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To: David Daigh, M.D.
From: Virginia Solana, RN, MA, Director, Kansas City OHI
Subject: Briefing Marlon, IN Congressional Hotline 2006-03398-HI-0430
Date: October 25, 2006 (b)(5)

Background:

(b)(3):5 U.S.C. App 3 (IG Act) wrote a letter on August 22, 2006 to the House Veterans Affairs Committee alleging insufficient staffing, and employee health and patient safety issues at the VA Medical Center in Marion, Indiana. He first addressed his issues with the Medical Center Associate Director on August 2, 2006. The Medical Center Associate Director responded on August 18, 2006, but the complainant was not satisfied with the response and contacted the congressional staff.

We conducted a site visit September 25-28, 2006. We interviewed the complainant who told us that "all the issues had been resolved with the change of Nurse Manager on the dementia unit (referring to the Special Care Dementia Unit - SCDU) except for the employee health problems." (b)(3):5 U.S.C. App 3 (IG Act), (b)(6)

(b)(3):5 U.S.C. App 3 (IG Act), (b)(6) He told us she has health problems that were related to the work environment on the SCDU. The complainant was aggressive and adamant about wanting the employee health issues investigated. We explained to the complainant that the employee health issues were outside the scope of our review and would not be addressed.

During our site visit, we interviewed medical center leadership, nursing management, clinicians, nursing staff, and the industrial hygienist and safety officer. We interviewed selected AFGE representatives. We reviewed selected medical records, staffing plans, policies, procedures, directives, committee reports, and workload reports. We also spoke with the physician who is the chair of the Veterans Integrated Service Network (VISN) committee monitoring the suspension of the medical inpatient unit.

The facility is located in VISN 11, Veterans in Partnership, and is part of the VA Northern Indiana Health Care System (NIHCS). The NIHCS was formed in 1995 by the integration of the VA Medical Centers in Fort Wayne and Marion, Indiana.

The Marion Campus offers a full range of psychiatry services, nursing home care, and extended care services. The Nursing Home Care Unit (NHCU) program has five units with one designated as the SCDU. The SCDU provides a protective, therapeutic environment with the goal to provide specialized care to residents with medical, psychiatric, and behavioral complications due to dementia.

Hotline Issues:

1. Determine if the acuity of patients has increased since December 2004 while facility nurse staffing levels have remained the same.

It was alleged the acuity of patients has increased since December 2004 and staffing levels remain the same on the SCDU.

The facility utilizes the Case Mix Index (CMI) system, a national Veterans Health Administration (VHA) program that utilizes Centers for Medicare and Medicaid Services (CMS) criteria, to determine patients' acuity and levels of care needed in the NHCU

program. The components of the CMI system includes the assessment and documentation of patient's functional status, strengths, weaknesses and preferences using the Minimum Data Set and Resource Utilization Group codes.

We reviewed the CMI data for the SCDU and it has remained relatively constant between 12.9 and 15.6 with no significant changes or trends since October 2004.

We reviewed the staffing plans for the SCDU. The minimal staffing numbers for day shift Monday-Friday is 6, Saturday and Sunday is 5, evening shift is 6 everyday, and night shift is 3. The staffing level was increased on the evening shift two years ago because patients' showers are completed in the evening.

The average daily census for the SCDU is 27 patients. We contrasted the SCDU with two similar units in VISN 11. The SCDU staffing levels were in the mid-range between staffing at the Battle Creek and Illiana VA Medical Centers.

Nursing management provided us with documentation that showed that minimal staffing levels were being met on the SCDU. In addition, the nurse manager told us the unit has received supplemental staffing when there has been an increase in patients' care needs.

Finding: This allegation is not substantiated.

2. Determine if nursing documentation requirements are excessive for current nurse staffing levels.

It was alleged the nursing documentation for SCDU was excessive for current nurse staffing levels.

Nursing home care delivery has undergone significant change in service structure over the past 10 years, both in VHA and in the private sector. The NHCU program, which includes the SCDU, has changed with an emphasis on restorative care.

VHA has initiated a movement in transforming the culture of long term care to a resident centered model providing compassionate and comprehensive care to veterans in a homelike environment. As part of this culture transformation movement, the SCDU program has implemented restorative care plans for patients, which includes the toileting program, hydration program, and the mobility program. Each restorative care plan requires specific documentation requirements which are consistent with VHA and CMS guidelines.

