



Department of Veterans Affairs Office of Inspector General

Healthcare Inspection

Evaluation of Emergency Departments and Urgent Care Clinics in Veterans Health Administration Facilities

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Executive Summary

The VA Office of Inspector General (OIG), Office of Healthcare Inspections completed an evaluation of Veterans Health Administration (VHA) emergency departments (EDs) and urgent care clinics (UCCs). The purposes of this evaluation were to determine whether VHA's EDs and UCCs: (a) had the appropriate resources and clinical services to provide all aspects of emergency care, including mental health care; (b) were clean, safe, and well maintained; (c) coordinated consultations and patient transfers appropriately; (d) had sufficient nurse staffing, as required by local policy; and (e) had trained staff with documentation of current competencies and clinical privileges.

We performed the review at 46 VHA medical facilities during Combined Assessment Program (CAP) reviews conducted from July 1, 2008, through June 30, 2009. The facilities we visited represented a mix of facility size, affiliation, geographic location, and Veterans Integrated Service Networks. Our review focused on compliance with selected requirements from two VHA policies related to the uniform delivery of timely and quality emergency and urgent care. We analyzed results and reported deficiencies in each facility CAP report. We had findings at 40 (87 percent) of the 46 facilities reviewed, resulting in 66 recommendations.

We concluded that VHA facilities' EDs and UCCs generally met VHA guidelines. However, we determined that ED/UCC operations could be strengthened in the areas of documentation, competency evaluations, and privileging requirements. We recommended that the Under Secretary for Health, in conjunction with VISN and facility senior managers, ensure compliance with:

- Transfer and discharge documentation requirements
- Competency evaluations and privileging requirements

The Under Secretary for Health concurred with our findings and recommendations and provided acceptable implementation plans.



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

TO: Under Secretary for Health (10)

SUBJECT: Healthcare Inspection – Evaluation of Emergency Departments and Urgent Care Clinics in Veterans Health Administration Facilities

Purpose

The purposes of this evaluation were to determine whether Veterans Health Administration (VHA) emergency departments (EDs) and urgent care clinics (UCCs): (a) had the appropriate resources and clinical services to provide all aspects of emergency care, including mental health (MH) care; (b) were clean, safe, and well maintained; (c) coordinated consultations and patient transfers appropriately; (d) had sufficient nurse staffing, as required by local policy; and (e) had trained staff with documentation of current competencies and clinical privileges.

Background

In 2006, VHA developed policies to improve the uniform delivery of timely and high-quality emergency¹ and urgent care.² The ED's primary responsibility is to provide resuscitative therapy and stabilization for life-threatening emergencies 24 hours a day, 7 days a week (24/7). In addition, the ED can provide initial evaluation and treatment for a broad spectrum of medical problems, including MH emergencies. Facilities are required to have an ED if they have an intensive care unit (ICU). Facilities that have medical and surgical beds but no ICU may choose to operate an ED provided they have the necessary laboratory, radiology, pharmacy, and consult services available 24/7.

While non-emergent ambulatory care is usually provided in primary care clinics (PCCs), facilities are also required to provide care for patients without a primary care provider

¹ VHA Directive 2006-051, *Standards for Nomenclature and Operations in VHA Facility Emergency Departments*, September 15, 2006.

² VHA Directive 2007-043, *Standards for Nomenclature and Operations for Urgent Care Clinics in VHA Facilities*, December 18, 2007.

and those whose care may not be appropriate in a PCC. UCCs may fill this need for sites without an ED or sites that wish to supplement their EDs.

For a UCC, VHA requires the level of care to be determined by the capability of the facility. UCCs operating 24/7 must have MH services onsite or on call at all times. In addition, facilities with UCCs are required to have policies for the provision of urgent care and for the disposition of patients whose care needs exceed the facility's capabilities.

In facilities with no ED or UCC or where the UCC is not open 24/7, the facility must provide instructions to veterans on how to obtain care when VA care is not available.

Some EDs treat very complex patients while others stabilize patients and transfer them to community facilities for further management. Some UCCs are co-located with EDs and handle less complex patients while others are located at facilities with no ED.

