



# Department of Veterans Affairs Office of Inspector General

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## Healthcare Inspection

### Self-Administered Rescue Medications Specialized Inpatient Stress Disorders Unit VA Eastern Kansas Health Care System Topeka, Kansas

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## Executive Summary

The VA Office of Inspector General (OIG) Office of Healthcare Inspections conducted a review to determine the validity of allegations that a complainant made to the OIG Hotline Division. The complainant alleged that the local policy on medication management, specifically rescue medications (medications that relieve symptoms immediately), was inappropriate and unsafe for the Specialized Inpatient Stress Disorders Unit (SIPU) patient population at the VA Eastern Kansas Health Care System, Topeka, KS. The purpose of this review was to evaluate whether the current medication management policy posed potential risk for patients who need rescue medications when they leave the SIPU. The complainant identified rescue medications as nitroglycerin, asthma inhalers, and epinephrine pens.

The SIPU is part of the Colmery-O'Neal VA Medical Center (the facility), Topeka, KS and is a 7-week inpatient program for veterans with post-traumatic stress disorder and other stress-related disorders. This 24-bed unit is designed to help veterans deal more effectively with traumatic experiences that occurred during their military service. The SIPU adheres to facility-wide policies appropriate for inpatient units. However, the program provides a variety of therapies both in the facility and in the community. The facility policy requires that all inpatients, including SIPU patients, relinquish every medication upon admission.

The complainant reported that patients are “at risk for heart attack and death” without immediate access to rescue medications because they are not allowed to carry these medications with them when they leave the unit. The complainant reported that managers had been notified of these concerns.

We substantiated that the current facility policy does not allow patients to carry rescue medications when they leave the unit. SIPU staff identified this as a problem and took steps to implement a process that allows patients to carry rescue medications when they leave the unit. However, the written facility policy does not reflect the current process. We found no patients who had adverse outcomes due to lack of access to rescue medications.

The Veterans Integrated Service Network and Facility Directors concurred with our recommendation to develop a formal, written SIPU-specific policy that includes procedures for administering rescue medications. The action taken is acceptable and we consider the recommendation closed.



**DEPARTMENT OF VETERANS AFFAIRS**  
**Office of Inspector General**  
**Washington, DC 20420**

**TO:** Director, VA Heartland Network (10N15)

**SUBJECT:** Healthcare Inspection – Self-Administered Rescue Medications, Specialized Inpatient Stress Disorders Unit, VA Eastern Kansas Health Care System, Topeka, Kansas

## **Purpose**

The VA Office of Inspector General (OIG) Office of Healthcare Inspections conducted a review to determine the validity of allegations that a complainant made to the OIG Hotline Division. The complainant alleged that the local policy on medication management, specifically rescue medications,<sup>1</sup> was inappropriate and unsafe for the Specialized Inpatient Stress Disorders Unit (SIPU) patient population at the VA Eastern Kansas Health Care System (the system), Topeka, KS. The purpose of this review was to evaluate whether the current medication management policy posed potential risk for patients who need rescue medications when they leave the SIPU.

## **Background**

The system is comprised of two medical centers located in Topeka (the facility) and Leavenworth, KS. The system provides inpatient and outpatient medical, surgical, mental health, geriatric, and rehabilitative services. It operates 197 hospital beds, 138 community living center beds, and 202 domiciliary beds. The system is part of Veterans Integrated Service Network (VISN) 15.

The SIPU is a 7-week inpatient program for veterans with post-traumatic stress disorder and other stress-related disorders. This 24-bed unit is designed to help veterans deal more effectively with traumatic experiences that occurred during their military service. At present, there are five SIPUs within Veterans Health Administration (VHA). The SIPU adheres to facility-wide policies appropriate for inpatient units. However, the program provides a variety of therapies both in the facility and in the community. The

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<sup>1</sup> Rescue medications are intended to relieve symptoms immediately. This is in contrast to preventive medications, which are taken over a long period of time to prevent or manage symptoms.

facility's policy requires that all inpatients, including SIPU patients, relinquish every medication upon admission.

The complainant specifically reported that patients are "at risk for heart attack and death" without immediate access to rescue medications because they are not allowed to carry these medications with them when they leave the unit. The complainant identified the following as rescue medications: nitroglycerin, asthma inhalers, and epinephrine pens. The complainant reported that managers had been notified of these concerns.

## Scope and Methodology

We reviewed VHA Directives, facility policies and procedures, quality management documents, committee minutes, SIPU program documents, and medical record documentation. We conducted telephone interviews with the complainant, system leadership, SIPU managers, quality management, and pharmacy staff.

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.

## Inspection Results

### Issue: Continuous Patient Access to Rescue Medications

We substantiated that the current formal facility policy does not allow patients to carry rescue medications with them when they leave the unit. SIPU staff identified this as a problem and took steps to implement a process that allows patients to carry rescue medications with them when they leave the SIPU. We did not find evidence that any patients had experienced negative outcomes. The formal written facility policy does not reflect the current medication administration process on the SIPU.

