

**ADMINISTRATIVE SUMMARY OF INVESTIGATION  
BY THE VA OFFICE OF INSPECTOR GENERAL  
IN RESPONSE TO ALLEGATIONS  
REGARDING PATIENT WAIT TIMES**



**Matasunaga VA Medical Center in Honolulu, Hawaii  
March 2, 2016**

**1. Summary of Why the Investigation Was Initiated**

On September 29, 2014, an anonymous complainant contacted the Department of Veterans Affairs (VA) Office of Inspector General (OIG) Hotline regarding various violations at VA Medical Center (VAMC) Honolulu, HI. The complainant alleged that a Health Administration Service (HAS) specialist for the Pacific Islands Healthcare System (PIHCS) provided PIHCS schedulers with the following instructions:

- Not to schedule veteran appointments more than 30 days in advance; and
- Not to input the veteran's "desired date" into the system when offering appointments due to critical short staffing. Schedulers instead offered available appointments to veterans, which was contrary to VA policy at the time.

**2. Description of the Conduct of the Investigation**

- **Interviews Conducted:** VA OIG conducted 13 interviews of PIHCS employees including the director, a manager in the HAS, medical support assistants (MSAs), nurses, program support assistants, and medical records technicians.
- **Records Reviewed:** The investigation included analyses of scheduling data; of sample appointment data from the Primary Care, Dermatology, Nephrology, and Orthopedic Clinics; and a review of data in the electronic wait list (EWL).

**3. Summary of the Evidence Obtained From the Investigation**

**Interviews Conducted**

- The subject of the complaint advised that PIHCS management provided no direction to employees to change desired dates of veterans inappropriately or outside of policy. She provided some examples of scheduling errors such as: schedulers using the "T" for "today" function in Veterans Health Information Systems and Technology Architecture (VistA) to schedule appointments. This would cause the desired date to be inaccurate.

When re-interviewed, the subject of the complaint said she currently creates clinics and conducts one-on-one training with Primary Care schedulers. She has been training schedulers for several years. She said a patient's desired date is the date the patient wants to come back for a visit. She said she was never instructed by staff to not use a patient's desired date. She advised entering desired dates are part of the scheduler training. She explained that the patient's desired date would be recorded, but there were often times no appointment slots were available. Schedulers would inform the patient that there was not

a doctor available on the patient's desired date, and then the scheduler would offer the patient an alternative appointment date. Appointment and desired dates could match due to scheduling errors such as a scheduler entering in the next available appointment for the desired date. She advised that desired and appointment dates could be the same when a patient did not come to their assigned appointment date and had to be rescheduled. The EWL is used for a patient that has never been seen at the clinic, and the "recall list" (RL) is used for established patients to be seen a few months down the road. She said the allegation statement, "They offer appointments when available, not when patient desires to be seen, contrary to policy" was false. She stated that she never directed any staff not to use desired dates or to schedule only by availability. She was unaware of any staff directing schedulers to do this. Regarding the large EWL list from 2014, she stated that the hospital increased staff and patient panels and extended clinic times and availability in order to see more patients. The EWL was so large due to a lack of doctors and the growth of the veteran patient population in Hawaii.

- A medical records technician stated that the patient desired date was the date the patient wanted to be seen by the clinic. She was never told by management or other staff not to use a patient's desired date. Regarding matching appointment and desired dates, she stated that if a patient had asked her what dates were available, and the patient picked that particular date, then the patient's desired date would reflect the appointment date. She said that the facility also used a RL for established patients. The RL is used to schedule long-term follow-up appointments such as annual checkups. She would call patients on the RL to see if the patient was available on a particular day. If the patient agreed to the appointment date, she would list the appointment and desired date as the same.
- A program support assistant (PSA1) stated that the patient desired date was the date the patient wanted to be seen by the clinic. She was never told by management or staff not to use a patient desired date. She said that the subject of the complaint never talked about scheduling or desired dates with her. She said that she was never told by staff to offer appointments only when they were available. Regarding matching appointment and desired dates, she stated that if a patient had asked her what dates were available to be seen and the patient picked that particular date, then the patient's desired date would reflect the appointment date. She knows many of the patients and they have asked her to call them if there are cancellations so they can get into the clinic. She did not schedule anyone on the EWL. She only scheduled some patients from the RL. She gave an example that some patients might be on the RL for 3 months because the doctor wanted to see them at a later date. In those cases, she would schedule them on the date the doctor recommended.
- A health technician stated that the patient's desired date was the date the patient wanted to be seen by the clinic. Schedulers often asked patients why they wanted to be seen, if the situation was urgent or not, as a way to triage appointments. She was never told by staff not to use a patient's desired date. She was unsure why there were instances when the appointment and desired dates were the same in the scheduling system. She offered that sometimes walk-in patients arrived at the clinic, and the staff made efforts to have the veteran see a clinician that same day so their desired date and appointment date would match. She explained that the EWL is for new patients and the RL is for established

patients. The RL is used for a patient when the doctor wants to see him/her at a later date. The date the doctor wanted to see the patient would be the desired date for the patient's next appointment. They were able to lower the number of veterans on the EWL by having more staff available at clinics and having schedulers working overtime. When a patient's appointment was booked outside the patient's desired date because no appointment slots were available, the staff consulted with the doctors to determine when the patient should be seen. She also said that she had done some training with the subject of the complaint regarding scheduling, but could not remember if she had been told not to use patient desired dates.

