



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

Office of Healthcare Inspections

Report No. 11-02080-286

**Combined Assessment Program
Review of the
Alaska VA Healthcare System
Anchorage, Alaska**

September 21, 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
facility	Alaska VA Healthcare System
FY	fiscal year
OIG	Office of Inspector General
QM	quality management
RN	registered nurse
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network

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Executive Summary: Combined Assessment Program Review of the Alaska VA Healthcare System, Anchorage, AK

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 July 18, 2011.

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

- Continuity of Care
- Environment of Care
- Management of Workplace Violence
- Quality Management
- Registered Nurse Competencies

The facility's reported accomplishments were the development and implementation of a database dashboard to measure and monitor the facility's clinical and business performance and the joint venture utilization management program with the 673rd Medical Group hospital.

Recommendation: We made a recommendation for the following activity:

Physician Credentialing and Privileging:
Ensure that provider privileges are facility and setting specific.

Comments

The Veterans Integrated Service Network and Facility Directors agreed with the Combined Assessment

Program review finding and recommendation and provided an acceptable improvement plan. We will follow up on the planned action until it is completed.



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 six activities:

- Continuity of Care
- Environment of Care
- Management of Workplace Violence
- Physician C&P
- QM
- RN Competencies

The review covered facility operations for FY 2010 and FY 2011 through July 21, 2011, and was done in accordance with OIG standard operating procedures for CAP reviews. We also followed up on selected recommendations from our prior CAP review of the facility (*Combined Assessment Program Review of the Alaska VA Healthcare System, Anchorage, Alaska*, Report No. 08-01459-174,

July 31, 2008). The facility had corrected all findings. (See Appendix B for further details.)

During this review, we also presented crime awareness briefings for 75 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 one recommendation for improvement. A recommendation pertains to an issue that is significant enough to be monitored by the OIG until corrective actions are implemented.

Reported Accomplishments

Data Dashboard

The facility developed and implemented a dashboard that allows the user to measure and monitor the effectiveness of clinical and business performance across the facility. This dashboard is an effective tool for monitoring performance measures; program compliance; regulatory requirements; committee performance; and other process improvement activities, such as generating focused reviews. The dashboard includes a data timeline, links to source references for measuring and monitoring, narrative fields, and action plan templates. Analyses (yearly, quarterly, and current) are readily available to the user. The dashboard is posted on the facility's intranet site and may be accessed by all staff.

Joint Venture Utilization Management

Using a systems redesign approach, the facility worked with the 673rd Medical Group hospital to enhance a basic utilization management program. Program enhancements bridged the continuum of care from admission and discharge to the first post-hospital care outpatient visit.

The program redesign included admission and discharge templates. The templates provide specific and concise information in the electronic medical record that notify the primary care team of the veteran's inpatient admission, discharge plans, post-discharge follow-up calls, and post-hospital appointments. Providers can now more easily identify potential adverse issues related to medication management and discharge follow-up orders. The redesign also assists with utilization management and primary care roles and responsibilities at discharge and with post-hospital instruction clarification.

Results

Review Activity With Recommendation

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 12 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.

Facility and Setting-Specific Criteria. VHA requires that privileges be facility and setting specific.¹ Privileges may only be granted within the scope of the medical facility mission and the setting in which care is delivered. We found that 3 of the 12 physicians' privileges exceeded the scope of the medical facility mission and the setting in which the care was delivered. For example, two clinic physicians were granted privileges to perform endotracheal tube placement although that procedure was not performed at the clinic.

Recommendation

1. We recommended that provider privileges be facility and setting specific.

Review Activities Without Recommendations

Continuity of Care

The purpose of this review was to determine whether communication between community hospitals and the facility occurred when facility patients were hospitalized in the community. Such communication is essential to continuity of care and optimal patient outcomes. In addition, we looked for evidence to determine whether primary care providers acknowledged and documented patient hospitalizations.

We reviewed the medical records of 20 facility patients who were hospitalized at VA expense in the local community from May 2010 through April 2011. We determined that the facility generally met requirements. We made no recommendations.

Environment of Care

The purpose of this review was to determine whether the facility maintained a safe and clean health care environment in accordance with applicable requirements and whether the facility's domiciliary was in compliance with selected Mental

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

Health Residential Rehabilitation Treatment Program requirements.

We inspected the radiology unit, the primary care and dental clinics, the pre-operative and recovery areas of same day surgery, and the domiciliary. The facility maintained a generally clean and safe environment, and the domiciliary complied with selected requirements. We made no recommendations.

