Department of Veterans Affairs
Office of Inspector General

Office of Healthcare Inspections

Report No. 16-01613-326

Combined Assessment Program Summary Report

Evaluation of Surgical Complexity Support Services in Veterans Health Administration Facilities

June 22, 2016

Washington, DC 20420

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Executive Summary

The VA Office of Inspector General Office of Healthcare Inspections completed an evaluation of the services needed to support surgical complexity designations in Veterans Health Administration (VHA) facilities. The purpose of the review was to determine whether VHA facilities complied with selected requirements to provide support services for their designated surgical complexity level and to assess whether employees had documented competencies to provide certain services after operational hours.

We conducted this review at 41 VHA medical facilities during Combined Assessment Program reviews performed across the country from October 1, 2014, through September 30, 2015.

We observed high compliance with requirements to provide basic laboratory and radiology coverage as well as 12-lead electrocardiograph service. As the individual facility Combined Assessment Program reports were published, the VHA National Surgery Office was proactive in addressing problems and made several positive changes.

We identified one opportunity for VHA facilities to improve. We recommended that the Under Secretary for Health ensure that VHA establishes system-wide requirements for competency assessment and validation, including frequency, for nursing employees who provide post-anesthesia care after operational hours.

Comments

The Under Secretary for Health concurred with the findings and recommendation. (See Appendix A, pages 5–7, for the full text of the comments.) The implementation plans are acceptable, and we will follow up until all actions are completed.

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

Purpose

The VA Office of Inspector General Office (OIG) Office of Healthcare Inspections completed an evaluation of the services needed to support surgical complexity designations in Veterans Health Administration (VHA) facilities. The purpose of the review was to determine whether VHA facilities complied with selected requirements to provide support services for their designated surgical complexity level and to assess whether employees had documented competencies to provide certain services after operational hours.

Background

In 2007, the National Surgical Quality Improvement Program identified an increase in surgical mortality at a VHA facility. A subsequent OIG review concluded that, independent of physician expertise, availability of support services might limit where certain operations should be performed.[1] OIG recommended that the Under Secretary for Health develop and implement a mechanism to ensure that each facility's diagnostic and therapeutic interventions are appropriate to the facility's capabilities. In response, VHA developed and implemented a directive to ensure all inpatient surgeries are performed under the safest possible conditions at facilities with the resources to support them.[2] This directive only applies to inpatient surgery.

VHA requires each facility with an inpatient surgical program to have a surgical complexity designation of standard, intermediate, or complex based on its equipment, workload, and staffing. Facilities assigned a complex rating require special services, equipment, and employee expertise for difficult operations such as cardiac and neurosurgery. Those with an intermediate rating are permitted to perform less complex surgeries such as partial colon removal and complete joint replacement. Those with a standard rating may perform inpatient surgeries associated with less risk such as hernia repair and biopsies.

All facilities that offer inpatient surgery need to provide basic laboratory and radiology services and 12-lead electrocardiograph services within the facilities on weekdays during the day shift and on call within 30 minutes 24 hours per day, 7 days per week. They also need to provide blood bank services within 60 minutes weekdays during the dayshift and respiratory care within the facilities on weekdays during the day shift and on call within 60 minutes 24 hours per day, 7 days per week. Facilities designated as intermediate or complex need to provide these same services in-house 24 hours per day, 7 days per week. In addition, intermediate or complex facilities need to provide services such as computed tomography scans, vascular ultrasound, and interventional radiology services in-house on weekdays during the day shift and on call within

[1] *Healthcare Inspection – A Review of Facility Capabilities Where Veterans Received Complex Surgical Care,* Report No. 10-02302-225, July 14, 2011.
[2] VHA Directive 2010-018, *Facility Infrastructure Requirements to Perform Standard, Intermediate, or Complex Surgical Procedures,* May 6, 2010.

