



**Department of Veterans Affairs
Office of Inspector General**

Office of Healthcare Inspections

Report No. 15-04725-272

Healthcare Inspection

Alleged Urology Consult Scheduling Delays Cincinnati VA Medical Center Cincinnati, Ohio

June 21, 2017

Washington, DC 20420

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Executive Summary

The VA Office of Inspector General (OIG) conducted a healthcare inspection in response to a confidential complainant's concerns regarding delays in the scheduling of urology outpatient consults at the Cincinnati VA Medical Center (facility) in Cincinnati, OH. Specific allegations included the following:

- The Urology Section scheduler retired and was not replaced for 7 months.
- The new scheduler was floated from the Urology Section to work in other locations.
- The new scheduler was not fully trained for the position.
- As of July 10, 2015, about 160 veterans were still awaiting an initial appointment even though their providers had requested urology outpatient consult services as early as May 2015.

We substantiated that after the Urology Section scheduler retired, a new scheduler was not assigned to the Urology Section until 7 months later. However, other schedulers filled the gaps in coverage. We also substantiated that although the new Urology Section scheduler was required to work in other locations, we found that the scheduler worked the majority of his/her time in the Urology Section.

We did not substantiate that the scheduler was not fully trained for his/her duties when assigned to the Urology Section. The scheduler had received all required training.

When a provider requests a consult, the consult is considered "pending" until the receiving service acknowledges the consult which changes the status to "active." The amount of time routine outpatient consults are in a pending status should not exceed 7 days. When the status changes from pending to active, the consult may then be scheduled, discontinued, cancelled, or completed.¹ Veterans Health Administration policy requires that patients be able to schedule an appointment with a specialist within 30 days of referral.²

We substantiated that as of July 6, 2015, 166 Urology Section outpatient consults remained in pending or active status. However, while 85 (52 percent) were pending or active for more than 30 days, 81 (48 percent) of the consults were not over 30 days old. By August 31, 2015 the number of Urology Section consults in pending or active status for greater than 30 days was reduced to 11.

¹ Consult Management Business Rules,

<https://vaww.vha.vaco.portal.va.gov/sites/DUSHOM/10NA/ACAO/ConsultManagement/SitePages/Home.aspx>.

Accessed July 6, 2016. This is an internal VHA website that is not accessible to the general public. The business rules were incorporated into the August 2016 VHA Directive 1232, *Consult Processes and Procedures*, Appendix B.

² VHA Directive 2006-041, *Veterans Health Care Service Standards*, June 27, 2006. This VHA Directive expired June 30, 2011 and has not been updated.

To assess patient outcomes related to scheduling delays, we reviewed the electronic health records of 39 patients who had outpatient urology consults requested between January 1–August 31, 2015 that remained in a pending or active status for greater than 30 days and who had inpatient hospital stays before August 31, 2015. We did not find evidence that delays in outpatient urology consult appointment scheduling contributed to patients' hospital admissions or deaths within the time frame of the review.

We found that from January 11 through May 23, 2016 the scheduling improvements we noted in August 2015 were maintained, with no more than eight urology outpatient consults in a pending or active status. A review of outstanding consults in June 2016 confirmed that problems with delays in consult scheduling had not recurred. Because the consult scheduling improvements were sustained, we made no recommendations.

Comments

The Veterans Integrated Service Network and Facility Directors reviewed the report; the Facility Director concurred with the report. (See Appendixes A and B, pages 9–10 for the Directors' comments). No further action is required.



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

Purpose

The VA Office of Inspector General (OIG) conducted a healthcare inspection in response to a confidential complainant's concerns regarding delays in the scheduling of urology outpatient consults at the Cincinnati VA Medical Center (facility) in Cincinnati, OH.

Background

The facility, part of Veterans Integrated Service Network (VISN) 10, is a two-division campus located in Cincinnati, OH, and Fort Thomas, KY. The facility serves more than 35,000 patients and provides primary care, dentistry, specialty outpatient services, including urology, and tertiary care in the areas of medicine, surgery, psychiatry, and physical medicine and rehabilitation.