- PSA2 stated that the patient's desired date is when the patient wanted to be seen. He said that sometimes patients were unable to get in to the clinic when they wanted to be seen. Schedulers sometimes worked with the veterans to try to get them an appointment on a day that was close to their desired date. He was never instructed by management not to use the patient's desired date. He said he was never told to offer appointments only when they were available instead of using the desired date. He said that the EWL was used for new patients; established patients are on an RL. The RL was used every month in an effort to try to get patients appointments closest to when the patient wanted to be seen.
- A health technician in a specialty clinic not under Primary Care said a patient desired date was defined as when the patient wanted to be seen at the clinic. Another instance of a desired date is when a doctor orders a specific date to see a patient. He was never instructed not to use the patient's desired date when scheduling an appointment. He also was not instructed to make appointments by availability instead of the patient's desired date. He said that every patient who leaves the clinic does so with an appointment in hand. He further stated that the statement from the allegation, "They offer appointments when available, not when patient desires to be seen, contrary to policy," was untrue.
- A nurse in a specialty clinic not under Primary Care stated that the patient's desired date is the date the patient said they wished to be seen. She was never instructed not to use patient desired dates when scheduling. In addition, she was not told by staff to schedule only using available dates and not patient desired dates. There were instances when she inputs the appointment date for a veteran according to the doctor's orders, and as a result, the appointment date is the same as the desired date. She has never heard of anyone attempting to alter desired dates.
- MSA1 said she was not instructed by staff not to use the patient desired date when scheduling. She also was never instructed by staff to schedule only when appointments were available instead of using the patient's desired date. She would input the correct desired date, but told the veteran if that date was unavailable. She worked with the veterans to offer other appointment dates if their desired date was unavailable. Regarding the matching of appointment and desired dates, she said that many patients asked for the next available appointment. She would inform the patient of that date and, if the patient requested that appointment, she would input that date as the desired date. She said that the EWL is for new patients and the RL is used for established patients. She provided an example: if a doctor sees a patient and tells the staff he needs to see the patient back in 3 months, then that date is plugged into the system as the desired date. However, a

patient can request to come in earlier for an appointment. She denied that she was instructed by the subject of the investigation not to use desired dates.

- A licensed practical nurse said the desired date is when the patient requested to have an appointment with the clinic. She denied that she was ever instructed by staff members not to use desired dates when scheduling. She was not told to offer appointments when available instead of using the desired date. Regarding the matching of desired and appointment dates, she said this happened infrequently. If a veteran comes to the clinic and asks for a specific appointment date, they are able to sometimes accommodate them. She said that the allegation, “They offer appointments when available, not when patient desires to be seen, contrary to policy,” is false.
- A manager in the HAS said that the patient desired date is when the patient wanted to be seen at the hospital. She did not instruct any staff members not to use patient desired dates when scheduling. She was not told by her superiors to schedule only by availability and not by desired date. Regarding the matching of desired and appointment dates, she thought it was mostly luck. She is not the expert on scheduling and relies on other staff members for scheduling. She is not familiar with the VistA scheduling program or how the scheduling package works. She stated that the EWL is for new patients. The RL is now automated and this change was recently implemented in January 2015 due to staffing levels. She said they always had a recall reminder program except now that it is more automated and sends out postcards to veterans. These are used for more established patient visits. She said that community based outpatient clinics and other clinics still have to contact patients by telephone. She explained that there is a new enrollee appointment request list, but it is not really a list, more a tool used by staff. The facility drastically reduced the number of patients on the EWL by having staff work extra hours and on weekends. They also extended clinic hours, which enabled providers to have more appointment slots added to their panels. She said the statement, “They offer appointments when available, not when patient desires to be seen, contrary to policy,” is false. She added that the staff have made an effort to follow procedures and let staff know that if something is wrong or incorrect, to contact supervisors or compliance personnel to remedy the situation.
- MSA2 stated that the desired date is the date that a patient wants to be seen. She said that she was never instructed by staff not to use the desired dates. She was not instructed to schedule only due to availability and not by desired date. Regarding the matching of desired and availability dates, she speculated that a patient could have walked into a clinic and been seen on the same day as requesting an appointment. She had never heard of the subject of the investigation telling staff not to use desired dates when scheduling patients. She said it is impossible to get every patient in on their desired date, but the schedulers try to get patients’ appointments as close to their desired dates as possible. She has heard of veterans complaining that they have not gotten scheduled on the date they requested.
- MSA3 said a patient’s desired date is when the patient wants to have an appointment at the clinic. She stated that she was not instructed by staff to not use the desired date when scheduling appointments. She was not told to schedule appointments by availability

