Department of Veterans Affairs
Office of Inspector General

Office of Healthcare Inspections

Report No. 10-03093-82

Combined Assessment Program Review of the VA Salt Lake City Health Care System Salt Lake City, Utah

February 7, 2011

Washington, DC 20420

Why We Did This Review

Combined Assessment Program (CAP) reviews are part of the Office of Inspector General's (OIG's) efforts to ensure that high quality health care is provided to our Nation's veterans. CAP reviews combine the knowledge and skills of the OIG's Offices of Healthcare Inspections and Investigations to provide collaborative assessments of VA medical facilities on a cyclical basis. The purposes of CAP reviews are to:

- Evaluate how well VA facilities are accomplishing their missions of providing veterans convenient access to high quality medical services.
- Provide crime awareness briefings to increase employee understanding of the potential for program fraud and the requirement to refer suspected criminal activity to the OIG.

In addition to this typical coverage, CAP reviews may examine issues or allegations referred by VA employees, patients, Members of Congress, or others.

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Glossary

ACLS	Advanced Cardiac Life Support
AES	All Employee Survey
C&P	credentialing and privileging
CAP	Combined Assessment Program
CBOC	community based outpatient clinic
CHF	congestive heart failure
CLC	community living center
COC	coordination of care
CPR	cardiopulmonary resuscitation
EOC	environment of care
facility	VA Salt Lake City Health Care System
FTE	full-time employee equivalents
FY	fiscal year
MDRO	multidrug-resistant organisms
OEF	Operation Enduring Freedom
OI	Office of Information
OIF	Operation Iraqi Freedom
OIG	Office of Inspector General
PRRTP	Psychosocial Residential Rehabilitation Treatment Program
PSB	Professional Standards Board
QM	quality management
RCA	root cause analysis
SOPs	standard operating procedures
VBA	Veterans Benefits Administration
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network

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Executive Summary: Combined Assessment Program Review of the VA Salt Lake City Health Care System, Salt Lake City, UT

Review Purpose: The purpose was to evaluate selected activities, focusing on patient care administration and quality management, and to provide crime awareness training. We conducted the review the week of December 6, 2010.

Review Results: The review covered seven activities. We made no recommendations in the following activities:

- Coordination of Care
- Environment of Care
- Management of Multidrug-Resistant Organisms
- Medication Management

The facility's reported accomplishments were its extensive and innovative outreach efforts through the Veterans Outreach Program and a widespread culture of safety through staff involvement throughout the organization.

Recommendations: We made recommendations in the following three activities:

Physician Credentialing and Privileging: Require that two efforts to obtain verification of clinical privileges held at other institutions be made and documented in the credentialing and privileging folders. Ensure that Professional Standards Board meeting minutes reflect sufficient discussion of competency data.

Quality Management: Require that processes to ensure complete documentation of moderate sedation be fully implemented and monitored for compliance.

Management of Test Results: Require that normal test results be consistently communicated to patients within the specified timeframe.

Comments

The Veterans Integrated Service Network and Facility Directors agreed with the Combined Assessment Program review findings and recommendations and provided acceptable improvement plans. We will follow up on the planned actions until they are completed.

(original signed by:)
JOHN D. DAIGH, JR., M.D.
Assistant Inspector General for
Healthcare Inspections

Objectives and Scope

Objectives

CAP reviews are one element of the OIG's efforts to ensure that our Nation's veterans receive high quality VA health care services. The objectives of the CAP review are to:

- Conduct recurring evaluations of selected health care facility operations, focusing on patient care administration and QM.
- Provide crime awareness briefings to increase employee understanding of the potential for program fraud and the requirement to refer suspected criminal activity to the OIG.

Scope

We reviewed selected clinical and administrative activities to evaluate the effectiveness of patient care administration and QM. Patient care administration is the process of planning and delivering patient care. QM is the process of monitoring the quality of care to identify and correct harmful and potentially harmful practices and conditions.

In performing the review, we inspected selected areas, interviewed managers and employees, and reviewed clinical and administrative records. The review covered the following seven activities:

- COC
- EOC
- Management of MDRO
- Management of Test Results
- Medication Management
- Physician C&P
- QM

The review covered facility operations for FY 2010 and FY 2011 through December 9, 2010, and was done in accordance with OIG SOPs for CAP reviews. We also followed up on selected recommendations from our prior CAP review of the facility (*Combined Assessment Program Review of the VA Salt Lake City Health Care System, Salt Lake City, Utah,* Report No. 08-00819-143, June 10, 2008).