Management of Workplace Violence

The purpose of this review was to determine whether VHA facilities issued and complied with comprehensive policy regarding violent incidents and provided required training.

We reviewed the facility's policy and training plan. Although the facility did not have any incidents of assault in the past 2 years, it did have a comprehensive workplace violence policy. The training plan addressed the required prevention and management of disruptive behavior training. We made no recommendations.

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. The QM program was generally compliant with requirements, and senior managers supported the program. We made no recommendations.

RN Competencies

The purpose of this review was to determine whether the facility had an adequate RN competency assessment and validation process.

We reviewed facility policy, interviewed the Associate Director of Patient/Nursing Services, and reviewed initial and ongoing competency assessment and validation documents for RNs. We determined that the facility had established an effective process to ensure that RN competencies were assessed and validated and that actions were taken when deficiencies were identified. We made no recommendations.

Comments

The VISN and Facility Directors agreed with the CAP review finding and recommendation and provided an acceptable improvement plan. (See Appendixes D and E, pages 9–11, for the full text of the Directors' comments.) We will follow up on the planned action until it is completed.

Facility Profile²		
Type of Organization	Ambulatory care facility	
Complexity Level	3	
VISN	20	
Community Based Outpatient Clinics	Fairbanks, AK Kenai, AK Mat-Su, AK	
Veteran Population in Catchment Area	77,022	
Type and Number of Total Operating Beds:	50 Domiciliary Residential Rehabilitation Treatment Program beds	
• Hospital, including Psychosocial Residential Rehabilitation Treatment Program		
• Community Living Center/Nursing Home Care Unit	0	
• Other	0	
Medical School Affiliation(s)	None	
• Number of Residents	0	
	FY 2011 (through March 2011)	Prior FY (2010)
Resources (in millions):		
• Total Medical Care Budget	\$138.6	\$146.2
• Medical Care Expenditures	\$95.5	\$150.6
Total Medical Care Full-Time Employee Equivalents	546	529
Workload:		
• Number of Station Level Unique Patients	13,750	15,455
• Inpatient Days of Care:		
○ Acute Care	N/A	N/A
○ Community Living Center/Nursing Home Care Unit	N/A	N/A
Hospital Discharges	N/A	N/A
Total Average Daily Census (including all bed types)	36.6	39.3
Cumulative Occupancy Rate (in percent)	85.45	81.45
Outpatient Visits	82,684	158,249

² 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 provider profiles consistently include adequate data to review performance and competence.	Provider profiles have been developed that include criteria for monitoring adequate data for consistent review of performance and competence. Compliance for Ongoing Professional Practice Evaluation is monitored and reported through the Executive Committee of the Medical Staff.	Y	N
Environment of Care			
2. Ensure that responsible managers conduct the required missing patient drills and that the new missing patient policy complies with VHA requirements.	A policy was developed after the CAP review and has been implemented and maintained.	Y	N