30 minutes 24 hours per day, 7 days per week. Finally, facilities designated as complex need to also provide magnetic resonance imaging/angiography in-house weekdays during the day shift and on call within 30 minutes 24 hours per day, 7 days per week. These are examples of the support services required in the directive. The directive defines additional services, equipment, and staffing that we did not include in our limited review.

VHA also requires that the scheduled surgical procedures performed do not exceed the infrastructure capabilities of the facility. If any cases exceed the designated level, generally due to emergencies or unanticipated findings during a procedure, facilities must report the cases and obtain review by Veterans Integrated Service Network surgical consultants. The VHA National Surgery Office also tracks cases done that exceed facilities' designated levels. We found that when facilities performed surgical procedures that were beyond the facilities' surgical complexity designation, they generally reported them and sent them for Veterans Integrated Service Network review.

Scope and Methodology

We performed this review in conjunction with 41 Combined Assessment Program reviews conducted from October 1, 2014, through September 30, 2015. The facilities we visited were a stratified random sample of all VHA facilities and represented a mix of facility size, affiliation, geographic location, and Veterans Integrated Service Networks. OIG generated an individual Combined Assessment Program report for each facility. For this report, we summarized the data collected from the individual facility reviews.

We reviewed facility policies and conversed with applicable managers and employees. We also reviewed 941 employee training files. We used 90 percent as our expectation for compliance. The employee samples within each facility were not probability samples.

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

Inspection Results

Issue 1: Facility Documentation of Support Service Availability

VHA requires that facilities provide the services needed to support their designated surgical complexity level.[3] We observed high compliance with requirements to provide basic laboratory and radiology coverage as well as 12-lead electrocardiograph service.

Facility policies did not define and/or document support services availability required for the facility's surgical complexity designation as follows:

- Respiratory therapy on call within 60 minutes 24 hours per day, 7 days per week (1 standard and 1 intermediate site); in-house 24 hours per day, 7 days per week (5 intermediate and 15 complex sites)
- Computed tomography scans on call within 30 minutes 24 hours per day, 7 days per week (three intermediate and four complex sites)
- Vascular ultrasound in-house weekdays during the dayshift (one intermediate site and six complex sites)
- Radiology interpretation services on call within 30 minutes 24 hours per day, 7 days per week (three complex sites)
- Blood bank services within 60 minutes weekdays during the dayshift (one standard and one complex site)
- Magnetic resonance imaging/angiography services in-house weekdays during the dayshift (two complex sites)

Facilities submitted action plans to improve compliance with each of the identified deficiencies in support service coverage. In addition, the National Surgery Office monitored the individual facility Combined Assessment Program reports and worked with the responsible Veterans Integrated Service Network Surgical Consultants to evaluate progress toward meeting the action plans. The program office informed us that it drafted a revised directive that will change some of the timeframes for expected response times and availability of support services in the original directive. Because of the program office's proactive efforts, we did not make a recommendation.

Issue 2: Employees Competency Assessment and Validation

The Joint Commission requires that facilities assess the competency of employees performing clinical duties. Since post-anesthesia care is frequently delegated to nursing employees assigned to other units when post-anesthesia care units are closed, we reviewed the files of nursing employees who provide post-anesthesia care after operational hours (evening, night, and weekend shifts). Facility policies did not consistently specify the content or frequency of employee competencies for providing post-anesthesia care after operational hours. When specified, 25 percent of nursing employees' competency assessment checklists did not include post-anesthesia care,

[3] VHA Directive 2010-018.

and 29 percent of these nursing employees did not have post-anesthesia care competency validation.

We found significant variation across facilities and identified a lack of VHA direction regarding nursing employees' competency assessment checklist content, competency assessment frequency, and competency validation in general. Although competency checklist content is generally facility-specific, we suggested that VHA consider establishing national guidance for competency assessment checklist content for nursing employees who provide post-anesthesia care after operational hours. We recommended that VHA establish system-wide requirements for competency assessment and validation, including frequency, for nursing employees who provide post-anesthesia care after operational hours.

