

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



**VA Medical Center in Grand Junction, Colorado
March 17, 2016**

1. Summary of Why the Investigation Was Initiated

An investigation was initiated based upon information obtained from the Department of Veterans Affairs (VA) *Access Audit-System-Wide Review of Access*. While conducting this audit, VA staff interviewed employees at the Grand Junction, CO, VA Medical Center (GJVAMC). The employees who were interviewed by VA staff were not identified. One interviewee told the VA audit team that a spreadsheet was being used by the GJVAMC Endoscopy Clinic to track appointments. This statement led to concerns that the spreadsheet might be an inappropriate scheduling tool, thus triggering an Office of Inspector General (OIG) investigation.

2. Description of the Conduct of the Investigation

- **Interviews Conducted:** VA OIG interviewed six VAMC employees and one Veterans Integrated Service Network (VISN) 19 employee.
- **Records Reviewed:** VA OIG examined the spreadsheet in question and reviewed records related to a “national collaborative” effort.

3. Summary of the Evidence Obtained From the Investigation

Interviews Conducted

- A GJVAMC surgical administrative officer confirmed that the Endoscopy Clinic maintained a spreadsheet, but said that it was only used for data tracking and not for scheduling. The Endoscopy Clinic is unique because there are many layers of consults required to get patients from the initial referral from their Primary Care provider to the actual procedure being completed. Because of this peculiarity, the Endoscopy Clinic was chosen to represent the GJVAMC for a Veterans Health Administration (VHA) “national collaborative” tasked with improving processes and access to care. In late 2012, VISN 19 contacted GJVAMC in regard to this national collaborative and asked the management to nominate a clinic to participate in the collaborative effort. The Endoscopy Clinic was nominated and once the collaborative started, it was evident that tracking all the required data was going to be difficult.

During a team meeting, the idea of creating a spreadsheet to track data was presented. A medical support assistant (MSA) volunteered to help create it with others. Since its creation, the spreadsheet has been modified occasionally for ease of use, and it is

currently maintained by a registered nurse (RN). The spreadsheet was an excellent tool and was lauded by the VISN. Its use made the clinic more efficient, helping to make sure patients were getting the care they deserved. The spreadsheet was so successful that a VISN 19 official stated it was going to be used as a national benchmark VA-wide. This interviewee later provided some documentary information about the national collaborative.

- A GJVAMC MSA who assisted in the Endoscopy Clinic was aware of a spreadsheet being used and knew it was maintained by an RN. The MSA said the spreadsheet was used to track information about patients as they had multiple consults; it was not used for patient scheduling.
- A GJVAMC Endoscopy Clinic MSA stated the Endoscopy Clinic did have a spreadsheet, which he helped to create. The spreadsheet was for data tracking purposes only and had nothing to do with patient scheduling. The spreadsheet was created as a result of a collaborative effort the Endoscopy Clinic was involved in at the national level. The spreadsheet was currently maintained by an RN, but all endoscopy employees had access to it.
- A second GJVAMC surgical MSA, who worked in the Endoscopy Clinic for a very short time, stated she was aware of the spreadsheet and knew it was only for data tracking. She knew that an RN maintained the spreadsheet.
- A GJVAMC RN acknowledged that the Endoscopy Clinic used a spreadsheet and he maintained it. The spreadsheet was not for patient scheduling, but for data tracking only. The Endoscopy Clinic is unique because there are about three layers of consults involved to get a patient from his initial referral to his/her procedure. These layers have always caused the VAMC problems in trying to retrieve data from the VA system in regard to endoscopy patients. He inherited the spreadsheet from his predecessor and used it daily to keep track of their ever-increasing patient load. He was told this spreadsheet was created when the clinic participated in a national collaborative for process improvement. Although the spreadsheet was kept on his computer, any other endoscopy employee could access it if they desired. He showed VA OIG agents the spreadsheet. He did not believe that the existence of the spreadsheet was in violation of any policy, especially since it was created as part of the collaborative.
- A national coach for the VHA collaborative who also worked with the VA National Systems Redesign Office was employed in VISN 19. She stated that, sometime in 2012, every VISN was supposed to recommend a facility to participate in a collaborative to improve processes and access to care. GJVAMC was chosen for VISN 19. At the onset of the collaborative, it was found that the Endoscopy Clinic did not keep data in the normal surgical package. This may have been because so many consults were used within endoscopy. Since this information was not in the normal surgical package, engineers located throughout the country who were involved with the collaborative helped design a spreadsheet to capture this data. This spreadsheet was not used for

scheduling, but only to capture data they could not glean from the Surgical Cube.* Each month, Endoscopy staff would forward the spreadsheet (minus patient names or identifiers) to the engineers who, in turn, would create graphs and other additional spreadsheets. These products were then used as a tool to show if the clinic was improving its processes in order to get patients seen in a timely manner.

- The GJVAMC Director was briefed on the results of this investigation. He felt the existence of the spreadsheet was not a violation of any policy since it was used only for data tracking purposes.

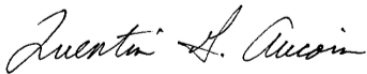
Records Reviewed

- The GJVAMC Endoscopy Clinic spreadsheet in question was examined and appeared to capture patient information from various consults from the time patients were referred by a Primary Care provider to the time of the actual endoscopy procedure.
- One interviewee provided documentary information about the “national VHA collaborative,” which supplemented the information he verbally provided while being interviewed.

4. Conclusion

The investigation substantiated that a spreadsheet was being maintained in the GJVAMC Endoscopy Clinic but was not used for scheduling appointments. Rather, the spreadsheet was used to capture data for tracking purposes only. The spreadsheet captured patient information from various consults from the time patients were referred by a Primary Care provider to the time of the actual endoscopy procedure. The spreadsheet was featured as part of a VHA national collaborative and was considered a tracking measure worthy of consideration by VHA for use as the national benchmark.

The OIG referred the Report of Investigation to VA’s Office of Accountability Review on September 2, 2014.



QUENTIN G. AUCOIN
Assistant Inspector General
for Investigations

For more information about this summary, please contact the
Office of Inspector General at (202) 461-4720.

* Physicians’ productivity data are compiled in cubes and used to assess group practice productivity in clinics.