: Managing the flow of patients through the hospital is essential to the prevention and mitigation of patient crowding. Accreditation standards require that hospitals assess patient flow issues and strive for efficiency. The issues relating to patient flow and the written criteria requirement were discussed at the Mike O'Callaghan Federal Hospital (MOFH) QPIC on February 14, 2007. (1) A working group composed of VA and AF leadership has been established by the MOFH

QPIC to generate a written policy for diversion at the MOFH. (2). The Executive Committee of the Medical Staff (ECOMS) and JVEC at the MOFH will be advised of this requirement by the QPIC. (3) The draft diversion policy will be available for review at the MOFH QPIC March 14, 2007. (4) The QPIC will monitor the policy implementation with monthly reporting to JVEC until the policy is completed and in circulation.

2. Computerized Patient Record System Business Rules:

Recommendation 3. We recommended that the VISN Director ensure that the Healthcare System Director requires program staff to update business rules as necessary and delete business rules no longer in use.

Recommendation 4. We recommended that the VISN Director ensure that the Healthcare System Director requires program staff to perform a periodic review of all business rules to ensure full compliance with VHA policy.

Concur with recommended improvement actions.

Update Business Rules as Necessary:

Planned Action: The Medical Records Committee met on January 31, 2007 to discuss an action plan for review of the business rules at the VA Southern Nevada Healthcare System. The action plan was approved at that meeting. The entire list of ASU Business Rules is currently being reviewed by a subcommittee of the Medical Records Committee with the assistance of Office of Information Field Office staff, updating business rules as necessary so they are current and in full compliance with VHA policy by May 1, 2007.

Delete Business Rules No Longer in Use:

Planned Action: Review and identify business rules that are no longer in use and delete them. The entire list of ASU Business Rules is currently being reviewed by a subcommittee of the Medical Records Committee. Obsolete business rules will be deleted as appropriate to ensure full compliance with VHA policy by May 1, 2007.

Perform Periodic Reviews of all Business Rules To Ensure Full Compliance with VHA Policy:

Planned Action: The Medical Records Committee will perform a quarterly review of the ASU Business Rules to ensure they are still current and in full compliance with VHA Policy. Requests for new business rules

will be reviewed by the Medical Records Committee for compliance with VHA policy before being implemented.

3. Environment of Care:

Recommendation 5. We recommended that the VISN Director ensure that the Healthcare System Director takes appropriate actions to correct identified cleanliness and safety deficiencies.

Recommendation 6. We recommended that the VISN Director ensure that the Healthcare System Director takes appropriate actions to conduct a vulnerability assessment of drinking water, as required.

Concur with recommended improvement actions.

Correct Identified Cleanliness and Safety Deficiencies:

Planned Action: Housekeeping services are provided by contract at all VASNHS locations. Action has already been taken through the Contract Officer's Technical Representative, Contracting Officer, Contract Agency (NISH), and Subcontractor (Opportunity Village) to address the identified issues. The Subcontractor is executing a Performance Improvement Plan at this time, and contract performance is returning to acceptable levels. Full implementation will be achieved by March 15, 2007.

Unsecured sharps containers discovered at the CBOC were corrected that week. Seven of 9 lockable wall mounts fit an old brand that is no longer stocked and were replaced. The issue is closed.

The damaged furniture was removed from the site that day, and the new furniture was delivered February 16, 2007.

Conduct a Vulnerability Assessment of Drinking Water:

Planned Action: The Emergency Manager will conduct a utility vulnerability assessment, coordinate it, and attach it to the Emergency Management Plan no later than June 2007.

John B. Bright
Director

February 21, 2007

Appendix C

OIG Contact and Staff Acknowledgments

OIG Contact	Julie Watrous, RN, Director Los Angeles Healthcare Inspections Division (213) 253-5134
Acknowledgments	Daisy Arugay Michael Banaszek Elizabeth Bullock Michelle Porter John Tryboski

Appendix D

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