



Department of Veterans Affairs Office of Inspector General

Healthcare Inspection

Patient Care and Staffing Issues Physical Medicine and Rehabilitation Service Kansas City VA Medical Center Kansas City, Missouri

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Executive Summary

The purpose of the review was to determine the validity of allegations made by a complainant who alleged that budget constraints had caused decreased staffing levels resulting in delays in treatment and inadequate clinical care for Physical Medicine and Rehabilitation Service (PM&RS) and Spinal Cord Injury (SCI) patients at the medical center. The complainant alleged that the lack of a full-time SCI Coordinator resulted in delays in treatment and inadequate care for SCI patients, occupational therapy (OT) staffing deficiencies resulted in unanswered consultation requests, Orthopedic surgeons were not co-signing physical therapy (PT) treatment plans, and verified radiology results were not available to physicians in a timely manner.

We found the medical center did not have a full-time SCI Coordinator, as required for current workload. Although the SCI Coordinator position is filled, that person spends only an estimated 30 percent of time on SCI duties and has not received VHA required training. We did not substantiate that this resulted in delays in treatment or inadequate care for SCI patients because other staff members have assumed additional responsibilities to prevent patient care problems. We substantiated the allegation that there were unanswered OT consultation requests. From September 2004–April 2005, there were 440 unanswered inpatient consultations because patients were discharged before a therapist could respond. We substantiated the allegation that Orthopedic surgeons were not co-signing PT treatment plans and that PT staff had to cancel treatments as a result. We did not substantiate the allegation that unverified radiology reports caused delays in treatment for the two patients the complainant provided for our review. While we found there were delays in entering the reports in the computerized record system, physicians were aware of results and treated the patients accordingly.

The SCI Advisory Board was not meeting annually, as required by medical center policy. We also determined that PM&RS staff were not completing Functional Independence Measure (FIM) Assessment Scores according to Veterans Health Administration requirements. OT staff assigned FIM scores based on medical record documentation after patients were discharged rather than physical assessment.

We recommended that: (1) the medical center complies with VHA Handbook 1176.1 and makes the SCI Coordinator a full-time position, (2) OT staff is sufficient to meet workload demands for consultations and documentation requirements related to FIM scores, (3) Orthopedic surgeons co-sign PT treatment plans as required, and (4) the SCI Community Advisory Board meet in accordance with medical center policy. The Veterans Integrated Service Network and VA Medical Center Directors agreed with the recommendations and provided acceptable improvement plans.



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

TO: Director, Veterans Integrated Service Network 15 (10N15)

SUBJECT: Healthcare Inspection – Patient Care and Staffing Issues in Physical Medicine and Rehabilitation Services, Kansas City VA Medical Center, Kansas City, Missouri

1. Purpose

The Department of Veterans Affairs Office of Inspector General's (OIG) Office of Healthcare Inspections conducted an inspection to determine the validity of allegations that insufficient staffing resulted in delays in treatment and inadequate clinical care for Physical Medicine and Rehabilitation Service (PM&RS) and Spinal Cord Injury (SCI) patients at the Kansas City VA Medical Center (the medical center).

2. Background

The medical center is a tertiary care hospital providing acute medical, surgical, neurological, and psychiatric services, and rehabilitation medicine for veterans in the Kansas City area. It is a specialty referral center for Veterans Integrated Service Network (VISN) 15 and is affiliated with the University of Kansas School of Medicine.

PM&RS provides diagnostic and rehabilitative care. Clinical resources in PM&RS include rehabilitation medicine, physical therapy (PT), occupational therapy (OT), speech pathology, the Pain Management Clinic, and the SCI Support Clinic. The SCI Support Clinic provides annual comprehensive preventive health evaluations and health maintenance for SCI patients, as required by the Veterans Health Administration (VHA).¹ SCI patients who require more acute SCI treatment are transferred to a designated SCI Center.

A complainant alleged that PM&RS budget constraints had caused decreased staffing levels that resulted in delays in treatment for PM&RS patients. Specifically, the complainant alleged that the lack of a full-time SCI Coordinator resulted in delays in treatment and inadequate care for SCI patients. The complainant further alleged that staffing deficiencies in OT resulted in unanswered consultation requests, orthopedic

¹ VHA Handbook 1176.1, Spinal Cord Injury and Disorders System of Care Procedures.

surgeons were not co-signing PT treatment plans, and verified radiology results were not available to staff physicians in a timely manner.

3. Scope and Methodology

We interviewed the complainant on October 13, 2005, to clarify allegations. While initially unable to provide us with specific patient cases, the complainant later submitted two patient names for our review. We conducted a site visit on November 29, 2005. We interviewed clinical staff, administrators, managers, and other employees knowledgeable about the subject of the allegations. We reviewed patients' medical and administrative records, pertinent medical center and VHA policies and procedures, and Missouri state licensing regulations for physical therapists.

We conducted the review in accordance with the *Quality Standards for Inspections* published by the President's Council on Integrity and Efficiency.

4. Inspection Results

Issue 1: Insufficient Staffing Resulting in Delays in Treatment and Inadequate Care

SCI Coordinator

We found that the medical center did not have a full-time SCI Coordinator but we did not substantiate delays in treatment or inadequate care for SCI patients.

