



# **Department of Veterans Affairs Office of Inspector General**

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## **Healthcare Inspection Nursing Shortage and Management Issues VA Medical Center Oklahoma City, Oklahoma**

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## **Executive Summary**

The VA Office of Inspector General conducted an inspection to determine the validity of allegations regarding a nursing shortage and management issues at the Oklahoma City VA Medical Center, Oklahoma City, OK.

We concluded that a nursing shortage existed throughout the medical center, but the shortage was most prevalent in the surgical service inpatient, outpatient, and recovery room areas. In addition, many nursing staff when questioned expressed a lack of professional support and poor communication from executive nursing leadership. We substantiated the allegation that surgeries were cancelled and rescheduled without patient notification.

While the medical center had been actively recruiting for nursing staff, their efforts had not been successful in filling needed positions. In recognition of medical center's efforts, we made recommendations that management should:

- Evaluate nursing recruitment and retention activities to determine the course of action needed to successfully fill the FTE allocation for professional nursing staff in the VA Medical Center, Oklahoma City, OK.
- Take action to ensure a highly visible nursing leadership management team that establishes regular opportunities for communication among staff and management.
- Establish a policy to notify surgery patients of cancellations and to reschedule surgery in a manner which reduces the frequency of unnecessary patient travel.

Based on the actions which the facility has taken and continues to take, we consider all recommendations closed.



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

**TO:** Director, Veterans Integrated Service Network (10N16)

**SUBJECT:** Healthcare Inspection – Nursing Shortage and Management Issues, VA Medical Center, Oklahoma City, Oklahoma

### **Purpose**

The VA Office of Inspector General (OIG), Office of Healthcare Inspections (OHI) conducted an inspection to determine the validity of allegations regarding a nursing shortage and management issues at the Oklahoma City VA Medical Center (medical center), Oklahoma City, OK.

### **Background**

An anonymous complainant contacted the OIG Hotline with numerous allegations regarding a nursing shortage and management issues at the medical center.

Specifically, the complainant alleged:

- The medical center is experiencing a nursing shortage throughout the facility but particularly in surgical service inpatient, outpatient, and recovery room areas.
- An eight-bed recovery room is frequently understaffed, with only one registered nurse (RN).
- Licensed Practical Nurses (LPNs) without advanced cardiac life support (ACLS) and electrocardiogram (EKG) interpretation experience are pulled from their assigned units to work in the critical care areas.
- Surgical inpatient, outpatient, and recovery room nurses are pulled from their assigned units to augment coverage in other areas, leaving their units short of staff.
- Mandatory overtime is causing nurses to come to work exhausted and/or sick, presenting a danger to patients.
- Contract nurses are not being utilized to augment staffing.

- Nursing staff lack professional support from management, causing their morale to be low.
- Surgery clinics are staffed with only 2 RNs and 1 LPN to manage over 100 patient appointments.
- The Nurse Executive (NE) is not visible in nursing areas, and nursing staff meetings with the NE are cancelled 75 percent of the time.
- The Associate Chief Nurse for Surgical Service (ACNS) does not allow her authority to be questioned.
- Patients wait 2 to 3 hours post surgery for admissions because inpatient surgical beds are not available.
- Surgeries are cancelled or rescheduled without patient notification.

The complainant also made other allegations related to fiscal responsibility, personnel hiring practices, emergency management, and environment of care concerns.

## Scope and Methodology

We conducted a site visit to the medical center on May 8–12, 2006. We interviewed the complainant, Medical Center Director, and patient representative. We also interviewed seven Nursing Service management staff and 26 staff nurses working different shifts and with varied experiences throughout the surgical service areas.

We reviewed the allegations related to fiscal responsibility, personnel hiring practices, emergency management, and environment of care concerns, which we found to be without merit. Therefore, these issues are not discussed further in this report.

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

## Inspection Results

### Issue 1: Nursing Shortage

We substantiated the allegation that a nursing shortage exists throughout the medical center. The medical center is budgeted for a total of 445 full-time employee equivalent (FTE) nursing positions. At the time of our visit there were 61 nursing vacancies. The nursing shortage is particularly serious in the surgical service inpatient, outpatient, and recovery room areas.