The facility had corrected all findings from that review. (See Appendix B for further details.)

During this review, we also presented crime awareness briefings for 350 employees. These briefings covered procedures for reporting suspected criminal activity to the OIG and included case-specific examples illustrating procurement fraud, conflicts of interest, and bribery.

In this report, we make recommendations for improvement. Recommendations pertain to issues that are significant enough to be monitored by the OIG until corrective actions are implemented.

Reported Accomplishments

Veterans Outreach Program

The facility conducts extensive outreach programs for all veterans, including those not currently enrolled. The OEF/OIF outreach program achieves 100 percent participation in Post-Deployment Health Reassessments. The facility uses various social media, such as Facebook, Twitter, and e-mail, for continuous communication with veterans and the community. The facility's website is user-friendly, informational, and interactive. The Annual Veterans Day Info-thon is an innovative approach to raise awareness amongst veterans. It is a collaborative effort between VHA, VBA, and the Utah Department of Veterans Affairs to answer questions about access to care and benefits and to provide guidance related to personal needs. A local television station broadcasts the program, which results in thousands of calls for information.

Additionally, the facility's Justice Outreach Program assigns a social worker to the judicial systems (jails and courts) and facilitates alternative treatments rather than incarceration for first offense veterans. Two federal judges—one a veteran—recognize the varied challenges veterans face and work to integrate them into VHA care and therapy rather than sentencing them to an already overcrowded state facility.

Culture of Patient Safety

The facility developed a widespread culture of safety through staff involvement throughout the organization. During FY 2010, more than 135 physicians, nurses, pharmacy staff, ancillary clinical staff, business office staff, and clerks participated in RCA teams to identify and resolve patient safety issues. One hour each week, leadership meets to hear RCA team closeouts or to address other patient safety

concerns. Leadership maintains an open-door policy for employees wishing to report or discuss patient safety concerns. In addition, patient safety information is presented to all new employees to emphasize that patient safety is an integral part of the mission at the facility. AES scores reflect that employees feel that a culture of safety exists.

The patient safety program has been recognized by the National Center for Patient Safety for 3 consecutive years. The facility was awarded the Bronze Cornerstone Award in 2008, the Silver Cornerstone Award in 2009, and the Gold Cornerstone Award in 2010.

Results

Review Activities With Recommendations

Physician C&P

The purpose of this review was to determine whether the facility had consistent processes for physician C&P that complied with applicable requirements.

We reviewed 17 physicians' C&P files and profiles and found that licenses were current and that primary source verification had been obtained. However, we identified the following area that needed improvement.

Privileging. VHA requires that a minimum of two efforts to obtain verification of clinical privileges held at other institutions are to be made and documented in C&P folders.[1] We identified that only one effort was documented in each of the 17 C&P files reviewed.

VHA also requires that the medical staff's Executive Committee or PSB meeting minutes reflect the documents reviewed and the rationale for the decision made for initial privileging and final reprivileging action. PSB meeting minutes did not reflect the documents reviewed or the rationale for initial privileges or reprivileging in 11 (65 percent) of the 17 files reviewed.

Recommendations

1. We recommended that two efforts to obtain verification of clinical privileges held at other institutions be made and documented in C&P folders.

2. We recommended that PSB meeting minutes reflect sufficient discussion of competency data.

[1] VHA Handbook 1100.19, *Credentialing and Privileging*, November 14, 2008.

QM

The purpose of this review was to evaluate whether the facility had a comprehensive QM program in accordance with applicable requirements and whether senior managers actively supported the program's activities.

We interviewed senior managers and QM personnel, and we evaluated policies, meeting minutes, and other relevant documents. We identified the following area that needed improvement.

Moderate Sedation. VHA requires that staff assess and monitor patients undergoing moderate sedation.[2] We reviewed the medical records of 15 patients who had moderate sedation and found that 12 (80 percent) of the records did not include documentation of airway assessment. This was identified by the facility prior to our onsite review, and new processes and training have been implemented. In addition, two (13 percent) records did not include documentation of organ systems, re-evaluation immediately prior to the procedure, and assessment of risk.

Recommendation

3. We recommended that processes to ensure complete documentation of moderate sedation be fully implemented and monitored for compliance.

Management of Test Results

The purpose of this review was to follow up on a previous review that identified improvement opportunities related to documentation of notification of abnormal test results and follow-up actions taken.[3]

We reviewed the facility's policies and procedures, and we reviewed medical records. We identified the following area that needed improvement.