Consult Management

Veterans Health Administration (VHA) policy³ stipulates that a provider seeking the opinion or advice of another clinical service or provider enter a consult request into the electronic health record (EHR) "...with the clear expectation that a reply will be provided in a timely fashion."

In 2015, VHA Consult Management Business Rules provided facilities guidance for consult management.⁴ The business rules included data definitions, consult processing rules, and standardized times for action to be taken. The business rules were designed to improve the process of scheduling consults and ensure that consult information was available to the ordering provider. Consult status definitions were provided to clarify the steps necessary to create and complete a consult, and to establish timeframes for accomplishment of the steps to consult completion. The business rules were incorporated into the August 2016 VHA Directive 1232, *Consult Processes and Procedures*.

When a provider requests a consult, the consult is initially placed in a pending status. According to Consult Management Business Rules, the amount of time routine outpatient consults are in a pending status should not exceed 7 days. When the consult is acknowledged by the receiving service, the status changes from pending to active, and the consult may then be scheduled, discontinued, cancelled, or completed.⁵

³ VHA Directive 2008-056, *VHA Consult Policy*, September 16, 2008. This VHA Directive expired September 30, 2013; it was rescinded and was replaced by VHA Directive 1232, *Consult Processes and Procedures*, August 23, 2016, amended September 23, 2016.

⁴ *Consult Management Business Rules*.

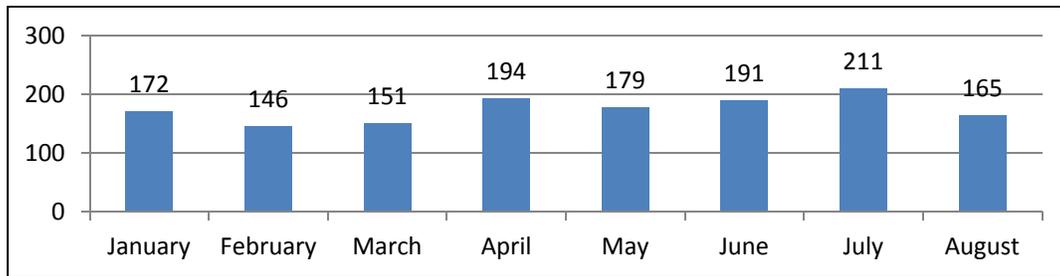
<https://vaww.vha.vaco.portal.va.gov/sites/DUSHOM/10NA/CAO/ConsultManagement/SitePages/Home.aspx>
Accessed July 6, 2016. This is an internal VA website that is not accessible to the general public. The business rules were incorporated into the August 2016 VHA Directive 1232, Appendix B.

⁵ Ibid.

VHA requires that patients be able to schedule an appointment with a specialist within 30 days of referral.⁶ Facility policy states the expectation for “traditional” outpatient consults is completion of the work within 90 days.⁷ If the patient is scheduled to be seen, consult completion includes the visit with results attached to the consult request in the EHR and available to the ordering provider.

The number of facility urology outpatient consults requested from January through August 31, 2015 was 1,409 with monthly totals reflected in Figure 1.⁸

Figure 1. Number of Urology Outpatient Consult Requests by Month: January 1 through August 31, 2015



Source: OIG Information Technology and Data Analysis Division

Facility Consult Management and Appointment Scheduling Processes

Schedulers. Facility schedulers were responsible for following scheduling system rules and linking consults to ordering providers. This process ensured that patients received timely clinical consult appointments and ordering providers received information back from the consulting specialists.⁹ Facility “advanced schedulers” were able to access the appropriate menus in the computerized appointment scheduling systems (Veterans Information Systems and Technology Architecture (VistA)¹⁰ and Computerized Patient Record System¹¹ to schedule patients for consults in specialty service clinics, such as the Urology Section. Because the facility was experiencing a shortage of schedulers, schedulers were floated¹² between services to fill gaps in coverage. Not all schedulers were advanced schedulers, so fewer schedulers were available to manage consult scheduling in the specialty clinics.

