



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

Office of Healthcare Inspections

Report No. 10-03091-88

**Combined Assessment Program
Review of the
Ralph H. Johnson VA Medical Center
Charleston, South Carolina**

February 14, 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

C&P	credentialing and privileging
CAP	Combined Assessment Program
CBOC	community based outpatient clinic
CEB	Clinical Executive Board
CHF	congestive heart failure
CLC	community living center
COC	coordination of care
CT	computed tomography
EOC	environment of care
ER	emergency room
facility	Ralph H. Johnson VA Medical Center
FTE	full-time employee equivalents
FY	fiscal year
IC	infection control
JC	Joint Commission
MDRO	multidrug-resistant organisms
MH	mental health
NUMI	National Utilization Management Integration
OIG	Office of Inspector General
PIC	Performance Improvement Committee
PRC	Peer Review Committee
PRRTP	Psychosocial Residential Rehabilitation Treatment Program
PUMA	physician utilization management advisor
QM	quality management
RCA	root cause analysis
SOPs	standard operating procedures
UM	utilization management
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network

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Executive Summary: Combined Assessment Program Review of the Ralph H. Johnson VA Medical Center, Charleston, SC

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
- Medication Management
- Physician Credentialing and Privileging

Recommendations: We made recommendations in the following three activities:

Management of Multidrug-Resistant Organisms: Ensure employees receive annual multidrug-resistant organism education and that the training is consistently documented.

Management of Test Results: Ensure normal test results are communicated to patients within the specified timeframe.

Quality Management: Ensure medical record reviews include unsigned/uncosigned progress notes and addenda.

Comments

The Acting 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 6, 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 Ralph H. Johnson VA Medical Center*,

Charleston, South Carolina, Report No. 08-00529-112, April 14, 2008). The facility had corrected all findings. (See Appendix B for further details.)

During this review, we also presented crime awareness briefings for 209 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.

Results	
Review Activities With Recommendations	
Management of MDRO	<p>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.</p> <p>We reviewed the facility's IC risk assessment, employee training records, and medical records. We inspected the medical (3BN and 3BS) and medical/surgical (4BN) units and interviewed employees. We did not identify any deficits in either the inspections or staff interviews. However, we identified the following area that needed improvement.</p> <p><u>Employee Training.</u> The JC requires that facilities conduct a risk assessment to determine the need for staff education on MDRO. The facility's most recent risk assessment stated that staff education was indicated for all employees during orientation and annually thereafter. We reviewed 29 employee training records to determine whether MDRO education had been provided in accordance with the risk assessment. We found that only 23 (79 percent) of the records reviewed had documentation of annual MDRO education.</p>
Recommendation	<p>1. We recommended that employees receive annual MDRO education and that the training is consistently documented.</p>

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.¹

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.² We reviewed the medical records of 20 outpatients who had normal results and found that only 10 (50 percent) of the 20 records contained documented evidence that the facility had communicated the results to the patients within the specified timeframe.

Recommendation

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

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.

Medical Record Reviews. VHA requires facilities to conduct medical record reviews that include specific components.³ While medical record reviews had been completed, we found that they did not include all of the required components. We found that the facility did not include reviews of unsigned/uncosigned progress notes and addenda, as required.

Recommendation

3. We recommended that medical record reviews include unsigned/uncosigned progress notes and addenda.

¹ *Healthcare Inspection Summary Review – Evaluation of Veterans Health Administration Procedures for Communicating Abnormal Test Results*, Report No. 01-01965-24, November 25, 2002.

² VHA Directive 2009-019, *Ordering and Reporting Test Results*, March 24, 2009.

³ VHA Handbook 1907.01, *Health Information Management and Health Records*, August 25, 2006.

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 20 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 (3BN and 3BS), medical/surgical (4BN), surgical intensive care, medical intensive care, and MH units; the bronchoscopy/urology procedure room; the urology and primary care clinics; the ER; and the CLC. We also inspected ultrasound, CT, and interventional and general radiology. The facility maintained a generally clean and safe environment. 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.

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 C&P files and profiles and meeting minutes during which discussions about the physicians took place. We determined that the facility had implemented a consistent C&P process that met current requirements. We made no recommendations.