Communication of Normal Results. VHA requires facilities to communicate normal results to patients no later than 14 calendar days from the date that the results were available to the ordering provider.[4] We reviewed the medical records of 20 patients who had normal test results and found that 13 (65 percent) of the 20 records contained documented evidence that the facility had communicated the results to the patients.

[2] VHA Directive 2006-023, *Moderate Sedation by Non-Anesthesia Providers*, May 1, 2006.
[3] *Healthcare Inspection Summary Review – Evaluation of Veterans Health Administration Procedures for Communicating Abnormal Test Results,* Report No. 01-01965-24, November 25, 2002.
[4] VHA Directive 2009-019, *Ordering and Reporting Test Results*, March 24, 2009.

Recommendation

4. We recommended that normal test results be consistently communicated to patients within the specified timeframe.

Review Activities Without Recommendations

COC

The purpose of this review was to evaluate whether the facility managed advance care planning, advance directives, and discharges in accordance with applicable requirements.

We reviewed patients' medical records and determined that the facility generally met requirements in these areas. We made no recommendations.

EOC

The purpose of this review was to determine whether the facility maintained a safe and clean health care environment in accordance with applicable requirements.

We inspected the medical/surgical, intensive care, and locked mental health inpatient units; the eye and dental outpatient clinics; and the urgent care clinic. The facility maintained a generally clean and safe environment. We made no recommendations.

Management of MDRO

The purpose of this review was to evaluate whether the facility had developed a safe and effective program to reduce the incidence of MDRO in its patient population in accordance with applicable requirements.

We reviewed the facility's infection control risk assessment, employee training records, and medical records. We inspected the medical/surgical and intensive care units and interviewed employees. We determined that the facility had an effective program in place. We made no recommendations.

Medication Management

The purpose of this review was to determine whether the facility employed safe practices in the preparation, transport, and administration of hazardous medications, specifically chemotherapy, in accordance with applicable requirements.

We observed the compounding and transportation of chemotherapy medications and the administration of those medications in the oncology clinic, and we interviewed employees. We determined that the facility safely prepared, transported, and administered the medications. We made no recommendations.

Comments

The VISN and Facility Directors agreed with the CAP review findings and recommendations and provided acceptable improvement plans. (See Appendixes D and E, pages 11–14, for the full text of the Directors' comments.) We will follow up on the planned actions until they are completed.

Facility Profile[5]		
Type of Organization	Tertiary care medical center	
Complexity Level	1b	
VISN	19	
CBOCs	West Valley City, UT Orem, UT St. George, UT Ogden, UT Pocatello, ID Fountain Green, UT Nephi, UT Roosevelt, UT Elko, NV Ely, NV	
Veteran Population in Catchment Area	182,000	
Type and Number of Total Operating Beds: • **Hospital, including PRRTP**	121	
• **CLC/Nursing Home Care Unit**	NA	
• **Other**	NA	
Medical School Affiliation(s)	University of Utah Medical Center University of Utah College of Nursing Utah State University Weber State University Salt Lake Community College Brigham Young University	
• **Number of Residents**	260	
	FY 2010	**Prior FY (2009)**
Resources (in millions):		
• **Total Medical Care Budget**	$360.1	$324.2
• **Medical Care Expenditures**	$359.3	$321.8
Total Medical Care FTE	1,662.5	1,534.5
Workload:		
• **Number of Station Level Unique Patients**	45,704	45,629
• **Inpatient Days of Care:**		
o **Acute Care**	31,795	30,109
o **CLC/Nursing Home Care Unit**	NA	NA
Hospital Discharges	5,747	5,674
Total Average Daily Census (including all bed types)	100	96
Cumulative Occupancy Rate	82.66%	79.01%
Outpatient Visits	552,403	496,287

[5] All data provided by facility management.

Follow-Up on Previous Recommendations			
Recommendations	**Current Status of Corrective Actions Taken**	**In Compliance Y/N**	**Repeat Recommendation? Y/N**
QM			
1. Ensure that processing times for RCAs are improved.	During FY 2010, the Patient Safety Program completed 100 percent of RCAs within 45 days.	Y	N
2. Ensure that all clinically active staff have current CPR and ACLS training, as required by VHA and local policy.	A tracking system is in place to assure compliance.	Y	N
Business Rules for Veterans Health Information Systems			
3. Require that Computerized Patient Record System business rules are in compliance with VHA policy and OI guidance.	All current business rules are in compliance with VHA policy and OI guidance.	Y	N