⁶ VHA Directive 2006-041, *Veterans Health Care Service Standards*, June 27, 2006. This VHA Directive expired June 30, 2011 and has not been updated.

⁷ Cincinnati VA Medical Center Memorandum 11-41, *Consult Management Policy*, July 2013, updated April 8, 2015.

⁸ Data retrieved from OIG 53T Austin Data Team analysis.

⁹ A clinical consult is a request for clinical evaluation performed by a provider within their scope, where the requesting provider expects to receive the results as a reply. *Consult Management Policy, Memorandum 11-41*, July 2013, Department of Veterans Affairs Medical Center, Cincinnati-Fort Thomas Division.

¹⁰ VistA is a nationwide information system and electronic health record developed by the U.S. Department of Veterans Affairs.

¹¹ The Computerized Patient Record System is the primary clinical health application for the U.S. Department of Veterans Affairs VistA EHR.

¹² The term floated refers to being assigned to another job or position short term, usually for a day or shift. <http://www.merriam-webster.com/dictionary/floating>. Accessed May 16, 2016.

Facility Organizational Structure. On May 18, 2014 the specialty clinic schedulers were realigned under Patient Business Services (PBS), which included health information management, call centers, coding, veteran transportation, and outpatient scheduling.

Facility Consult Reviews. The facility created a consult workgroup in 2012, which evolved into the Consult Committee in December 2014. The group included leadership representation and met monthly in efforts to comply with national mandates for consult scheduling and compliance. Surgery Service managers and leaders also met regularly and reviewed VHA Support Service Center (VSSC)¹³ consult data presented in the Surgery Service Data Management Weekly Report, which provided consult information for specialties within Surgery Service. In June 2015, the new Chief of PBS created a comprehensive dashboard for the reporting of all PBS units, including monitors for consult scheduling in the specialty clinics.

Facility Urology Section

Workload. The facility provides urological care¹⁴ to patients on an inpatient and outpatient basis through the Urology Section, which is a consultative specialty¹⁵ within Surgery Service. The Urology Section workload for fiscal year (FY) 2014 and FY 2015, in terms of encounters,¹⁶ is provided in Table 1.

Table 1. Urology Section Workload FY 2014 and FY 2015

	FY14	FY15
# of Encounters	4,962	4,851
# of Veterans (Unique patients)	2,659	2,733

Source: VSSC Encounters Cube April 12, 2016

Allegations:

On July 16, 2015, we received allegations regarding Urology Section delays in scheduling outpatient appointments for patients. Specifically, the concerns were:

- The Urology Section scheduler retired and was not replaced for 7 months.
- The new scheduler was floated from the Urology Section to work in other locations.
- The new scheduler was not fully trained to the position.

¹³ VSSC: VHA Support Service Center provides information and data on VHA business and clinical operations.

<http://vssc.med.va.gov/>

¹⁴ Urology is the branch of medicine concerned with the urinary tract in both sexes and the genital tract in the male. *Taber's Cyclopedic Medical Dictionary*. Philadelphia, PA: F.A. Davis Company; 1985.

¹⁵ Patients are seen by a specific service provider only if another service or provider has requested their services.

¹⁶ Encounters: A professional contact between a patient and a practitioner for the purposes of diagnosing, evaluating and/or treating the patient's condition. Each unique patient may have more than one encounter. VSSC Encounter Workload Cube Data Definitions, <https://vssc.med.va.gov/products.asp?PgmArea=10> Accessed April 4, 2016.

- As a result, as of July 10, 2015, about 160 veterans were still awaiting an initial appointment even though their providers had requested urology outpatient consult services as early as May 2015.

Scope and Methodology

We initiated our review in July 2015 and completed our review in October 2016. We reviewed VHA and facility policies related to consult management: VHA's Consult Management SharePoint site,¹⁷ VSSC consult management data, facility Consult Management Committee minutes, and data on consult delays and corrective actions. We reviewed the EHRs of 39 patients who had outpatient urology consults requested between January 1–August 31, 2015 that remained in a pending or active status for greater than 30 days, and who had inpatient hospital stays before August 31, 2015.