Scope and Methodology

We performed the review at 46 VHA medical facilities during Combined Assessment Program (CAP) reviews conducted from July 1, 2008, through June 30, 2009. We analyzed results and reported deficiencies in each facility CAP report. The facilities we visited represented a mix of facility size, affiliation, geographic location, and Veterans Integrated Service Networks (VISNs). Our review focused on compliance with selected requirements from the two VHA policies referenced on the previous page and other relevant policies.

We reviewed documents, including facility self-assessments, policies, procedures, credentialing and privileging (C&P) files, and competency folders. We inspected EDs and UCCs for cleanliness and equipment management, and we reviewed medical records. We interviewed VHA's Chief ED Consultant, facility ED/UCC clinical leaders and staff, facility directors, and chiefs of staff. Some of the areas reviewed did not apply to all facilities because of differences in functions or frequencies of occurrences; therefore, denominators may vary in reported results.

We generated a CAP report for each facility. We had findings at 40 (87 percent) of 46 facilities reviewed, resulting in 66 recommendations. For this report, we analyzed the data collected during CAP reviews to identify system-wide trends.

We used 90 percent as the general level of expectation for performance in the following areas:

- Resources and Services
- Environment of Care (EOC)
- Consults, Transfers, and Discharges

- Nurse Staffing
- Competency and Privileging

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

Inspection Results

Issue 1: Resources and Services

Most of the facilities reviewed complied with VHA policies in establishing their EDs and UCCs and had policies to ensure that patients not meeting the criteria for treatment at the ED/UCC were appropriately transferred. On-call services or arrangements with community hospitals were available to provide radiology, laboratory, and pharmacy services. In addition, patients requiring MH assessments were appropriately evaluated in the ED/UCC by a MH provider prior to discharge. All of the facilities reviewed provided onsite MH services, and 27 (59 percent) of the 46 facilities had observation or seclusion rooms where patients could be kept safe and secluded while awaiting assessments and treatments. We made no recommendations.

Issue 2: Environment of Care

We inspected ED/UCC patient care, triage, and waiting room areas and found 38 (83 percent) of the 46 facilities reviewed to be clean and well maintained. Although we made recommendations related to EOC in the remaining eight facilities' CAP reports, we did not identify any system-wide trends. Equipment was clean and appropriately maintained. We noted that staff complied with hand washing policies, needle box replacement, and medication storage. We made no recommendations.

Issue 3: Consults, Transfers, and Discharges

Consults. The clinical consult process involves coordination between providers in response to a request seeking opinion, advice, or expertise (such as a consult to a cardiologist for a patient with a heart condition).³ The clinical consult is initiated with the expectation that the response will be provided in a timely manner. Overall, we found that consults were performed in a timely manner. We made no recommendations in this area.

Transfers. Communication between the sending registered nurse (RN) or physician (MD) and the receiving RN or MD (known as handoff communication) is critical to ensure patient safety and adequate care during transfer from the ED/UCC to other units within the same facility. Accreditation standards require that facilities implement a standardized approach to handoff communications that includes an opportunity to ask and respond to

³ VHA Directive 2008-056, *VHA Consult Policy*, September 16, 2008.

questions. Communication between departments is to be documented in the patient's medical record. Of the progress notes reviewed, 192 (81 percent) of 238 contained documentation between sending and receiving RNs, and 186 (78 percent) of 240 contained documentation between sending and receiving MDs.

VHA also requires that all transfers from VHA EDs/UCCs to other facilities are accomplished in a manner that ensures maximum patient safety. Facilities are required to document specific information before a patient is transferred to another facility.⁴ Compliance can be achieved through the use of standard forms or a local template note containing all the required elements. Only 25 (54 percent) of the 46 facilities fully documented all the required elements. Below are some of the elements and their compliance rates:

- Current advance directive (36 percent)
- Transfer consent (46 percent)
- Care needed during transport (57 percent)
- Type of care needed at the receiving facility (68 percent)
- Date and time of transfer (76 percent)
- Equipment required during transfer (77 percent)
- Name of receiving MD (82 percent)

Discharges. Accreditation standards require that when a patient is discharged from the ED/UCC, he or she receives a copy of written discharge instructions. Of the 210 medical records reviewed, 183 (87 percent) had documented evidence that the patients received written discharge instructions.