VHA Satisfaction Surveys

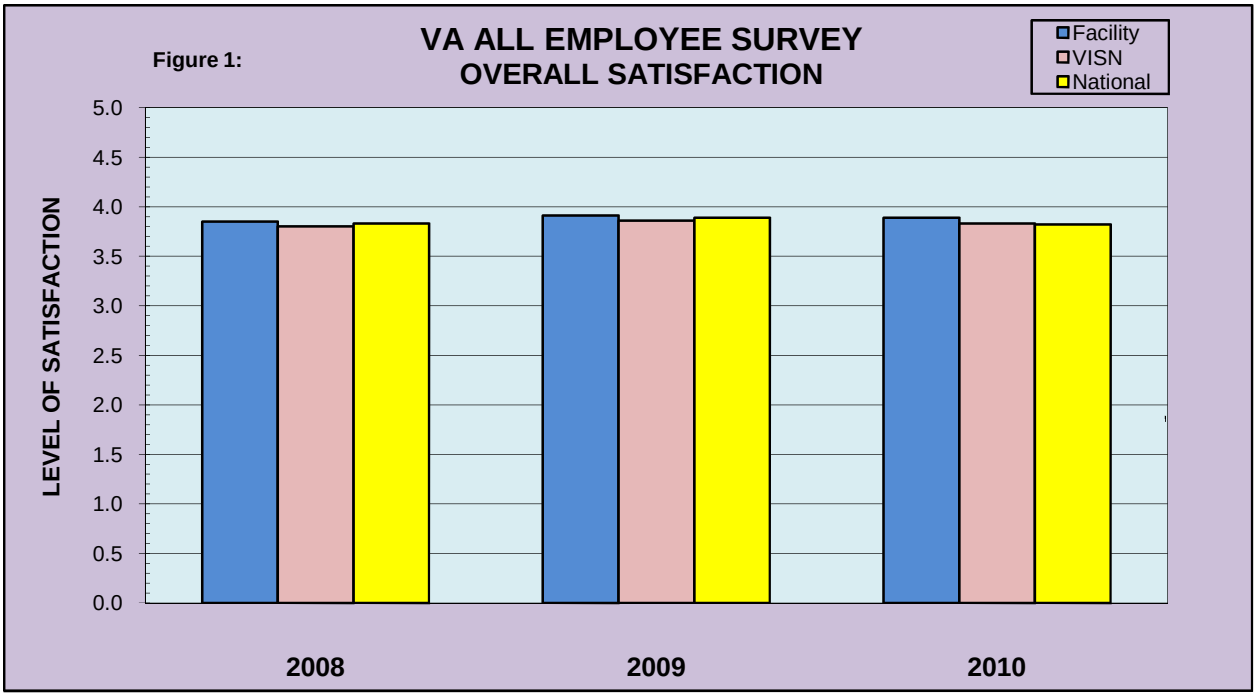
VHA has identified patient and employee satisfaction scores as significant indicators of facility performance. Patients are surveyed monthly. Table 1 below shows facility, VISN, and VHA overall inpatient and outpatient satisfaction scores and targets for quarters 1–3 of FY 2010.

Table 1

	FY 2010 (inpatient target = 64, outpatient target = 56)					
	Inpatient Score Quarter 1	Inpatient Score Quarter 2	Inpatient Score Quarter 3	Outpatient Score Quarter 1	Outpatient Score Quarter 2	Outpatient Score Quarter 3
Facility	67.5	61.7	66.4	57.2	48.6	54.8
VISN	65.9	62.5	64.0	53.9	52.8	52.6
VHA	63.3	63.9	64.5	54.7	55.2	54.8

Employees are surveyed annually. Figure 1 below shows the facility's overall employee scores for 2008, 2009, and 2010. Since no target scores have been designated for employee satisfaction, VISN and national scores are included for comparison.

Figure 1:



Hospital Outcome of Care Measures

Hospital Outcome of Care Measures show what happened after patients with certain conditions[6] received hospital care. The mortality (or death) rates focus on whether patients died within 30 days of their hospitalization. The rates of readmission focus on whether patients were hospitalized again within 30 days. Mortality rates and rates of readmission show whether a hospital is doing its best to prevent complications, teach patients at discharge, and ensure patients make a smooth transition to their home or another setting. The hospital mortality rates and rates of readmission are based on people who are 65 and older. These comparisons are "adjusted" to take into account their age and how sick patients were before they were admitted to the VA facility. Table 2 below shows the facility's Hospital Outcome of Care Measures for FYs 2006–2009.