- *An eight-bed recovery room is frequently understaffed with only one RN.* The nursing budgeted staff report has six RN positions assigned to the recovery room and all were filled. Recovery room staffing is based on patient needs and the skill level of assigned nursing staff. From November 1, 2005, through April 30, 2006, a total of 47 nurses were pulled to cover other areas; however, when the recovery room was filled to capacity, it was staffed with three nurses. There were no instances where one nurse was left with eight patients.
- *LPNs are pulled to critical care areas without ACLS and EKG interpretation experience.* LPNs were pulled to critical care areas. Their role was to assist the RNs with their assigned patients by giving baths, getting patients up in chairs, assisting with meals, and making beds. LPNs were not responsible for ACLS protocols or EKG interpretation.
- *Nurses on the surgery units are pulled to augment coverage on other units, leaving their units short staffed.* Surgery unit nurses were pulled to augment staff on other units. Nurse managers told us that the decision to pull nurses from one unit to another is based on unit patient needs. Staff are pulled and distributed in an attempt to ensure that all patient units have adequate staff to provide safe patient care. We determined surgery units were not short staffed when nurses were pulled. In reviewing staff to patient ratio data in the surgical intensive care unit (SICU) for the period November 2005 to April 2006, we found that the ratio of patients to staff in the SICU, even after a staff nurse was pulled to another unit, was not significantly changed. We also reviewed staff to patient ratios in the recovery room for 14 selected days during the period November 2005 to April 2006. Data showed only 3 days where staff had more than 2 patients each.
- *Mandatory overtime is causing nurses to come to work exhausted and/or sick, presenting a danger to patients.* Mandatory overtime is expected by management and staff in surgical service areas when relief nursing coverage is not available. We could not substantiate or refute that mandatory overtime is causing nurses to work when exhausted or sick, presenting a danger to patients.
- *Contract nurses are not utilized to augment staffing.* At the time of this review, contract LPNs were being used to supplement nursing shortages.
- *Nursing staff lack professional support from management, causing their morale to be low.* We surveyed 33 nurses; 30 of the 33 nurses reported poor morale.
- *Surgery clinics are left with 2 RNs and 1 LPN to manage appointments of over 100 patients.* On one day during the period of October 2005 to April 2006, 3 staff nurses managed a clinic of more than 100 patient appointments. We reviewed data of staff pulls from the surgery clinic for the period October 2005 through April 2006. There were 7 days when, after the pull, only 3 staff nurses remained. For

these days, the workload was as follows: 3 days had less than 50 patient appointments, 3 days had between 50 and 100 patient appointments, and 1 day had 112 patient appointments.

Inspectors found that the medical center has an ongoing process to improve recruitment and retention measures to help rectify this nursing shortage. Medical center management provided copies of newspaper and local periodicals with vacancies advertised. Recruitment efforts were made through job fair participation in the months prior to our visit. Nurse hiring and retention bonuses were being provided for some specialty areas. The medical center Human Resources Department reviewed the updated salary survey information for January 2006, which was obtained from the Oklahoma Hospital Association. Medical center managers submitted nursing salary recommendations to the VA Central Office in June 2006. Medical center managers have deactivated beds and were diverting patients as needed to community hospitals. At the time of our visit, contract LPNs were being utilized to supplement nurse staffing.

We found there was a nursing shortage at the medical center and that nursing staff morale was low. We also found that extensive efforts to address the nursing shortage had been made by medical center management. As a result, management of staffing issues was found to be safe for both patients and nurses during the time of this review.

## **Issue 2:     Nursing Management Issues**

*The NE is not visible in nursing areas and cancelled staff meetings 75 percent of the time.* We surveyed 33 nurses including managers and staff; 29 respondents stated that the NE was not visible on the patient care units. Eighteen respondents believed nurse staff meetings were cancelled 75 percent of the time. The NE told us that she was not as visible on the units as she could be and that she had cancelled staff meetings due to unexpected events.