Conclusions

We observed high compliance with requirements to provide basic laboratory and radiology coverage as well as 12-lead electrocardiograph service. Although we identified some support service coverage deficiencies, the VHA National Surgery Office has been proactive in addressing problems and has made several positive changes.

We identified a system-wide opportunity for improvement in nursing employees' competency assessment checklist content, competency assessment frequency, and competency validation processes. VHA has not issued clear direction for facilities to follow, and the result is significant variation across the system. We identified the problem specific to nursing employees providing post-anesthesia care after operational hours, but the problem is more widespread, and it would benefit from more comprehensive attention.

Recommendation

1. We recommended that the Under Secretary for Health ensure that the Veterans Health Administration establishes system-wide requirements for competency assessment and validation, including frequency, for nursing employees who provide post-anesthesia care after operational hours.

Under Secretary for Health Comments

Department of Veterans Affairs

Memorandum

Date: May 26, 2016

From: Under Secretary for Health (10)

Subject: **Office of Inspector General (OIG) Draft Report, Combined Assessment Program (CAP) Summary Report: Evaluation of Surgical Complexity Support Services in Veterans Health Administration Facilities (Project No. 2016-01613-HI-0644) (VAIQ 7677475)**

To: Assistant Inspector General for Healthcare Inspections (54)

1. Thank you for the opportunity to review and comment on the draft report, Evaluation of Surgical Complexity Support Services in Veterans Health Administration. The Veterans Health Administration (VHA) is strongly committed to developing long-term solutions that mitigate risks to the timeliness, cost-effectiveness, quality and safety of the Department of Veterans Affairs (VA) health care system. VHA is using the input from VA's Office of Inspector General, and other advisory groups to identify root causes and to develop critical actions. As VHA implements corrective measures, we will ensure our actions are meeting the intent of the recommendations. VHA is dedicated to sustained improvement in the high risk areas.

2. The recommendations in this report apply to GAO high risk areas 1 and 4. VHA's actions will serve to address ambiguous policies, inconsistent processes, and inadequate training for VA staff.

3. I have reviewed the draft report, and provide the attached action plan to address the report's recommendation (1).

4. If you have any questions, please email Karen M. Rasmussen, M.D., Director, Management Review Service at VHA10E1DMRSAction@va.gov.

David J. Shulkin, M.D.

Attachment

VETERANS HEALTH ADMINISTRATION (VHA)

Action Plan

OIG Draft Report, CAP Summary Report – Evaluation of Surgical Complexity Support Services in VHA Facilities

Date of Draft Report: March 31, 2016

Recommendations/ Actions	Status	Completion Date

OIG Recommendation

Recommendation 1. We recommended that the Under Secretary for Health ensure that the Veterans Health Administration establishes system-wide requirements for competency assessment and validation, including frequency, for nursing employees who provide post-anesthesia care after operational hours.

VHA Comments: Concur

VHA agrees with the recommendation that the Under Secretary for Health ensures that the VHA establish system-wide requirements for competency assessment and validation including frequency for nursing employees who provide post-anesthesia care after operational hours.

Actions to address the concurred recommendation include:

1. The Office of Nursing Services (ONS) will release a memorandum requiring Directors and Associate Directors for Patient Care Services or equivalent to ensure all facilities have annual documented competency assessment for all nursing staff providing post-anesthesia care. This also includes nursing staff providing post-anesthesia care after operational hours, as well as those being reassigned from other units. ONS will provide an example of a properly completed Competency Assessment to complete this action.

2. ONS will implement a reporting process for facility and Veteran Integrated Service Network Directors to report local compliance with competency assessment for nursing staff providing post-anesthesia care. ONS requires 90 percent compliance with the reporting requirement.

Status:	Target Completion Date:
In Process	November 2016

Office of Inspector General
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