Table 2

	Mortality			Readmission		
	Heart Attack	CHF	Pneumonia	Heart Attack	CHF	Pneumonia
Facility	13.55	8.31	14.2	19.94	21.94	13.91
VHA	13.31	9.73	15.08	20.57	21.71	15.85

[6] CHF is a weakening of the heart's pumping power. With heart failure, the body does not get enough oxygen and nutrients to meet its needs. A heart attack (also called acute myocardial infarction) happens when blood flow to a section of the heart muscle becomes blocked and the blood supply is slowed or stopped. If the blood flow is not restored in a timely manner, the heart muscle may become damaged from lack of oxygen. Pneumonia is a serious lung infection that fills the lungs with mucus and may cause difficulty in breathing, fever, cough, and fatigue.

VISN Director Comments

Department of Veterans Affairs **Memorandum**

Date: January 25, 2011

From: Director, Rocky Mountain Network (10N19)

Subject: **CAP Review of the VA Salt Lake City Health Care System, Salt Lake City, UT**

To: Director, Denver Office of Healthcare Inspections (54DV)

Director, Management Review Service (VHA CO 10B5 Staff)

I have reviewed the response to the draft OIG CAP report provided by the George E. Wahlen VA Salt Lake City Health Care System and concur with the response. I am submitting it to your office as requested. If you have any questions or require additional information, please contact Aggie Worth, VISN QMO at (303) 639-6984.

Glen Grippen, FACHE
VISN 19 Network Director

Facility Director Comments

Department of Veterans Affairs **Memorandum**

Date: January 18, 2011

From: Director, VA Salt Lake City Health Care System (660/00)

Subject: **CAP Review of the VA Salt Lake City Health Care System, Salt Lake City, UT**

To: **Director, Rocky Mountain Network (10N19)**

1. I would like to express my sincere appreciation to the OIG Combined Assessment Program review team for their professionalism and consultative feedback to our staff during the review, which was conducted December 6–9, 2010. We appreciate their thorough review and the opportunity to further improve the quality care we provide Veterans every day.

2. I have reviewed the recommendations and concur with the findings. Our comments and planned actions are outlined below.

3. If you have questions or require additional information, please do not hesitate to contact Nena Saunders, Chief, Quality Management, at (801) 582-1565, ext. 4608.

STEVEN W. YOUNG, FACHE

Director
George E. Wahlen VA Salt Lake City Health Care System

Comments to Office of Inspector General's Report

The following Director's comments are submitted in response to the recommendations in the Office of Inspector General report:

OIG Recommendations

Recommendation 1. We recommended that two efforts to obtain verification of clinical privileges held at other institutions be made and documented in C&P folders.

Concur

Target date for completion: Completed December 8, 2010

The process has been changed and the process checklist in the Credentialing and Privileging office has been modified to include two efforts to obtain verification of clinical privileges held at other institutions and documented in the Credentialing and Privileging folder.

Recommendation 2. We recommended that PSB meeting minutes reflect sufficient discussion of competency data.

Concur

Target date for completion: Completed December 8, 2010

Expectations have been clarified with Professional Standards Board members to enhance discussion during board meetings. The Quality Manager is now participating as a non-voting member to encourage discussion, clarify PSB member comments, and insure robust capture of discussion in the minutes. Board discussions are being recorded to assist the committee secretary in fully capturing the discussion.

Recommendation 3. We recommended that processes to ensure complete documentation of moderate sedation be fully implemented and monitored for compliance.

Concur

Target date for completion: Ongoing monitoring completion target date: April 15, 2011

This organization was aware of the deficiency and had taken measures to correct, through the implementation of a new policy, documentation template and provider education. The template will guide the provider to complete and document a full assessment. Full documentation will include an airway assessment and organ system assessment immediately prior to the induction of moderate sedation. The Quality Management office will conduct an audit of 60 medical records per month during the

months of January, February, and March to validate 90 percent compliance with VHA Directive and local policy.

Recommendation 4. We recommended that normal test results be consistently communicated to patients within the specified timeframe.

Concur

Target date for completion: Ongoing monitoring completion target date: May 1, 2011

The policy has been revised clarifying provider expectations, which require that normal test results be consistently communicated to patients within 14 days. The Chief of Staff has conducted staff education and reinforced the policy in the Clinical Executive Committee. The Chief of Staff will also reinforce education in all Provider-Service Chief meetings and through electronic messages. The Medical Records Committee will conduct an audit of 200 medical records per month during the months of February, March and April 2011 to validate 90 percent compliance with VHA Directive and local policy.

OIG Contact and Staff Acknowledgments

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