The SIPU has been in operation for over 20 years and had used a self-medication process in the past that allowed patients to keep their medications in locked bedside lockers. Patients would turn in all medications at admission, and the pharmacy would provide them a new prescription every 7 days while they were in the SIPU.

When a new SIPU nurse manager was hired 2 years ago, the self-medication program was discontinued and replaced with a totally nurse-administered medication program. Nursing service provided additional staff to administer all medications, and pharmacy service provided a unit dose machine to support the change in distribution of medications. Under the nurse-administered medication program, patients turn in all medications at admission, the physician assistant writes orders for medications, the pharmacy fills them and dispenses medication as a unit dose, and the nurse administers the medication dose.

In October 2010, after the new nurse manager made the changes, staff identified a problem with the new practice. A patient asked a nurse for a refill of his outpatient sublingual nitroglycerin (medication used for chest pain) because he ran out of this medication and would be leaving the facility for a community activity and may need it. Reportedly, this patient had not relinquished his nitroglycerin at the time of admission. The nurse was unsure how to provide the rescue medication for this patient and called the pharmacy. Pharmacy informed the nurse that they could not refill an outpatient prescription while the patient was an inpatient. In addition, the nurse was told that she could not give the patient the unit dose bottle of nitroglycerin to take with him when at the community activity. The only way for this patient to receive nitroglycerin was if he notified the nurse that he was having chest pain, then the nurse could administer the rescue medication.

As a result, staff became aware that the newly implemented nurse-administered medication program did not account for those situations where patients leave the unit and need to have rescue medications available, if needed. SIPU staff communicated these concerns to facility leadership and implemented a change in practice until a written policy could be formally implemented. The physician assistant now assesses the patient to determine which medications are appropriate for the patient to self-administer and writes an order to nursing staff that allows the patient to keep rescue medications with them when off the unit or locked in the bedside locker. Although the practice has changed to meet the patients' needs, the facility policy does not reflect the new process. The formal written policy remains that all medications are totally nurse-administered.

## **Conclusion**

At the time of the allegation, a formal written policy was not in place to provide patients access to rescue medications when attending activities off the unit. However, we did not find any patients who had adverse outcomes as a result. The informal change in practice provides a work-around that facilitates patient access to rescue medications while off the unit. However, in the absence of a formal written change in policy, nursing staff are placed in a position whereby they are technically dispensing medications when they give patients a 7-day supply of rescue medications.

The Facility Director and Chief of Staff were aware of the changes in medication administration and agreed that the policy needed to be revised to reflect the actual practice on the unit. They had referred the issue to the appropriate committee for action. At the time of our review, the committee had not yet revised the written policy.

## **Recommendation**

We recommended that the facility develop a formal, written SIPU-specific policy that includes procedures for administering rescue medications.

## Comments

The VISN and Facility Directors concurred with the inspection results (see Appendixes A and B, pages 5–7, for the full text of their comments and completed action). The action taken is acceptable and we consider the recommendation closed.

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

## VISN Director Comments

**Department of  
Veterans Affairs**

**Memorandum**

**Date:** April 5, 2011

**From:** Director, VA Heartland Network (10N15)

**Subject:** **Healthcare Inspection – Self-Administered Rescue Medications,  
VA Eastern Kansas Health Care System, Topeka, Kansas**

**To:** Director, Kansas City Office of Healthcare Inspections (54KC)

**Thru:** Director, Management Review Service (10B5)

Concur with OIG review and recommendation. The action plan was completed on March 24, 2011.

*(original signed by:)*

JAMES R. FLOYD, FACHE

Director, VA Heartland Network (10N15)

## System Director Comments

**Department of  
Veterans Affairs**

**Memorandum**

**Date:** April 4, 2011

**From:** Director, VA Eastern Kansas Health Care System (589A5/00)

**Subject: Healthcare Inspection – Self-Administered Rescue Medications,  
VA Eastern Kansas Health Care System, Topeka, Kansas**

**To:** Director, VA Heartland Network (10N15)

Concur with OIG review and recommendation. The action plan was completed on March 24, 2011.



JUDY K. MCKEE, FACHE  
Director, VA Eastern Kansas Health Care System (589/A5)

**Director's Comments  
to Office of Inspector General's Report**

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

**OIG Recommendation**

**Recommendation.** We recommended that the facility develop a written SIPU-specific self-medication policy that includes procedures for administering rescue medications.

**Concur      Recommend Closure**

**Facility's Response:**

Facility developed a policy for Medications For Self-Administration On The Stress Disorder Treatment Program on March 24, 2011.

## **OIG Contact and Staff Acknowledgments**

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OIG Contact	Dorothy Duncan, RN, Director Kansas City Office of Healthcare Inspections
Acknowledgments	Jennifer Kubiak, RN, Team Leader Michael Shepherd, MD Laura Tovar, LCSW Jennifer Whitehead

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## Report Distribution

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