

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



**VA Medical Center in Battle Creek, Michigan
March 22, 2016**

1. Summary of Why the Investigation Was Initiated

An anonymous Department of Veterans Affairs (VA) Office of Inspector General (OIG) Hotline complainant alleged that Healthcare for Homeless Veterans (HCHV) Program supervisors at the VA Medical Center (VAMC) Battle Creek asked HCHV employees to retroactively schedule appointments for veterans who had been seen as part of outreach work. This scheduling method gave the appearance that veterans were seen more quickly. The complainant asserted that this practice was unethical in that the veterans did not have scheduled appointments.

2. Description of the Conduct of the Investigation

Interviews Conducted: VA OIG interviewed eight BC-VAMC employees, including six social workers assigned to the HCHV Program and two program supervisors.

3. Summary of the Evidence Obtained From the Investigation

Interviews Conducted

- Six social workers assigned to the HCHV program provided essentially the same responses when questioned about retroactively scheduling appointments for veterans who received services from HCHV.

Regarding the walk-in clinic, all of the social workers stated that because of the nature of a walk-in clinic, there was no way of knowing in advance who would be present for services. There were no waiting lists in the HCHV Program. All veterans who presented for walk-in HCHV services were seen that day. During the meeting with the veteran, the social worker determined what services the veteran needed. The veterans presenting for services were homeless, or about to become homeless. At the conclusion of the service, the social worker created an "appointment" in the Computerized Patient Record System (CPRS) to document the service provided to the veteran. Social workers also entered progress notes to document the services provided to veterans. In the event a veteran needed medical attention, the social worker would walk with the veteran to the Primary Care intake area at the VAMC to schedule medical services. Social workers did not participate in scheduling any medically related appointments for veterans.

Regarding the outreach program, veterans who were seen in the field were placed on a daily list for a visit that day. Social workers typically saw approximately five to eight veterans on a particular day to observe how they were adapting to housing under the Department of Housing and Urban Development (HUD)/Veterans Affairs Supportive Housing (VASH) program, and to monitor their general living conditions, substance

abuse issues, and suicide risk assessments.

Social workers did not preschedule home visit appointments in CPRS, as the time they would actually see veterans in the field was often different from the planned appointment time. Social workers planned to see veterans near particular times, but the times often changed for various reasons, including changing traffic conditions; veterans not being home when social workers arrived; or when meeting with a veteran in crisis that took longer than expected. We were told that if social workers prescheduled appointment times in CPRS and they met with the veteran at a different time, which is often the case, they would be required to edit the CPRS system to accurately reflect the appointment time. This would create an inefficient use of time by tying up social workers who would have to enter the CPRS system multiple times to edit appointments just to complete one entry. Social workers informed us that it was much more efficient to enter an appointment and progress notes upon returning to the office after conducting home visits. Social workers also advised they made it a point to enter the information into CPRS before they left work for the day.

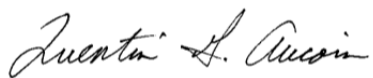
- Interviews of two supervisors in the HVHC Program revealed that using the CPRS scheduling system was necessary for documenting workload and memorializing contacts with veterans seeking assistance. The use of CPRS was required to ensure that contacts and progress were accurately tracked. There was no way to preschedule walk-in appointments, so social workers made CPRS entries after seeing veterans, and before they left work for the day. This was the “best practice” for the nature of the appointments related to the program.

Regarding home visits, veterans were seen at different intervals based on individual circumstances. For instance, a chronically homeless veteran who recently became established in the program would be seen more often to ensure success. Home visits were conducted during a time-range during the day. There were factors that affected when social workers actually saw veterans during the day, such as when a veteran forgot about a visit or when a visit took longer than expected. Therefore, social workers needed flexibility in entering data-memorializing contacts. It made more sense to have social workers enter contacts and progress notes into CPRS at the end of the day than to have them make multiple entries and edits.

4. Conclusion

No irregularities with the scheduling practices used in the HCHV Program were identified. Both program social workers and supervisors clearly described why their scheduling and documentation methods were consistent with best practices. They emphasized that there were no veterans waiting for services in their program, and that services were provided when veterans presented at the office for the walk-in program.

The OIG referred the Report of Investigation to VA's Office of Accountability Review on June 28, 2015.



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For more information about this summary, please contact the
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