



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

Office of Healthcare Inspections

Report No. 11-01605-279

**Combined Assessment Program
Review of the
Lebanon VA Medical Center
Lebanon, Pennsylvania**

September 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
COC	coordination of care
DC	discharge
EN	enteral nutrition
EOC	environment of care
facility	Lebanon VA Medical Center
FY	fiscal year
OIG	Office of Inspector General
QM	quality management
RN	registered nurse
RRTP	residential rehabilitation treatment program
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network

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Executive Summary: Combined Assessment Program Review of the Lebanon VA Medical Center, Lebanon, PA

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 11, 2011.

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

- Coordination of Care
- Enteral Nutrition Safety
- Management of Workplace Violence
- Physician Credentialing and Privileging
- Quality Management

The facility's reported accomplishments were the redesign of the quality management program into a fully integrated program and the development of an Office of Care Coordination.

Recommendations: We made recommendations in the following three activities:

Medication Management: Ensure that gloves are worn during all phases of chemotherapy compounding and that chemotherapy preparations are confined to the bio-safety cabinet until sealed inside a containment bag.

Environment of Care: Complete and monitor N95 respirator fit testing.

Registered Nurse Competencies: Ensure that unit/position competency validation documentation is complete.

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.



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 eight activities:

- COC
- EN Safety
- EOC
- Management of Workplace Violence
- Medication Management
- Physician C&P
- QM
- RN Competencies

The review covered facility operations for FY 2010 and FY 2011 through July 11, 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 Lebanon VA Medical Center*,

Lebanon, Pennsylvania, Report No. 08-03275-71, February 19, 2009). The facility had corrected all findings. (See Appendix B for further details.)

During this review, we also presented crime awareness briefings for 139 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

QM Redesign The facility transformed and redesigned the QM program into a highly organized, system-based approach, which is fully integrated across all programs and throughout all levels within the organization. QM staff are now members of all care line Performance Excellence Councils to ensure accurate and timely communication of quality improvement initiatives and issues.

Office of Care Coordination Using systems redesign principles, the facility developed the Office of Care Coordination to manage all aspects of patient transfer, inpatient utilization, admission, and non-VA care coordination. Positive outcomes include reduced bed days of care and improved admission and continued stay utilization rates. Additionally, the facility reduced non-VA costs by \$4.5 million compared to the previous FY (FY 2010).

Results

Review Activities With 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 identified the following areas that needed improvement.

Personal Protective Equipment. The American Society of Health-System Pharmacists specifies the necessary personal protective equipment needed for the preparation, transport, and administration of chemotherapy medications. We found that staff did not wear gloves when retrieving vials and other supplies required for compounding chemotherapeutic agents.

Safe Work Practices. The American Society of Health-System Pharmacists requires staff to keep chemotherapy preparations inside the bio-safety cabinet when labeling and preparing for transport. We observed a finished chemotherapy preparation being labeled and placed into a sealable containment bag outside the bio-safety cabinet.

Recommendations

1. We recommended that staff wear gloves during all phases of chemotherapy compounding.
2. We recommended that staff confine chemotherapy preparations to the bio-safety cabinet until after the preparations are sealed inside a containment bag.

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 and whether the facility's RRTPs were in compliance with selected mental health RRTP requirements.

We inspected the emergency, podiatry, and dental departments and the post-anesthesia care (same day surgery) and medical-surgical (1-2A, 1-5A, 1-3A, and 1-3B) units. We also inspected the general and substance abuse RRTP units. The facility maintained a generally clean and safe environment. However, we identified the following condition that needed improvement.

Infection Control. If facilities use N95 respirators, the Occupational Safety and Health Administration requires that designated employees are fit tested annually. We reviewed 22 employee training records and determined that 6 designated employees did not have the required annual fit testing.

Recommendation

3. We recommended that annual N95 respirator fit testing be completed and that compliance be monitored.

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 nurse managers, and reviewed initial and ongoing competency assessment and validation documents for 12 RNs. We identified the following area that needed improvement.

Competency Validation Documentation. The Joint Commission requires that nursing personnel are competent to perform their responsibilities. Core competencies, such as medication administration, are skills required for all RNs. Unit/position competencies are specific to a particular area of patient care, such as an intensive care unit. Two of the 12 selected RN competency folders did not contain sufficient evidence that unit/position-specific competencies had been validated.

Recommendation

4. We recommended that processes be strengthened to ensure that unit/position competency validation documentation is complete.

Review Activities Without Recommendations

COC

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

We reviewed patients' medical records and the facility's advance care planning policy and determined that the facility generally met VHA requirements. We made no recommendations.

EN Safety

The purpose of this review was to evaluate whether the facility established safe and effective EN procedures and practices in accordance with applicable requirements.

We reviewed policies and documents related to EN and patients' medical records. We also inspected areas where EN products were stored while conducting the EOC review, and we interviewed key employees. We determined that the facility generally met EN safety 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. Additionally, we selected three assaults that occurred at the facility within the past 2 years, discussed them with managers, and reviewed applicable documents. The facility had a comprehensive workplace violence policy and managed the assaults in accordance with policy. The training plan addressed the required prevention and management of disruptive behavior training. 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.