We conducted telephone interviews with the Chief of PBS, the PBS Section Chief of Ambulatory Care and Processing, a PBS program analyst, a PBS program assistant, the Administrative Officer for Surgery Service, the Chief of the Urology Section, and the complainant.

VHA Directive 2006-041, *Veterans Health Care Service Standards*, June 27, 2006, cited in this report expired June 30, 2011. We considered the policy to be in effect as it had not been superseded by more recent policy or guidance. In a June 29, 2016 memorandum to supplement policy provided by VHA Directive 6330(1),¹⁸ the VA Under Secretary for Health (USH) mandated the "...continued use of and adherence to VHA policy documents beyond their recertification date until the policy is rescinded, recertified, or superseded by a more recent policy or guidance."¹⁹ The USH also tasked the Principal Deputy Under Secretary for Health and Deputy Under Secretaries for Health with ensuring "...the timely rescission or recertification of policy documents over which their program offices have primary responsibility."²⁰

We **substantiate** allegations when the facts and findings support that the alleged events or actions took place. We **do not substantiate** allegations when the facts show the allegations are unfounded. We **cannot substantiate** allegations when there is no conclusive evidence to either sustain or refute the allegation.

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

¹⁷ VHA's Consult Management SharePoint Site contains information to improve the timeliness, safety, efficiency, and transparency of care delivered through the electronic consultation process. Accessed multiple times from <https://vaww.vha.vaco.portal.va.gov/sites/DUSHOM/10NA/CAAO/ConsultManagement/SitePages/Home.aspx>.

¹⁸ VHA Directive 6330(1), *Controlled National Policy/Directives Management System*, June 24, 2016, amended January 11, 2017.

¹⁹ VA Under Secretary for Health Memorandum, *Validity of VHA Policy Document*, June 29, 2016.

²⁰ Ibid.

Inspection Results

Issue 1: Urology Section Schedulers

We substantiated that the Urology Section scheduler retired in August 2014, and a new scheduler was not assigned to the Urology Section until April 2015. During the interim, different PBS staff members were assigned to the Urology Section to fill gaps in coverage. We substantiated that after the new scheduler was assigned to the Urology Section, he/she was floated to other facility locations to fill in; however, the scheduler worked the majority of time in the Urology Section.

The scheduler for the Urology Section retired on August 31, 2014 and was not replaced until April 2015. Prior to the scheduler's retirement, consults were reviewed by clinical staff in the Urology Section, and appointment recommendations were communicated to the appointment scheduler.

A PBS Medical Support Assistant (MSA) scheduler became an advanced scheduler in March 2015, and was assigned to the Urology Section in mid-April 2015. We reviewed the Urology Section scheduler's duty assignments from March 1, 2015 through June 30, 2015. We found that the scheduler was assigned to the Urology Section 52 of 64 duty days from April through June and to the front desk or the fourth floor for 6 of the 64 days. While a scheduler's assignment to a specific unit for a day does not preclude an interim assignment to another location or unit for part of the same day, we found the scheduler was assigned to the Urology Section the majority of the time reviewed.

Table 2. Urology Scheduler Assignment Locations from April 2015 through June 2015

Assignment Description	April 2015	May 2015	June 2015
Front Desk	4 days	0 days	0 days
Urology	17 days	18 days	17 days
4th floor	0 days	2 days	0 days
Leave	1 day	0 days	5 days

Source: Cincinnati VA Medical Center Time and Attendance Records

We did not substantiate that the Urology Section scheduler hired in March 2015 was not trained for the position. The scheduler received all required scheduler training prior to his/her promotion and assignment to the Urology Section, and also received scheduler training updates and additional training from his/her supervisor after becoming an advanced scheduler.