*The ACNS perceives questions from her staff as a threat to her authority.* We surveyed 33 nurses (RNs, LPNs and nursing assistants); 18 stated that they believed the ACNS was not approachable by her subordinates and did not keep them informed on issues affecting nursing service.

## **Issue 3:     Management Issues**

*Patients frequently wait 2 to 3 hours for post operative admission to a surgical unit bed.* We could not substantiate this allegation. However, our review of daily census sheets, surgery schedules, and surgery cancellations for the period November 2005 through April 2006 found 17 incidents where patients were still in the recovery room after 6:00 p.m. The total number of hours these 17 patients were in the recovery room after 6:00 p.m. was 19.25 hours. The range was 15 minutes to 3.5 hours. Thirteen of these patients were there less than 1 hour.

*On numerous occasions patients arrive for scheduled surgeries only to be told their surgeries had been cancelled or rescheduled, and some of these patients had driven more than 100 miles.* We substantiated the allegation that surgeries were cancelled and rescheduled without patient notification. Surgeries were cancelled and/or rescheduled for various reasons, including abnormal laboratory results requiring further pre-operative evaluation, physician cancellations, and unexpected emergency surgeries that had to take precedence over scheduled surgeries. We did not find any cancellations due to nurse staffing shortages.

We found that from November 2005 through April 2006, 97 of 1,889 (5 percent) of scheduled surgeries were cancelled and/or rescheduled. Twenty-one of the 97 (22 percent) patients whose surgeries had been cancelled or rescheduled had traveled 100 miles or more to reach the medical center.

## Conclusion

We concluded that a nursing shortage existed throughout the medical center, but the shortage was most prevalent in the surgical service inpatient, outpatient, and recovery room areas. Managers were taking action to ensure patient safety. Many of these actions, such as mandatory overtime and reassignment of nurses, have resulted in low morale. In addition, many nursing staff reported a lack of professional support and poor communication from executive nursing leadership. While the medical center was actively recruiting for nursing staff, their efforts had not been successful in filling needed positions.

## Recommendations

**Recommendation 1.** We recommend the VISN Director, in conjunction with the Medical Center Director, evaluate nursing recruitment and retention activities to determine the course of action needed to successfully fill the FTE allocation for professional nursing staff in the VA Medical Center, Oklahoma City, OK.

**Recommendation 2.** We recommend the Medical Center Director take action to ensure a highly visible nursing leadership management team that establishes regular opportunities for communication among staff and management.

**Recommendation 3.** We recommend the Medical Center Director establish a policy to notify surgery patients of cancellations and to reschedule surgery in a manner which reduces the frequency of unnecessary patient travel.



## Comments

The VISN Director and Medical Center Directors concurred with the recommendations. In October 2006, registered nurse salaries were adjusted up to 3 percent. The medical center has contracts with 3 nurse staffing agencies, hired 20 additional nursing assistant positions, offered a finders fee that enabled them to hire 26 licensed practical nurses, and increased newspaper advertisements of nurse vacancies. Nursing leadership makes rounds weekly on various nursing units, and the Associate Director for Patient Care Services conducts monthly meetings with staff. When planned surgeries have to be cancelled, a resident physician or mid-level practitioner calls the patient and reschedules the surgery. If the patient cannot be reached before he arrives at the medical center, arrangements will be made, as needed, to house the patient and his/her family until surgery can be performed. (See Appendixes A and B, pages 7–10, for the complete text of the Directors' comments.)

Based on the actions which the facility has taken and continues to take, we consider all recommendations closed.

*(original signed by:)*

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

## VISN Director Comments

**Department of  
Veterans Affairs**

**Memorandum**

**Date:** March 13, 2007

**From:** VISN Director

**Subject:** **Healthcare Inspection – Nursing Shortage and Management Issues, VA Medical Center, Oklahoma City, Oklahoma**

**To:** Director, Dallas Healthcare Inspections Division, Office of Inspector General (54DA)

1. Attached is the Facility Director's response to the OIG Healthcare Inspection of the Oklahoma City VA Medical Center.
2. I concur with the Facility Director's comments.
3. If you have any questions or need additional information, please contact the Staff Assistant to the Network Director at (602) 364-7900.