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.

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 consider Recommendations 1 and 2 closed. We will follow up on the planned actions for the open recommendations until they are completed.

Facility Profile¹		
Type of Organization	Primary and secondary health care facility	
Complexity Level	2	
VISN	4	
Community Based Outpatient Clinics	Pottsville, PA Reading, PA York, PA Lancaster, PA Camp Hill, PA Frackville, PA	
Veteran Population in Catchment Area	200,000	
Type and Number of Total Operating Beds:		
• Hospital, including Psychosocial RRTP	193	
• Community Living Center/Nursing Home Care Unit	81	
• Other	0	
Medical School Affiliation(s)	The Pennsylvania State University	
• Number of Residents	25.2	
	FY 2011 (through March 2011)	Prior FY (2010)
Resources (in millions):		
• Total Medical Care Budget	\$218.4	\$219.3
• Medical Care Expenditures	\$117.4	\$211.8
Total Medical Care Full-Time Employee Equivalents	1,326	1,335
Workload:		
• Number of Station Level Unique Patients	35,619	44,929
• Inpatient Days of Care:		
○ Acute Care	5,789	13,456
○ Community Living Center/Nursing Home Care Unit	10,953	25,719
Hospital DCs	1,439	3,685
Total Average Daily Census (including all bed types)	162	158
Cumulative Occupancy Rate (in percent)	71.2	71.8
Outpatient Visits	177,388	454,685

¹ 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
COC			
1. Ensure that DC instructions are consistent with DC summaries.	Corrective Actions Taken: The summary is dictated and transcribed, and providers include the medication list from the DC instruction sheet when they review and authenticate the summary.	Y	N
EOC			
2. Ensure that the Multidisciplinary Safety Inspection Team has all required disciplines represented and that the team members receive the required annual environmental hazards training.	All Multidisciplinary Safety Inspection Team members completed the required annual training in 2009 and 2010. A non-behavioral health nurse manager has been added to the Multidisciplinary Safety Inspection Team.	Y	N
3. Require annual fire safety inspections of all community based outpatient clinics.	The annual safety inspections were completed in 2009 and 2010.	Y	N
Medication Management			
4. Document pain reassessments within the appropriate timeframe, and monitor compliance.	Facility staff have been educated on the use of the Bar Code Medication Administration medication reassessment actual time field. The Bar Code Medication Administration educational curriculum for new employees has been updated to include this documentation.	Y	N

Physician C&P			
<p>5. Verify appropriate out-of-operating room airway management credentials prior to granting provider privileges.</p>	<p>The facility modified the competency process to ensure compliance with VHA policy by:</p> <ul style="list-style-type: none"> • Developing an educational syllabus of required elements • Providing training to all emergency department physicians • Developing a schedule for demonstration of skills • Conducting skills demonstration to validate competency • Implementing communication between the credentialing coordinator and chief physician of the emergency department to ensure ongoing and timely competency re-assessment 	<p>Y</p>	<p>N</p>