instead of desired date. Regarding the matching appointment and desired dates, she said if a veteran wanted to be seen on a particular day and there were no times available, she would note the desired date but explain to the veteran that no appointments were available on his desired date. She would then schedule the “next available date” for the veteran and record his desired date as the future appointment date. She explained that the EWL list was for new patients. She noted that the Call Center often transfers calls to the clinic to fit the patient into a schedule. Only clinics can schedule same-day appointments. She noted that she cannot schedule follow-on appointments for patients, only initial appointments. Many times veterans call and request to be seen whenever an appointment is available and do not have a desired date in mind. She says she knows the subject of the investigation and stated that the subject never told her to schedule outside of VA scheduling policy.

In a subsequent telephone interview, MSA3 clarified that she scheduled veterans for the next available date if their desired date was unavailable in order to get them off of the EWL. In these cases, she used the next available appointment date as the desired date.

- The director of the VA PICHHS advised that he did not order any staff members to disregard patient desired dates. He further stated that he did not order staff to schedule patients by availability instead of desired dates. Regarding the matching appointment and desired dates, he said that they worked very hard to bring down waiting times. Some clinic’s patients are able to get into certain clinics on the same day. He said that the staff has worked very hard to make resources available for veterans since he began as the director. He briefly discussed how the hospital was able to lower its numbers on the EWL. This was accomplished by replacing the chief of a service, increasing patient panels for doctors, establishing Saturday and evening clinics, hiring additional physicians, and hiring more administrative staff. This allowed doctors to focus on patient care versus administrative work. The EWL is now down to 32 days per patient versus 145 days prior to the initiative in 2014. He added that they would rather look bad as an organization than falsify data.

## **Records Reviewed**

- In November 2014, we requested assistance from the Seattle Office of Audits and Evaluations in identifying clinics where PIHCS may have manipulated wait time data. The audit divisions reviewed consult data and identified several clinics where veterans’ wait time for an appointment appeared to be within the 14-day standard. The consult data revealed that Dermatology, Nephrology, and Orthopedics Clinics had wait times of 4 days or less from veterans’ desired date. However, the actual wait time from the consult request to appointment date was much longer. When measured from the date of the consult request, the actual time to schedule the appointment was several months on average.
- In January 2015, the VA OIG’s Seattle Office of Healthcare Inspections (OHI) reviewed 30 electronic health records (EHR) consisting of 10 records from each of the PIHCS Dermatology, Nephrology, and Orthopedics Clinics for the period 5/1/2014 to 7/31/2014 in which the patient’s appointment date and desired date were the same. OHI

found no information in the patient's EHR indicating that MSAs had incorrectly scheduled the appointments.

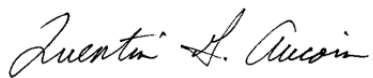
An analysis of additional Primary Care Clinic (PCC) appointment data for PIHCS for the period May to July 2014, revealed the following:

- PIHCS did in fact schedule patients beyond 30 days. The data indicated that appointments at PIHCS ranged from 30 to 58 days from initial contact with the MSA. These data refute the anonymous complainant's assertion that appointments were not scheduled beyond 30 days.
  - Patient appointment data for PCC's indicated that in several clinics there was a pattern of the patient's desired date being one and the same as the patient's appointment date.
- A review of PCC scheduling data determined which PIHCS schedulers made appointments for the desired date and appointment date, identifying those individuals for interview.
- Data analysis showed that PIHCS new patient wait times for appointments spiked to an average of 160 days in May 2014; this number was reduced to 40 days by September 2014.
- A review of a sample of nine patient PIHCS PCC panel EHRs from April 2014 for which the patient's desired date and appointment date matched showed that the information contained in the patient's EHR indicated that the desired date was accurately listed in VistA. For example, seven of the patients walked into the clinic and were seen by a provider. One patient rescheduled his clinic date, and the final patient returned to the clinic on a doctor-ordered date. The information contained in these records corresponds with information developed during interviews of PIHCS medical schedulers.
- A review of the details of the appointments made by the MSAs identified and interviewed during this investigation disclosed that in patient records for 26 veterans obtained from the panels of 5 PCC providers found that 85 percent of the appointments were made appropriately. No determination as to the patient's desired date could be made for the remaining 15 percent.

#### **4. Conclusion**

Data analysis regarding scheduling practices at PIHCS determined that patients were scheduled further than 30 days in advance, contrary to the allegations of the anonymous complaint. Interviews of VA PIHCS MSAs and supervisors at HAS did not develop any information that management instructed staff to disregard patient desired dates when inputting appointments; however, one MSA identified situations in which veterans would accept the next available appointment dates, which would be listed as the patients' desired dates in order to move patients from the EWL.

The OIG referred the Report of Investigation to VA's Office of Accountability Review on September 24, 2015.



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