Comments

The Acting VISN and Facility Directors agreed with the CAP review findings and recommendations and provided acceptable improvement plans. (See Appendixes D and E, pages 11–13, for the full text of the Directors' comments.) We will follow up on the planned actions until they are completed.

Facility Profile ⁴		
Type of Organization	Tertiary care medical center	
Complexity Level	1c	
VISN	7	
CBOCs	Myrtle Beach, SC Goose Creek, SC Beaufort, SC Savannah, GA	
Veteran Population in Catchment Area	177,332	
Type and Number of Total Operating Beds:		
• Hospital, including PR RTP	98	
• CLC/Nursing Home Care Unit	20	
• Other	N/A	
Medical School Affiliation(s)	The Medical University of South Carolina, Charleston, SC	
• Number of Residents	82 medical and 2 dental	
	Current FY (through October 2011)	Prior FY (2010)
Resources (in millions):		
• Total Medical Care Budget	\$278.2	\$267.3
• Medical Care Expenditures	N/A	\$266.3
Total Medical Care FTE	1,484	1,465
Workload:		
• Number of Station Level Unique Patients	Data not available	50,240
• Inpatient Days of Care:		
○ Acute Care	1,894	24,171
○ CLC/Nursing Home Care Unit	492	6,704
Hospital Discharges	372	4,721
Total Average Daily Census (including all bed types)	87	91
Cumulative Occupancy Rate (all bed types)	73.6%	72.2%
Outpatient Visits	Data not available	602,048

⁴ 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. Complete peer reviews timely, document rationales for peer review level changes, and present trending analysis data to the CEB and the PIC.	Minutes reflect documentation of rationales for peer review decisions. Data is presented quarterly to the CEB. The facility PIC underwent organizational changes, and the PRC reports to the CEB and executive leadership.	Y	N
2. Ensure clear processes are in place to adequately evaluate events that could potentially require disclosure.	The PRC evaluates events for potential disclosure and documents in PRC minutes.	Y	N
3. Complete RCAs timely.	RCAs are meeting timeliness standards.	Y	N
4. Ensure UM processes comply with VHA policy.	UM processes are in compliance with VHA policy. One exception is that NUMI does not yet support PUMA compliance. This is a national issue.	Y	N
5. Include copying and pasting of notes in medical record reviews.	Facility policy was updated to include copy/paste requirements. The Medical Record Review Committee conducts quarterly reviews.	Y	N

Recommendations	Current Status of Corrective Actions Taken	In Compliance Y/N	Repeat Recommendation? Y/N
Patient Satisfaction			
6. Implement an action plan to improve patient satisfaction that includes measurable goals and assigns responsibility for completion of tasks.	Patient satisfaction is a high-priority goal. A Patient Family Centered Care Committee was convened to address patient satisfaction. In addition, services report at the weekly leadership meeting on their action plans for improvement.	Y	N
Electronic Medical Record Business Rules			
7. Ensure compliance with VHA Handbook 1907.01 and October 2004 Office of Information guidance related to electronic medical records.	The business rules are monitored centrally by the Office of Information and Technology to ensure compliance.	Y	N