*(original signed by:)*

Robert Lynch, MD

## Medical Center Director Comments

**Department of  
Veterans Affairs**

### Memorandum

**Date:** March 13, 2007

**From:** Medical Center Director

**Subject:** **Healthcare Inspection – Nursing Shortage and Management Issues. VA Medical Center, Oklahoma City, Oklahoma**

**To:** Director, Dallas Healthcare Inspections Division, Office of Inspector General (54DA)

1. We appreciate the opportunity to work with the Office of the Inspector General as we continuously strive to improve the quality of healthcare for America's Veterans.
2. I concur with the findings of the OIG Healthcare Inspection team.
3. If you have any questions, please contact Donna DeLise, Director, Office of Performance and Quality at (405) 270-5194

*(original signed by:)*

DAVID P. WOOD, MHA, FACHE

Medical Center Director

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

The following Medical Center Director's comments are submitted in response to the recommendations in the Office of Inspector General's report:

#### **OIG Recommendations**

**Recommendation 1.** We recommend the VISN Director, in conjunction with the Medical Center Director, evaluate nursing recruitment and retention activities to determine the course of action needed to successfully fill the FTE allocation for professional nursing staff in the VA Medical Center, Oklahoma City, OK.

Concur      **Target Completion Date:** April 23, 2007

The Medical Director, Associate Director, Patient Care Services and the Nursing Executive Staff have implemented several strategies to improve the recruitment and retention of nursing staff at the Oklahoma City VA Medical Center. The Oklahoma Hospital Association's Salary Survey was purchased in 2006 and registered nurses' salaries were adjusted up to 3% effective October 29, 2006 to be competitive within community. In February 2007, the survey was purchased again to review the salary ranges for licensed practical nurses so adjustments can be made to ensure competitiveness for these nurse applicants as well. In March 2006, Nursing Service contracted with two staffing agencies to augment its assigned staff. Because these agencies have only been able to meet 60% of our requested needs, a third agency has been added to the contract. The medical/surgical inpatient units frequently have high acuity and physical workload levels that are not attractive to registered nurses. To improve the patient/staff ratios, twenty additional nursing assistant positions have been added to the five medical/surgical units to meet the heavy patient care demands. Newspaper advertisements have been increased to biweekly to highlight our available positions.

Our Finder's Fee Program has enabled the facility to hire an additional 26 registered and licensed practical nurses. This program pays employees (with the exception of the hiring and interviewing officials) \$1,000 for a registered nurse and \$500 for a licensed practical nurse if the individual is hired and completes one year of successful employment.

**Recommendation 2.** We recommend the Medical Center Director take action to ensure a highly visible nursing leadership management team that establishes regular opportunities for communication among staff and management.

Concur **Target Completion Date:** Complete

A member of the Nursing Leadership Team minimally rounds weekly on various nursing units. In addition to weekly rounds, the Associate Director, Patient Care Services is conducting monthly meetings with staff.

**Recommendation 3.** We recommend the Medical Center Director establish a policy to notify surgery patients of cancellations and to reschedule surgery in a manner which reduces the frequency of unnecessary patient travel.

Concur **Target Completion Date:** April 23, 2007

When planned surgeries have to be cancelled due to other emergency surgeries; abnormal laboratory results requiring more pre-operative evaluation; or physician cancellation, a surgery resident or mid-level practitioner will call the patient and reschedule the surgery. If the patient is unavailable and does not receive the notification until after he/she arrives at the medical center, arrangements will be made to house the patient and his/her family at our hoptel facility until the time of surgery and the surgery will be performed as soon as possible.

## OIG Contact and Staff Acknowledgments

OIG Contact	Marilyn Walls, Healthcare Inspector Dallas Office of Healthcare Inspections (214) 253-3335
Acknowledgments	Linda DeLong, Director  Karen Moore, Associate Director  Roxanna Osegueda  Wilma Reyes  George Wesley, M.D.

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