VHA requires that schedulers receive required scheduler training, participate in annual competency assessments, and complete any new training within 120 days of assignment of new training.²¹

We found that the scheduler assigned to the Urology Section completed all required courses through the VA Training Management System in April 2014, prior to being transferred to the Urology Section. In April 2015, the scheduler received Urology Section specific on-the-job training from his/her immediate supervisor and received additional training as an advanced scheduler in July 2015.

Issue 2: Delays in Scheduling Urology Consults

We substantiated that as of July 6, 2015, 166 consults were in a pending or active phase and had not been scheduled, canceled, discontinued, or completed. However, while 85 (52 percent) were in pending or active status for more than 30 days; 81 (48 percent) of the consults were not over 30 days old.

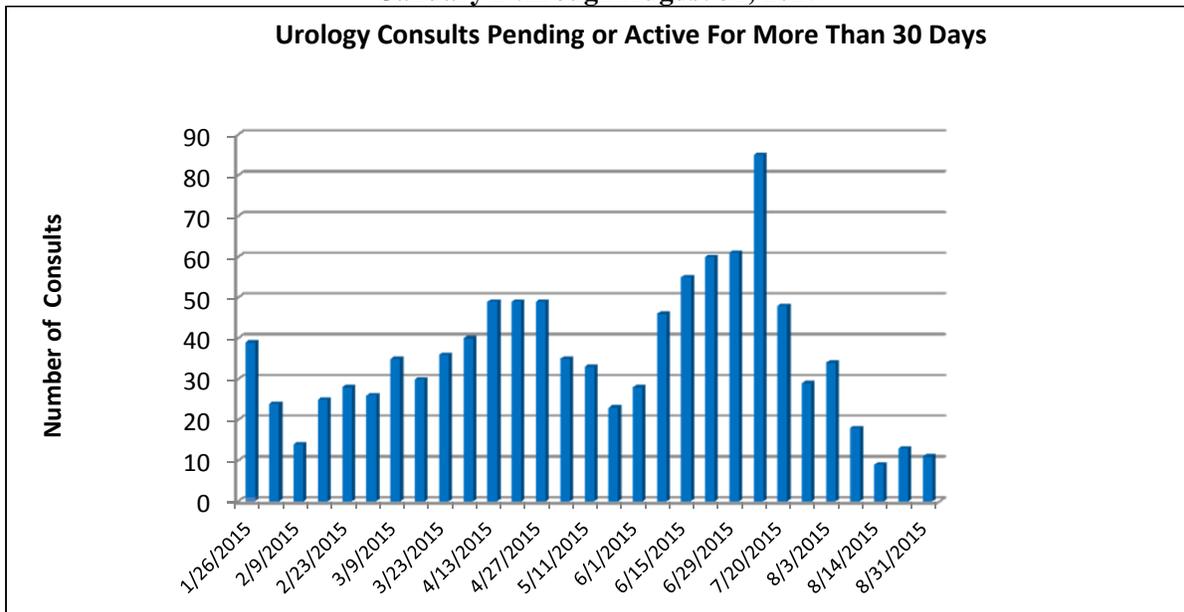
We reviewed the Urology Section portions of the facility's Surgery Section Data Management Weekly Reports for January 26–September 1, 2015 containing the totals of outstanding pending and active consults. (See Figure 2.)^{22,23} The number of pending and active urology outpatient consults in Figure 2 represents weekly totals. The totals may include urology outpatient consults that have rolled over from one week to the next.

²¹ VHA Directive 2010-027, *VHA Outpatient Scheduling Processes and Procedures*, June 9, 2010, was current during the time of the events discussed in this report; it was rescinded and replaced with VHA Directive 1230, *Outpatient Scheduling Processes and Procedures*, July 15, 2016. The 2016 Directive has the same or similar requirements for scheduler training as the previous version.

²² VISN 10 Pending and Active Consults Data Source: VISN 10 Decision Support Service.

²³ VISN 10 Pending consults are those not acted upon. Active consults have been accepted by the receiving service but the appointment has not yet been scheduled, discontinued, completed, or cancelled.