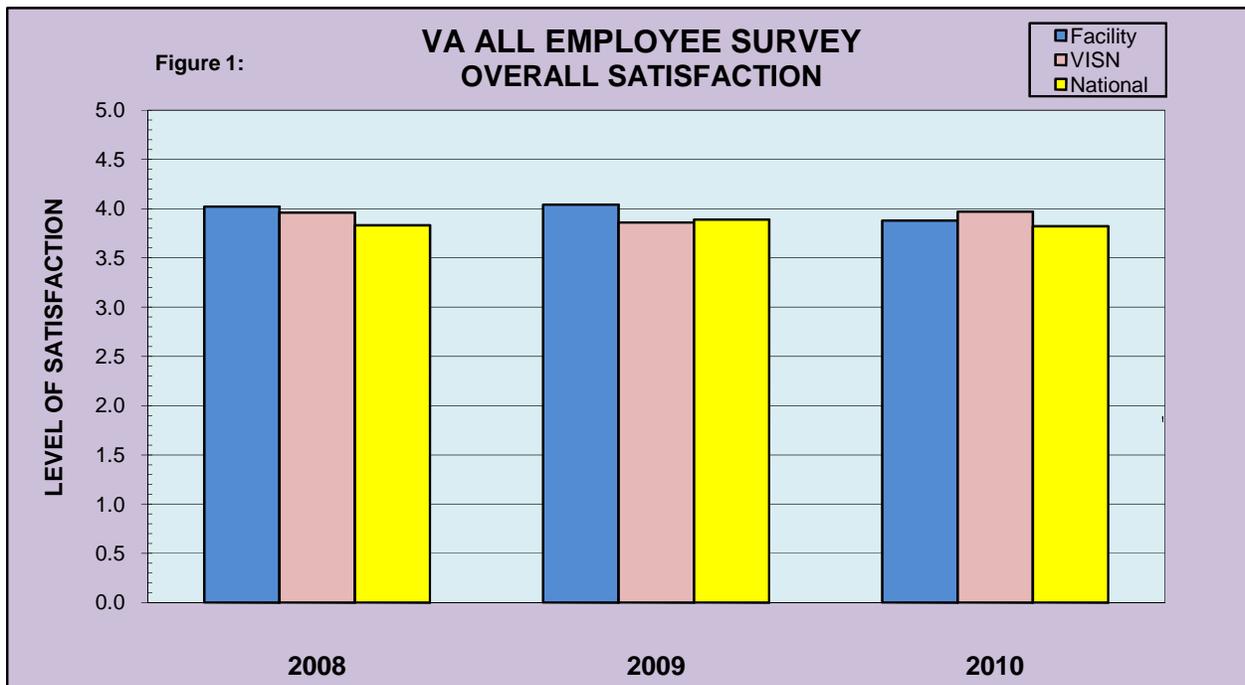
VHA Satisfaction Surveys

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	75.4	68.8	66.0	72.2	67.7	63.6
VISN	64.2	60.1	61.8	63.6	63.9	59.2
VHA	64.1	54.8	54.4	63.9	55.9	55.3

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 conditions² 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	Congestive Heart Failure	Pneumonia	Heart Attack	Congestive Heart Failure	Pneumonia
Facility	14.92	10.52	15.60	20.21	21.27	15.70
VHA	13.31	9.73	15.08	20.57	21.71	15.85

² Congestive heart failure 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.

VISN Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: August 19, 2011

From: Network Director, VA Healthcare – VISN 4 (10N4)

Subject: **CAP Review of the Lebanon VA Medical Center,
Lebanon, PA**

To: Linda Lutes, Director, Management Review Service,
(VHA 10A4A4)
Office of Inspector General (54BA)

1. I have reviewed the responses provided by the Lebanon VA Medical Center and I am submitting it to your office as requested. I concur with all responses.
2. If you have any questions or require any additional information, please contact Barbara Forsha, VISN 4 Quality Manager Officer at 412-822-3290.

(original signed by:)

MICHAEL E. MORELAND, FACHE

Attachment

Facility Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: August 19, 2011
From: Director, Lebanon VA Medical Center (595/00)
Subject: **CAP Review of the Lebanon VA Medical Center,
Lebanon, PA**
To: Director, VISN 4 (10N4)

On behalf of the Lebanon VA Medical Center, I want to express my appreciation to the Office of Inspector General (OIG) Office of Healthcare Inspections for the Combined Assessment Program review of the Lebanon campus, conducted July 11–15, 2011.

The attached provides comment to the reported findings and outlines the actions taken by the staff of the Lebanon VA Medical Center in response to the OIG recommendations.

(original signed by:)

ROBERT W. CALLAHAN, JR.

Director

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 gloves are worn during all phases of chemotherapy compounding.

Concur with the findings and recommendations.

Target date for completion: Completed August 12, 2011

Facility Response: Since the completion of the OIG CAP Review, all pharmacy staff involved in chemotherapy preparation have been instructed on the use of gloves during all phases of chemotherapy compounding.

Recommendation 2. We recommended that staff confine chemotherapy preparations to the bio-safety cabinet until after the preparations are sealed inside a containment bag.

Concur with the findings and recommendations.

Target date for completion: Completed August 12, 2011

Facility Response: Since the completion of the OIG CAP Review, all pharmacy staff involved in chemotherapy preparation have been instructed on keeping preparations confined to the bio-safety cabinet until sealed inside a containment bag.

Recommendation 3. We recommended that annual N95 respirator fit testing be completed and that compliance be monitored.

Concur with the findings and recommendations.

Target date for completion: All outstanding fit testing will be completed by September 1, 2011. Compliance monitoring will proceed through the first 6 months of FY12, with a target date of March 30, 2012, to ensure demonstration of substantial compliance.

Facility Response: Supervisors have been notified of all staff that hold current N-95 fit testing. Supervisors will review the list and initiate fit testing requests as needed. The Safety Office will maintain a database of staff that has been identified through their supervisors, who require N-95 fit testing. The Safety Office will notify supervisory staff and employee within 45 days of annual retesting due date. If the employee has not completed fit testing within 15 days of annual retesting due date, the Safety Office will notify Human Resources, the employee's supervisor and the employee of the nearing

annual retesting due date. Failure to comply with fit testing will result in the employee not having competencies to wear the N95 respirator. The area supervisors are responsible for ongoing monitoring of staff compliance with work area requirements related to N-95 utilization.

Recommendation 4. We recommended that processes be strengthened to ensure that unit/position competency validation documentation is complete.

Concur with the findings and recommendations.

Target date for completion: Nurse Manager education to be completed by September 1, 2011.

Facility Response: The competency validation process will be completed prior to the employee completing unit orientation. This process will ensure that all RN competencies are assessed and completed during initial orientation rather than upon independent unit assignment. The ICU Nurse Manager is responsible for ensuring that all new employee competencies are completed during the orientation process. The Nurse Manager will verify completion of competencies of all new employees before individuals are allowed to work independently.

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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