



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

Office of Healthcare Inspections

Report No. 13-03670-13

Healthcare Inspection

Audiology Staffing, Consult Management, and Access to Care Sheridan VA Healthcare System Sheridan, Wyoming

November 5, 2013

Washington, DC 20420

To Report Suspected Wrongdoing in VA Programs and Operations:

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Executive Summary

The VA Office of Inspector General Office of Healthcare Inspections conducted an inspection in response to complaints about audiology services at the Sheridan VA Healthcare System (system), Sheridan, WY. The complainant alleged that there is insufficient staffing of the Audiology Service and that audiology consultations, including those for non-VA purchased care, were inappropriately cancelled or discontinued. It was also alleged that veterans' access to audiology services was delayed.

We did substantiate that Audiology Service staffing was insufficient. However, this was mitigated by several actions taken by the system to provide audiology services during a period of staff shortage. We reviewed data demonstrating what the system monitors to assess its staffing. We learned of Veterans Integrated Service Network collaborations to address demand during temporary periods of staffing shortages as well as system forecasting and planning to address demand over the long term. Additionally, we found that the system was utilizing a process consistent with VHA guidelines to determine Audiology Service staffing levels.

We did not substantiate that requests for audiology consultations, including non-VA purchased care, were inappropriately cancelled or discontinued. We found that the system had a comprehensive policy and process in place for consult management. We reviewed a representative sample of Electronic Health Records of audiology consults in all statuses – scheduled, completed, cancelled, and discontinued for the period October 1, 2011, to June 13, 2013. We found that in all records reviewed where the consultation was cancelled or discontinued, a clear and appropriate justification was documented.

We did substantiate that veterans' access to audiology services was delayed. We reviewed appointment wait time data at the time of our visit and found that while all veterans who had requested an appointment had been scheduled, 32 patients were waiting more than 14 days from their desired date for an initial appointment. However, the system was aware of the situation and had processes and procedures in place to address the demand including the use of non-VA purchased care as a first choice, use of locums tenens, if available, and then the Electronic Wait List.

We made no recommendations.

Comments

The Veterans Integrated Service Network and Facility Directors concurred with the report. No further action is required.



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

Purpose

The VA Office of Inspector General (OIG) Office of Healthcare Inspections conducted an inspection to assess allegations regarding staffing for the provision of audiology services and management of audiology consults at the Sheridan VA Healthcare System (system). It was alleged that veterans' access to audiology services is compromised due to a lack of adequate staffing, failure to utilize non-VA purchased care (formerly referred to as "fee-basis" care) when indicated, and unjustified cancelling of non-VA consults. The purpose of the review was to determine whether the allegations had merit.

Background

The system consists of a 205-bed main facility located in northeastern Wyoming that provides psychiatric and medical care, including extended care, mental health residential care, and operates a Domiciliary Residential Treatment Program for Homeless Veterans. Its primary catchment area extends to veterans from Wyoming, Montana, Colorado, Utah, and parts of Idaho. The system serves as the psychiatric tertiary referral site for Veterans Integrated Service Network (VISN) 19. The system also serves as the hub for five Community Based Outpatient Clinics (CBOCs) located in Casper, Gillette, Powell, Riverton, and Rock Springs, Wyoming.

The catchment area is comprised of significant rural and even frontier areas. Issues considered when classifying an area as frontier include population density, distance from a population center or specific service, travel time to reach a population center or service, functional association with other places, availability of paved roads, and seasonal changes in access to services. The state of Wyoming ranks 50th in population and 49th in density at just 5.8 persons per square mile. Neighboring states also have many rural as well as frontier areas. The five state region is characterized by mountainous terrain, substantial winter snowfall, two-lane roads, and residents seeking a remote lifestyle. There are only 54 licensed audiologists in the entire state and the number of those actively practicing who accept VA payment for services is significantly limited.

"The overall objective of audiology services is to optimize individuals' ability to function through the provision of integrated, specialized [hearing] services."¹ Audiology services are performed by a trained specialist called an audiologist. Audiologists provide professional clinical services related to the prevention of hearing loss and the assessment and treatment of patients with impairment of auditory and/or vestibular function. Some services such as audiometry tests, performed to identify and diagnose hearing problems, require special equipment. To achieve optimal results the test must be performed in an environment where outside noise is limited, that is, a soundproof

¹ VHA Handbook 1170.02, *VHA Audiology and Speech-Language Pathology Services*, March 14, 2011.

room called an audiology booth. The audiology booth can be located in the audiologist's office or may be a separate space.

Audiology services provided on site at the system include hearing tests, hearing aid fittings, hearing aid and other audiology follow-up services, and Compensation and Pension examinations for hearing-related disability claims. Organizationally, Audiology Service reports to the Associate Chief of Staff (ACOS), Primary Care. Audiology services at the five CBOCs are limited to hearing aid fittings and adjustments and are provided through telehealth technology. Telehealth services are provided at the CBOC by a staff member, referred to as a "telehealth technician" who has been trained by the system's Audiology Service medical staff assistant (MSA). The CBOC telehealth technician connects a hearing aid to a computer which provides data to the audiologist in Sheridan who can then direct the technician to make adjustments as indicated. Additionally, when available, non-VA audiology purchased care services may be obtained in the community and processed through the system's Business Office.