**Figure 2. Urology Outpatient Consults in Pending or Active Status
January 1 through August 31, 2015**



Source: Surgical Service, Cincinnati VA Medical Center, VISN 10 Decision Support Service

Figure 2 illustrates an overall increase in the weekly totals of urology outpatient consults in the pending/active status for more than 30 days without scheduling, discontinuing, or cancelling the consult from January 2015 through the middle of July 2015. By August 31, 2015, however, the urology consults in pending or active status for greater than 30 days decreased to 11.

To assess the facility’s consult process for continued improvement, we reviewed 17 weeks of Surgery Service Data Management Weekly Reports from January 11 through May 23, 2016, and found that the highest number of active consults which had been delayed for more than 30 days reflected in this weekly data was eight for any one week. We also reviewed VSSC facility clinical consult data to assess for continued improvement with consult processing. On June 16, 2016, VSSC data for the facility noted 312 open urology outpatient consults. Of these, 274 (88 percent) had appointments scheduled, and 38 (12 percent) were in active or pending status awaiting action, all less than 90 days old.

Additional Analysis

To evaluate patient outcomes related to the delays in urology outpatient consult appointment scheduling, we reviewed the EHRs of 39 patients who had outpatient urology consults requested between January 1–August 31, 2015 that remained in a pending/active status for greater than 30 days and who had inpatient hospital stays before August 31, 2015.

We found no evidence in the 39 cases reviewed to suggest that a delay of 30 days or more in scheduling the outpatient urology appointment contributed to a hospital admission within the timeframe of the review.

Conclusions

After the Urology Section scheduler retired in August 2014, a delay occurred in the assignment of a new scheduler to the Urology Section. During the interim, other schedulers were assigned to cover appointment scheduling until April 2015, when a scheduler was permanently assigned to the Urology Section. The new scheduler was required to work in other locations after assignment to the Urology Section; however, the scheduler's time and attendance record revealed the scheduler was assigned to work in the Urology Section the majority of the time. The scheduler received required training prior to his/her assignment to the Urology Section.

VHA and facility data documented an overall increase in the weekly totals of pending/active outpatient urology consults from January through early July 2015. However, by August 31, 2015, the outpatient urology consults in the pending or active status for greater than 30 days decreased to 11, representing a marked decrease from 85 pending or active consults in July 2015. From January 20 to May 23, 2016, the weekly total of pending or active urology outpatient consults did not exceed eight, demonstrating that the facility's consult process improvement had been maintained over this period.

To assess patient outcomes related to scheduling delays, we reviewed the EHRs for 39 patients whose outpatient urology consults remained in pending or active status for greater than 30 days and who were admitted to the hospital. We did not find evidence that delays in outpatient urology consult appointment scheduling contributed to patients' hospital admissions or deaths.

A review of outstanding consults in June 2016 confirmed that problems with delays in consult scheduling had not recurred. Because the consult scheduling improvements were sustained, we made no recommendations.

VISN Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: May 1, 2017

From: Director, VA Healthcare System of Ohio (10N10)

Subj: Healthcare Inspection—Alleged Urology Consult Scheduling Delays,
Cincinnati VA Medical Center, Cincinnati, Ohio

To: Director, Bay Pines Office of Healthcare Inspections (54SP)
Director, Management Review Service (VHA 10E1D MRS Action)

1. Please find the attached response to the Healthcare Inspection – Alleged Urology Consult Scheduling Delays, Cincinnati VA Medical Center, Cincinnati, Ohio.



Robert P. McDivitt, FACHE

Facility Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: April 25, 2017
From: Director, Cincinnati VA Medical Center (539/00)
Subj: Healthcare Inspection—Alleged Urology Consult Scheduling Delays,
Cincinnati VA Medical Center, Cincinnati, Ohio
To: Director, VA Healthcare System of Ohio (10N10)

1. I have reviewed the draft report and concur with the report.



Vivian T. Hutson, FACHE

OIG Contact and Staff Acknowledgments

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