The current staffing mix for the SCDU incorporates the documentation requirements as part of the routine daily workload.

Finding: This allegation is not substantiated.

3. Determine if nurse staffing levels are not adequate due to ancillary duties like escorting patients and setting up dining room.

It was alleged the nursing staff levels are not adequate due to ancillary duties like escorting patients and setting up the dining room on the SCDU.

The current staffing mix for the SCDU incorporates the duties of escorting patients to appointments and setting up the dining room as part of the routine daily workload.

The SCDU staff escort patients to physical therapy, occupation therapy, and kinesiology appointments, which are located in the same building as the SCDU. Staff members are specifically assigned these escort duties as part of their daily work schedule. Some escorts are provided for routine appointments by the facility escort service staff.

One of the goals of the NHCU program is to provide a home like environment. The SCDU provides family style dining and was specifically designed for this population when the program was initiated in 2001. The unit staff work together with dining service and the unit's dietitian to provide this experience which includes socialization, nutrition, hydration, and self esteem goals. These duties are incorporated in the daily workload planning.

Finding: This allegation is not substantiated.

4. Determine if facility management has monitored quality of care since the inpatient medical unit closed in Dec 2004.

It was alleged the facility management had not monitored quality of care for patients since the inpatient medical unit closed in Dec 2004.

A facility and VISN 11 committee was formed to assess and coordinate the suspension of the medical inpatient unit. We interviewed the VISN committee chair who told us a site visit to Marion, IN was conducted in May 2002 to assess and evaluate the services provided in the inpatient medical unit. He stated the visit included management, physicians, and nursing staff from VHA and VISN 11 as well as representation from the AFGE union. After a review of services was completed, the inpatient medical unit was suspended in December 2004, with a final review and decision to be completed in December 2006.

The committee has been meeting on a regularly scheduled basis to review both quality of care and financial costs related to the suspension of the inpatient medical unit. The committee uses information from the Decision Support System (DSS). DSS provides information to support VHA business needs including: multi-pay or revenue determination; product and case-costing; resource utilization tracking; quality indicators; retrospective review of groups of cases for various quality protocols, reimbursement modeling and annual VA medical center and VISN budgeting.

The committee membership includes medical, nursing, financial, and administrative staff as well as a representative from the AFGE union who was unaware of this congressional complaint by the AFGE president.

The committee chair provided us with reports and emails to (b)(3):5 U regarding regular updates and quality reviews.

Finding: This allegation is not substantiated.

5. Determine if physically ill patients have remained in the extended care units when they would have been transferred to the inpatient medical unit in the past.

It was alleged that physically unstable patients remain in the NHCU program and were not transferred for specialized, acute care. The complainant was unable to provide us with specific patient cases.

We reviewed the transfer data for veterans on the SCDU. Veterans are sent to acute care as Absent Sick in Hospital (ASIH) when their clinicians assess that a higher level of care is needed. In FY 2005, 18 veterans were sent from the SCDU to acute care settings. FY 2006 data includes 10 veterans sent to ASIH to acute care settings. No significant change or trends were noted in the number of ASIH from the beginning of FY 2005 to present.

We interviewed the clinicians who manage patients in the NHCU program. They report patients are transferred based on medical care necessity and they have never been told by medical center leadership to keep more acutely ill patients in the NHCU program. The clinicians told us they have three facilities available including the local private sector hospital and the Fort Wayne and Indianapolis VA Medical Centers depending on the patient's condition.

Finding: This allegation is not substantiated.

6. Determine if the Dementia Care Unit has admitted patients that did not meet local admission policy.

It was alleged the SCDU admitted patients that did not meet local policy.

The facility has a policy and procedure for admissions to the NHCU program including the SCDU. The NHCU program utilizes a screening committee to review all applications for admissions and makes placement recommendations. The screening committee includes nursing, social work and physician staff. When considering applications for admission, the screening committee considers the services requested by the applicant and the patient's condition and determines if the facility has the requested resources available to meet those needs. The interdisciplinary team on a case-by-case basis may make exception to the criteria.