As of July 25, 2013, system Audiology Service staffing consists of 1.5 full-time equivalent (FTE) audiologists and a 0.5 FTE MSA. Staffing prior to fall 2010 consisted of a 1.0 FTE audiologist. In September 2010, an additional 0.5 FTE audiologist was hired. In July 2010, construction began on a new audiology booth and the existing booth was remodeled. These actions were taken to accommodate the increase in staff and to improve patient flow. This work continued until March 2012, when both booths became operational. Hearing aid fittings, checks, repairs, and follow-up care continued at the system throughout the booth renovation/construction phase. Services not performed at the system were evaluations requiring the use of an audiology booth; these were referred to the community via non-VA purchased care. Also during 2010 to 2012, there were temporary circumstances that resulted in a staffing shortage. As a result, adjustments were made to staffing schedules and a locum tenens audiologist was brought in for part of this time to assist with patient care.

Allegations

In early 2013, the Office of Healthcare Inspections was apprised of the following allegations pertaining to the system's Audiology Service:

1. Veterans' audiology care is not timely.
2. There is insufficient staffing of the Audiology Service.
3. Audiology consultations, including those for non-VA purchased care, were inappropriately cancelled or discontinued.
4. Access to audiology care is inadequate.

Scope and Methodology

In order to address the allegations, we conducted a site visit in July 2013. We interviewed system Audiology Service and Business Office staff, the Administrative Officer (AO) and ACOS for Primary Care, the Chief of Staff (COS) and the AO to the COS. We reviewed relevant Veterans Health Administration (VHA) and system policies and procedures; audiology staffing data, workload data, wait time and non-VA care utilization data; Audiology Service complaints; and internal monitoring and site review reports.

We conducted the inspection in accordance with *Quality Standards for Inspection and Evaluation* published by the Council of the Inspectors General on Integrity and Efficiency.

Inspection Results

Inspection Results

Issue 1: Audiology Service Staffing

We substantiated the allegation that Audiology Service staffing was insufficient. However, it was mitigated by several actions taken by the system to provide audiology services during a period of staff shortage. Additional mitigating factors include the system's awareness and cultural sensitivity to the realities of providing audiology services in an area inherently challenged by a lack of available, qualified providers, remote topography, and geographic remoteness of its dispersed patient population.

VHA requires that to staff audiology services, "Facilities need to apply a systematic methodology to establish staffing levels and skill mix to ensure that a qualified and competent workforce is available to provide high-quality, timely, and efficient health care."² Additionally, system leadership needs to consider the input of audiologists.³

We found that the system was utilizing a process consistent with VHA Handbook 1170.02, *VHA Audiology and Speech-Language Pathology Services*, March 14, 2011, to determine Audiology Service staffing levels. The process included assessing audiology access by monitoring wait times, workload (including provider productivity), utilization of non-VA purchased care, audiology referrals, a daily review of consult requests, and Electronic Wait List (EWL) monitoring. The system provided data about Audiology Clinic utilization, clinic capacity, encounter activity, primary and specialty care

² VHA Handbook 1170.02.

³ VHA Handbook 1170.02.

timely access, non-VA purchased care audiology utilization summaries, and audiology consult requests.

Based on the assessment of capacity and demand, in January 2013, the ACOS and AO/Primary Care submitted justification to the Resource Allocation Committee for additional audiology staff; appropriate actions were taken, including the approval for a 1.0 FTE Audiology Technician.

In summary, we found that while the allegation has merit, the system was well aware of the situation alleged, and was in the difficult position of having great demand from a veteran population in the setting of a limited supply of qualified audiology professionals.

Issue 2: Consult Management

We did not substantiate that requests for audiology consultations, including non-VA purchased care, were inappropriately cancelled or discontinued.

According to VHA consult policy,⁴ “a clear and solid consultation process is vital to patient care.” Requests for audiology consultation are made using electronic consults in the electronic health record (EHR), and can be scheduled, completed, cancelled, or discontinued. A “scheduled” status indicates that the request for consultation has been accepted and that an appointment has been scheduled. A request for consultation in “scheduled” status will change to “completed” status when the consulting service has seen and evaluated the patient with a documented progress note in the EHR linked to the consultation request. In the case of non-VA purchased care requests, the consult status is recorded as “completed” by the Business Office after the patient has received the requested non-VA care services. A “cancelled” status indicates that the request for consultation has been closed without the consulting service seeing the patient. A “discontinued” status indicates that the provider who requested the audiology care for his or her patient no longer requests consultation.