We recommended that VHA reinforce compliance with transfer and discharge documentation requirements.

Issue 4: Nurse Staffing

Each facility is expected to establish safe and effective staffing levels and a mix of staff that meets patient care demands. In 2008, VHA issued a memorandum clarifying MD staffing requirements for EDs/UCCs.⁵ Although we did not find specific guidance for ED/UCC RN staffing during this review, in November 2009, VHA issued a policy to guide facilities in developing formal staffing plans for all disciplines, including RNs.⁶

⁴ VHA Directive 2007-015, *Inter-Facility Transfer Policy*, May 7, 2007.

⁵ Deputy Under Secretary for Health for Operations and Management, "Clarification of Provider Staffing Requirements for Emergency Departments and Urgent Care Clinics," memorandum, April 18, 2008.

⁶ VHA Directive 2009-055, *Staffing Plans*, November 2, 2009.

Twenty-one facilities in our review reported having RN vacancies. Managers at 10 of these facilities told us that they had trouble filling vacancies due to the lengthy recruitment process and noncompetitive salaries.

Most of the facilities reviewed had policies or plans that described nurse staffing methodology. Using the facilities' nurse staffing documents, we verified that most had staffed their ED/UCCs according to their own plans during three randomly selected 24-hour time periods. We made no recommendations.

Issue 5: Competency and Privileging

VHA requires that employees who provide care to veterans possess the appropriate knowledge and skills necessary to fulfill their responsibilities. Some of these skills are especially relevant to the ED/UCC.⁷ Employee competence is to be documented at least annually.

RNs. We examined the competency folders of 175 RNs for evidence of annual competency evaluations and successful demonstrations of all required ED/UCC competencies. Thirty-five (76 percent) of the 46 facilities met VHA and local competency requirements. We identified improvement opportunities in the following areas:

- Completion of required ED/UCC-specific competencies
- Annual competency evaluations
- Documentation of point-of-care testing competencies
- Current life support certification

MDs. We examined the C&P folders of 133 MDs who were granted privileges for airway management and/or moderate sedation in the ED/UCC. Forty-one (89 percent) of the 46 facilities complied with VHA privileging requirements. Improvement is needed in the completion of specific criteria, including out-of-operating room airway management training, before privileges are granted for airway management and moderate sedation.

We recommended that VHA ensure compliance with competency evaluations and privileging requirements.

Conclusions

VHA facilities' EDs and UCCs generally met VHA guidelines. However, we concluded that ED/UCC operations could be strengthened in the following areas (1) documentation of important information in patient transfers and discharges and (2) compliance with RN competency evaluations and MD privileging requirements.

⁷ VHA Directive 2006-023, *Moderate Sedation by Non-Anesthesia Providers*, May 1, 2006.

Recommendations

We recommended that the Under Secretary for Health, in conjunction with VISN and facility senior managers:

Recommendation 1: Ensure that VHA reinforce compliance with transfer and discharge documentation requirements.

Recommendation 2: Ensure compliance with VHA competency evaluations and privileging requirements.

Under Secretary for Health Comments

The Under Secretary for Health concurred with the recommendations and provided implementation plans with target completion dates. On March 30, 2010, the Deputy Under Secretary for Health for Operations and Management (DUSHOM), issued a memorandum to VISN Directors asking them to certify that their facilities use the appropriate VHA transfer forms. The DUSHOM will collect certification that this requirement has been implemented. Also, Patient Care Services will work with Office of Quality and Performance and the DUSHOM to draft a standardized clinical privileging package. This package will contain privilege forms, which will be used for privileging and for competency evaluations at all VHA EDs and UCCs. Additionally, the DUSHOM has charged a group to look at developing an oversight mechanism for review of C&P at the VISN level.