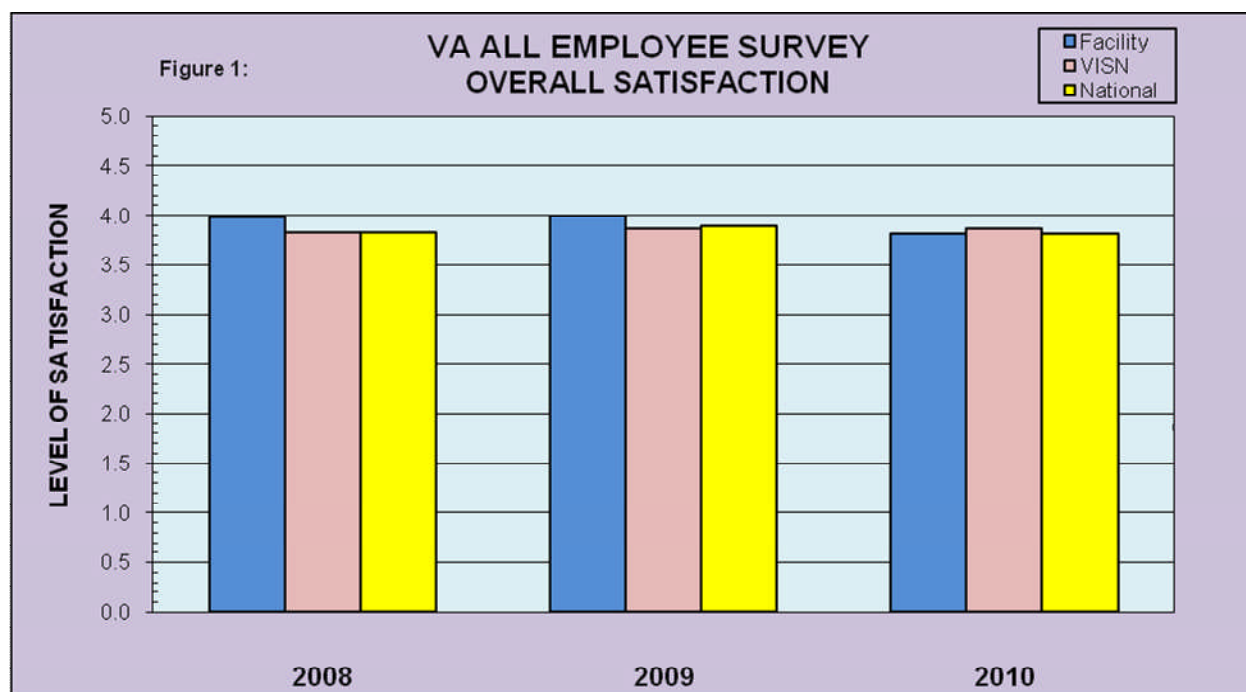
VHA Satisfaction Surveys

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	77.2	67.7	73.0	49.1	53.8	51.8
VISN	67.6	63.8	68.3	52.7	51.7	52.2
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.



Hospital Outcome of Care Measures

Hospital Outcome of Care Measures show what happened after patients with certain conditions⁶ 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	13.82	9.82	15.11	19.34	22.38	15.92
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, your 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 becomes damaged from lack of oxygen. Pneumonia is a serious lung infection that fills your lungs with mucus and causes difficulty breathing, fever, cough, and fatigue.

Acting VISN Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: January 31, 2011

From: Acting Director, VA Southeast Network, VISN 7 (10N7)

Subject: **CAP Review of the Ralph H. Johnson VA Medical Center,
Charleston, SC**

To: Director, Atlanta Office of Healthcare Inspections Division
(54AT)

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

I fully concur and support the recommendations and action plans target date for completion.

(original signed by:)
J. Mark Anderson, FACHE

Facility Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: January 27, 2011

From: Director, Ralph H. Johnson VA Medical Center (534/00)

Subject: **CAP Review of the Ralph H. Johnson VA Medical Center,
Charleston, SC**

To: Director, VA Southeast Network (10N7)

1. I have reviewed the draft report of the Inspector General's Combined Assessment Program (CAP) of the Ralph H. Johnson VA Medical Center. We concur with the findings and recommendations.
2. I appreciate the opportunity for this review as a continuing process to improve the care to our veterans.

(original signed by Scott Isaacks, Associate Director for:)

CAROLYN L. ADAMS

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 employees receive annual MDRO education and that the training is consistently documented.

Concur

Target date for completion: March 31, 2011

The education and training plan has been updated to ensure all designated employees receive the training annually.

Recommendation 2. We recommended that normal test results be consistently communicated to patients within the specified timeframe.

Concur

Target date for completion: May 1, 2011

The facility processes have been reviewed and plans for improvement are being developed with the Clinical Leaders. To facilitate notification of normal radiology test results, communications have been initiated with the project manager for VISTA RAD to determine capabilities of generating patient letters from the dictation system. Once processes are defined, the results will be audited by QM and the Medical Records Review Committee to ensure compliance.

Recommendation 3. We recommended that medical record reviews include unsigned/uncosigned progress notes and addenda.

Concur

Target date for completion: March 1, 2011

A plan for improvement has been developed and will be presented to the Medical Records Review Committee in February for approval and implementation.

OIG Contact and Staff Acknowledgments

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Contributors	Karen Sutton, Team Leader Victoria Coates Tishanna McCutchen Susan Zarter Paul Lee, Columbia Office of Investigations

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