We found that the system had a comprehensive policy and process in place for consult management. The system provided data about rates of scheduled (2%), completion (82%), cancellation (8%), and discontinuation (8%) for all audiology consult requests from October 1, 2011, to June 13, 2013. An EHR review of audiology consults in all statuses – scheduled, completed, cancelled, and discontinued was completed. Our review found that in all records reviewed where the consultation was cancelled or discontinued, a clear and appropriate justification was documented.

⁴ VHA Directive 2008-056, *VHA Consult Policy*, September 16, 2008.

Issue 3: Access

We substantiated that veterans' access to audiology services was delayed.

At the time of our visit, all veterans who had requested an appointment had been scheduled; however, 32 patients were waiting more than 14 days from their desired date for an initial appointment.

VHA has established specific processes and requirements for outpatient scheduling. Facilities are tasked with "Ensuring standardized systems are in place to balance supply and demand for outpatient services including continuous forecasting and contingency planning."⁵ Additionally, facilities must implement "...standardized processes for enrollment, and the scheduling, processing, and management of appointments, consults, and wait lists."⁶

Audiology workload and demand at the system has consistently increased over the past 4 fiscal years as reflected in the table below.

Audiology Workload and Demand

	FY 2009	FY 2010	FY 2011	FY 2012
Uniques	640	796	1011	1293
Encounters	1266	1544	1687	1894

Source: Encounter Activity Report, Sheridan VA Healthcare System

We found that the system's internal monitoring of access to Audiology Service includes routine daily review of audiology consults by the AO to the ACOS, Primary Care, and monitoring every other day by the Business Office of the EWL, if applicable. Contingency plans used by the Audiology Service to improve access include use of non-VA purchased care as a first choice, use of locums tenens, if available, and then the EWL.

The system was able to demonstrate process improvement of audiology services. For example, in September 2011, the system, through a VISN audiology collaboration, conducted a systems redesign review to identify possible areas for change and/or improvement. Additionally, the system engages in intra-VISN collaboration to provide audiology services to veterans based on transportation routes and travel patterns. This approach, rather than the artificial borders of a system's catchment area, serves to ease the burden on the veteran and caregiver, facilitate timely provision of care, and increase access.

⁵ VHA Directive 2010-027, *VHA Outpatient Scheduling Processes and Procedures*, June 9, 2010.

⁶ VHA Directive 2010-027.

We found that the system had processes and procedures in place to address the demand for outpatient audiology services and was actively involved in monitoring, forecasting, and contingency planning.

In summary, similar to the staffing issue discussed above (Issue 1) we found that while the allegation has merit, the system was well aware of the situation alleged, and was in the difficult position of having to balance great demand from a veteran population with a limited supply of qualified audiology professionals. We do note, also, that audiologic evaluation generally is of patients with chronic hearing loss that has been present for months or years, and except in the case of sudden, acute hearing loss, is generally not an emergency.

Conclusions

Access to specialty services such as audiology has historically been and continues to be of particular challenge in rural and frontier areas including the five state catchment area for this system.

We substantiated the allegation of insufficient Audiology Service staffing. However, we found that the system was aware of this situation and taking actions to address this shortage both on an interim and permanent basis. Additionally, we substantiated that some patients had to wait more than 14 days for an initial audiology appointment.

We did not substantiate the allegations of mismanagement of audiology consults, or decreased access to audiology services for veterans. While access in the last few years was impacted by audiology booth construction and staffing challenges, the facility addressed the demand for services by the appropriate use of non-VA purchased care and the use of a locums tenens audiologist for the time period examined.

The facility's continued surveillance, planning, utilization of non-VA purchased care, and implementation of contingency plans as appropriate ensures compliance with VHA guidelines. Such actions work to ensure wait times remain reasonable and access to audiology services are open to all veterans including those whose age or health make travel, sometimes in challenging weather over mountain passes, difficult.

On the basis of the system's active and ongoing attempts to address staffing and wait time for new appointments, we make no recommendations.

VISN Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: September 27, 2013

From: Director, Rocky Mountain Network (10N19)

Subject: **Healthcare Inspection – Audiology Staffing, Consult Management, and Access, Sheridan VA Healthcare System, Sheridan, WY**

To: Associate Director, Seattle Office of Healthcare Inspections (54SE)

1. I have reviewed the Healthcare Inspection report for Audiology Staffing, Consult Management, and Access to Care at the Sheridan VA Healthcare System and concur with the response provided by the Medical Center Director.
2. If you have any questions or would like to discuss this response, please contact Ms. Susan Curtis, VISN 19 HSS at 303-639-6995.

(original signed by:)

Ralph T. Gigliotti

Facility Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: September 27, 2013

From: Director, Sheridan VA Healthcare System (666/00)

Subject: Healthcare Inspection – Audiology Staffing, Consult Management, and Access, Sheridan VA Healthcare System, Sheridan, WY

To: Director, Rocky Mountain Network (10N19)

1. Thank you for the opportunity to review this Healthcare Inspection report for Audiology Staffing, Consult Management, and Access to Care. We concur with the report's conclusions.
2. If you have any questions, please contact me at 307-675-3675.



Debra L. Hirschman

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