We interviewed the clinicians who manage NHCU patients and they told us patients admitted meet program criteria. We reviewed the admission records for 10 patients admitted to the SCDU from April 2005 to August 2006. All 10 of the patients met the policy criteria for admission to SCDU.

As patients age and the dementia process progresses, some patients may no longer meet admission criteria. The nurse manager is consistently reviewing patient acuity and receives additional staff when there was an increase in patient care requirements.

Finding: This allegation is not substantiated.

7. Determine if patients are properly isolated for infection control issues.

It was alleged patients are not being properly isolated on the SCDU.

The facility has isolation policies for the prevention and control of infections. All direct care staff are required to complete mandatory infection control training.

In FY 2006, there have been four patients on the SCU requiring 113 days of isolation care. Each patient was appropriately isolated using the correct isolation requirement.

There was one patient that required both droplet and contact precautions for 20 days of isolation care. Droplet and contact isolation requires a private room with bathroom facility but does not require negative air pressure. Transmission requires close contact between the source and recipient persons. Droplets do not remain suspended in the air and generally travel only short distances, usually 3 feet or less, through the air.

There were three patients that required contact precautions for 93 days of isolation care. Contact isolation requires a private room with bathroom facilities but does not require negative air pressure. Direct contact transmission can occur between two patients with one serving as the source of infection and the other as a susceptible host. Indirect contact transmission involves contact of a susceptible host with a contaminated object in the patient's environment.

There were no patients that required airborne isolation precautions. Airborne isolation precautions require negative air pressure rooms and are designed to reduce the risk of airborne transmission of infectious agents.

We interviewed the infection control nurse who reported no identifiable infection control trends or any patient to patient infections occurring on the SCU. She told us that any patient would be transferred to another facility if they required a negative air pressure room.

Finding: This allegation is not substantiated.

8. Determine if there has been an increase in bed sores and/or general physical deterioration of patients due to lack of proper equipment or therapies such as physical therapy, occupational therapy, and recreational therapy.

It was alleged that patients are not getting necessary therapies which have lead to increase in bed sores and general physical deterioration.

Overall, the Acquired Pressure Ulcers (APU) rates for the facility have trended slightly downward from FY 2005 to FY 2006. We did note there were monthly variances in the APU rates within each NHCU. The APU rates are evaluated and reported monthly as a performance improvement indicator by the NHCU Council and interdisciplinary treatment teams. A wound care policy has recently been published and staff is being educated on the policy. Additionally, a wound care team has been established to manage wound care issues.

We interviewed the clinicians and they told us that physical therapy, occupational therapy, kinesiology and recreational therapy are readily available to patients in the NHCU program based on identified changes in functional status. They reported no problems in obtaining these therapies for patients.

Finding: This allegation is not substantiated.

9. Determine if upper nursing management are sufficiently involved in patient management.

It was alleged that nursing management was not sufficiently involved in patient management and unit staffing.

The RN staff regularly classifies each veteran in the Automated Management Information System (AMIS) acuity report system according to patient care needs. AMIS is a national VHA tool which provides an overall indication of patient care needs and changes over time and assists in determining unit staffing levels. Nursing management reviews the AMIS acuity report and assigns staffing levels accordingly. In addition, the nursing supervisors on off tours review staffing needs and shift or supplement staff as needed.

We interviewed nursing management and reviewed nursing service documents which included committee minutes and staffing reports. The Chief Nurse Executive meets with nursing management monthly and distributes a weekly nursing newsletter. The Associate Chief Nurse for the NHCU program meets with nurse managers weekly. Nurse managers oversee and direct day-to-day operational activities on their respective units. The nurse managers notify nursing supervisors when there is a change in unit operations. The SCDU nurse manager reported receiving additional staff when there was an increase in patient care requirements.

Finding: This allegation is not substantiated.

Not in Scope: Allegations that employee health has been adversely affected by negative work environment

While we did not address this issue, the facility provided us with their response dated August 18, 2006, to the complainant which included a detailed review of the allegation regarding the employee health issues. This review included examination and trending of employee lost time, infection control data, medical treatment needed for work related injuries, and scheduled environment of care inspections. The facility did not find any trends or employee health issues for the SCDU staff.

We recommend administrative closure since none of the allegations were substantiated.

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