Assistant Inspector General for Healthcare Inspections Comments

The Under Secretary for Health's comments and implementation plans are responsive to the recommendations. We will continue to follow up until all actions are complete.

(original signed by:)

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

Under Secretary for Health Comments

**Department of
Veterans Affairs**

Memorandum

Date: April 15, 2010

From: Under Secretary for Health (10)

Subject: Evaluation of Emergency Departments and Urgent Care Clinics in Veterans Health Administration Facilities July 1, 2008–June 30, 2009 (Project No. 2007-36165-HI-0371, WebCIMS 398249)

To: Assistant Inspector General for Healthcare Inspections (54)

1. I have reviewed the draft report and concur with the recommendations. Attached is the Veterans Health Administration's (VHA) plan of corrective action for each of the report's recommendations.

2. VHA concurs with the report's recommendations to:

- Ensure that Emergency Departments (ED) and Urgent Care Clinics (UCC) reinforce compliance with transfer and discharge documentation requirements. On March 30, 2010, the Deputy Under Secretary for Health for Operations and Management (DUSHOM), issued a memorandum to Network Directors asking them to certify that their facilities uses the appropriate VHA transfer forms. The DUSHOM, in coordination with Patient Care Services, will issue a memorandum to all Network Directors re-emphasizing compliance with transfer policy and request certification.
- Ensure compliance with competency evaluations and privileging requirements. Patient Care Services will work with VHA's Office of Quality and Performance (OQP) and the DUSHOM to draft a standardized clinical privileging package for EDs and UCCs to use. In addition, the DUSHOM will mandate use of a checklist posted on the OQP Web site for Veterans Integrated Service Network Chief Medical Officers' use when conducting their credential and privileging oversight activities.

3. Thank you for the opportunity to review the report. If you have any questions, please contact Linda Lutes, Director, Management Review Service (10B5) at (202) 461-7245.

(original signed by:)

Robert A. Petzel, M.D.

Attachment

VETERANS HEALTH ADMINISTRATION (VHA) Action Plan

OIG Draft Report, Evaluation of Emergency Departments and Urgent Care Clinics in VHA Facilities, (Project No. 2007-36165-HI-0371, WebCIMS 398249)

Date of Report: March 16, 2010

Recommendations/Actions	Status	Completion Date
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OIG Recommendations

We recommended that the Under Secretary for Health, in conjunction with VISN and facility senior managers:

Recommendation 1: Ensure that VHA reinforce compliance with transfer and discharge documentation requirements.

VHA Comments

Concur

The Veterans Health Administration (VHA) Patient Care Services (PCS) has requested that all Emergency Departments (ED) and Urgent Care Clinics (UCC) examine their local policy and ensure they are using both VHA Forms 10-2649A (Inter-Facility Transfer Form) and 10-2646B (Physician Certification and Patient Consent for Transfer). On March 30, 2010, the Deputy Under Secretary for Health for Operations and Management (DUSHOM), issued a memorandum to Network Directors asking them to certify that their facilities use the appropriate VHA transfer forms. A Chief Medical Officers conference call is scheduled with the field on April 26, 2010, to discuss this matter. Also, the DUSHOM will collect certification that the requirements have been implemented.

In process July 1, 2010

Recommendation 2: Ensure compliance with VHA competency evaluations and privileging requirements.

VHA Comments

Concur

VHA's PCS will work with VHA's Office of Quality and Performance (OQP), and the DUSHOM to draft a standardized clinical privileging package. The package will contain forms for initial privileges and professional practice evaluations. The forms will be utilized for privileging and competency evaluations at all VHA EDs and UCCs. The DUSHOM has charged a group to look at developing an oversight mechanism for review of credentialing and privileging at the Veterans Integrated Service Network (VISN) level. The DUSHOM will mandate use of the checklist posted on the OQP Web site for VISN Chief Medical Officers' use when conducting their oversight activities. http://vaww.archive.oqp.med.va.gov/oqp_services/cp/uploads/MedStaffProcess/C&P%20Review%20tool.doc. The DUSHOM will also verify use of the checklist.

In process

October 1, 2010

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