VHA Satisfaction Surveys

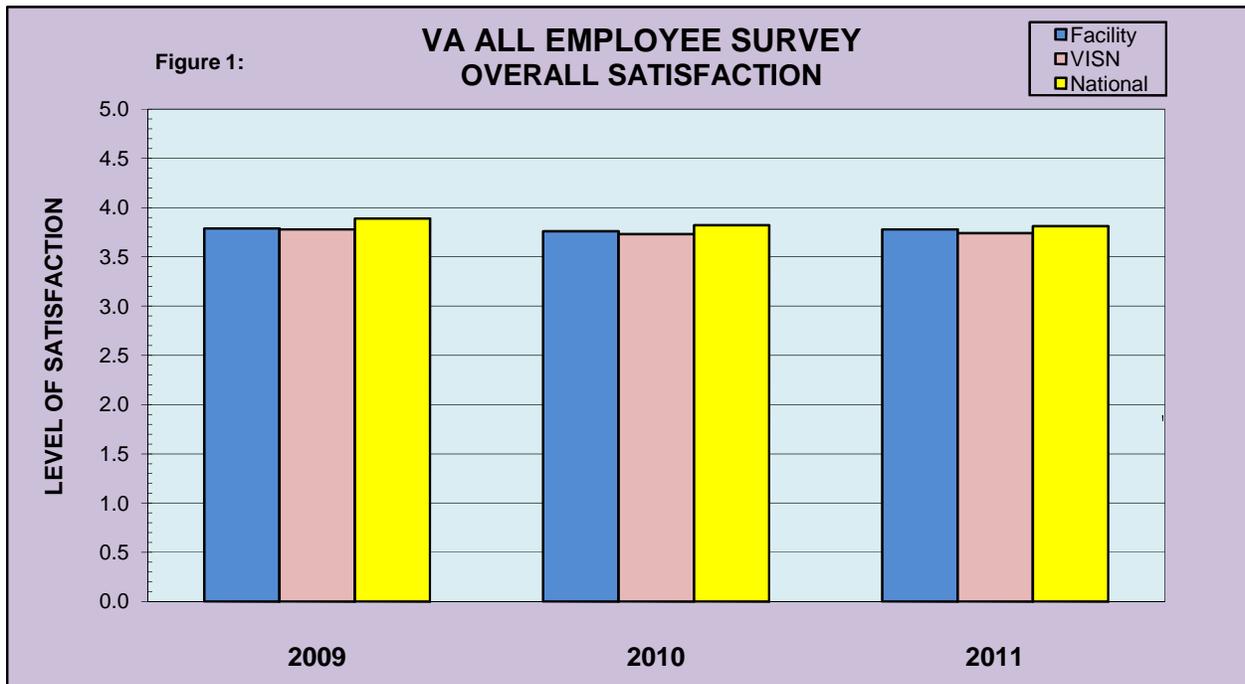
VHA has identified patient and employee satisfaction scores as significant indicators of facility performance. Patients are surveyed monthly. Table 1 below shows facility, VISN, and VHA overall inpatient and outpatient satisfaction scores and targets for quarters 3 and 4 of FY 2010 and quarters 1 and 2 of FY 2011.

Table 1

	FY 2010			FY 2011		
	Inpatient Score Quarters 3-4	Outpatient Score Quarter 3	Outpatient Score Quarter 4	Inpatient Score Quarters 1-2	Outpatient Score Quarter 1	Outpatient Score Quarter 2
Facility	*	50.8	54.9	*	55.0	43.8
VISN	67.2	50.0	50.1	61.6	49.4	47.6
VHA	64.1	54.8	54.4	63.9	55.9	55.3

* Facility does not provide inpatient care.

Employees are surveyed annually. Figure 1 below shows the facility's overall employee scores for 2009, 2010, and 2011. Because no target scores have been designated for employee satisfaction, VISN and national scores are included for comparison.



VISN Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: August 26, 2011

From: Director, Northwest Network (10N20)

Subject: **CAP Review of the Alaska VA Healthcare System,
Anchorage, AK**

To: Director, Denver Office of Healthcare Inspections (54DV)
Director, Management Review Service (VHA 10A4A4
Management Review)

Thank you for the opportunity to provide a status report on follow-up to the findings from the Combined Assessment Program Review of the Alaska VA Healthcare System, Anchorage, AK.

Attached please find the facility concurrence and response to the finding from the review.

If you have additional questions or need further information, please contact Susan Gilbert, Survey Coordinator, VISN 20 at (360) 567-4678.

(original signed by:)
Susan Pendergrass, DrPH

Facility Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: September 1, 2011

From: Director, Alaska VA Healthcare System (463/00)

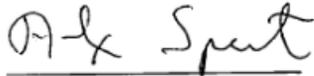
Subject: **CAP Review of the Alaska VA Healthcare System,
Anchorage, AK**

To: Director, Northwest Network (10N20)

Thank you for the thorough Combined Assessment Program Review of the Alaska VA Healthcare System, Anchorage, AK.

We have reviewed and concur with the finding. Please see attached response.

If you have any questions, please contact John Dee, Chief, Quality Management, at (907) 257-5445.



Alex Spector
Director

Comments to Office of Inspector General's Report

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

OIG Recommendation

Recommendation 1. We recommended that provider privileges be facility and setting specific.

Concur

Target date for completion: August 31, 2011

1. The header on all privilege delineation forms will be changed to Alaska VA Healthcare System, effective immediately. CBOCs will be lined out of the header on all active privilege forms. All new and renewed forms will have the new header.
2. The Medical Executive Board (MEB) has approved revision of all privilege delineation forms so that they clearly indicate the settings (location) where each core privilege may be performed. All privilege forms will be updated as needed by August 31, 2011.

OIG Contact and Staff Acknowledgments

Contact	For more information about this report, please contact the Office of Inspector General at (202) 461-4720.
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