The SCI Coordinator position was vacant from June 2004 until October 2005. The former SCI Coordinator resigned and we were told that the position was not filled because of budget constraints. While the position was vacant, the Chief, PM&RS, a SCI nurse, and a social worker who was detailed from extended care, assumed the duties of the SCI Coordinator. These duties included coordinating care for SCI patients, arranging transfers to treatment centers, maintaining the national Spinal Cord Dysfunction (SCD) Registry, coordinating travel arrangements for clinic visits, providing support to the SCI clinic team, completing psychosocial patient assessments, developing and maintaining an outreach system for SCI patients, and evaluating SCI program effectiveness.

VHA Handbook 1176.1 requires a full-time SCI Coordinator for an SCI population over 100 patients. According to the medical center's SCI registry, 184 patients are currently assigned to the SCI Support Clinic. In October 2005, a social worker was assigned to be the SCI Coordinator and also the PM&RS Operations Manager. The social worker estimated that she spends 30 percent of her time on SCI Coordinator duties and 70 percent of her time on PM&RS Operations Manager duties. The Operations Manager has direct administrative supervisory responsibilities over PM&RS clinic staff to include such

duties as scheduling employee assignments, maintaining employee time and attendance records, and completing employee performance evaluations.

VHA requires SCI Coordinators to attend training at a SCI Center and to maintain the SCD Registry. The assigned social worker attended a training session for SCI Coordinators that provided an overview of the SCI program but she had not attended the SCD Registry training at the St. Louis VA Medical Center SCI Center. This registry tracks the SCI patient population for clinical, administrative, and outcome purposes. Because the social worker had not had the required SCD Registry training, the SCI nurse and the Chief, PM&RS continued to maintain the SCD Registry.

Occupational Therapy

We substantiated the allegation that there were unanswered OT consultation requests. While we were not able to prove that these unanswered OT consultation requests were attributable to low OT staffing levels, the number of unanswered requests raises that concern.

OT is skilled treatment that helps individuals achieve independence and improve their ability to perform daily activities. Treatment focuses on musculoskeletal pain and dysfunction for the upper limbs in particular and includes adaptive equipment, safety, and self-care training. The medical center currently has one inpatient and one outpatient OT therapist. A third therapist resigned in August 2004; the position was not filled. OT workload for FY 2005 included 1,259 OT Clinic visits and an average of 160 inpatient consultations per month. From September 2004—April 2005, the medical center's OT therapist did not complete 440 inpatient consultations because the patients were discharged before a therapist could respond. The medical center bylaws require clinicians to respond to routine inpatient consultation requests the next working day.

Issue 2: Unsigned Treatment Plans

We substantiated the allegation that some orthopedic physicians were not co-signing PT treatment plans as required by Medicare and Medicaid Services regulations and medical center policy.

PT treatment is designed to help promote movement, reduce pain, restore function, and prevent disabilities. According to state and federal regulations, since physical therapists are not independent practitioners, ordering physicians must co-sign their treatment plans. The medical center Chief of Staff (COS) discussed this requirement in the July 1, 2005, medical center Executive Committee Medical Staff meeting.

We reviewed 11 PT treatment plans for orthopedic patients and found that none of the proposed treatment plans were co-signed by an orthopedic surgeon. Physical therapists told us that they have discontinued patient treatment because they could not get the

ordering physician to co-sign their treatment plans. They told us that if they treat patients without physician co-signed treatment plans, they are at risk of losing their state licenses.

Issue 3: Unverified Radiology Reports

We did not substantiate the allegation that unverified radiology reports caused delays in treatment for PM&RS and SCI patients.

The complainant provided the names of two patients for our review. While we found that there were delays in entering verified radiology reports into the computerized record system, we did not substantiate that there were delays in the patients' treatment. There was evidence in the medical record that the providers were aware of the radiology studies outcomes before they were verified in the medical record and treated the patients accordingly.

The COS was aware of the problem with delays in verifying radiology reports and, in July 2005, medical center managers implemented a voice recognition dictation program that improved verification timeliness. The COS showed us reports that documented improvement in the timeliness of verified radiology reports.

Issue 4: Other Issues

SCI Community Advisory Board

Medical center policy requires that an SCI Community Advisory Board meet yearly, at a minimum. The responsibility of this board is to advise the medical center on overall coordination and integration of services to SCI patients. Managers told us that the SCI Community Board was convened only 2 or 3 times in the last 5 years.

Functional Independence Measure Assessment Scores

PM&RS staff are responsible for documenting Functional Independence Measure (FIM) Assessment Scores. The inpatient OT therapist is the medical center FIM Coordinator. VHA Directive 2005-032 requires that appropriate staff assess patients with new strokes, head injuries, and lower-extremity amputations, and assign a FIM score at the time of admission to the medical center and again at discharge.²

FIM scores are part of a national database that measures patient outcomes and rehabilitation program effectiveness. The percentage of the number of required scores documented in the national data base is one of VHA's national performance measures. OT staff reported that they are informed which patients require FIM assessments through the consultation process. They reported that they do not receive consultation requests for

² VHA Directive 2005-032, Physical Medicine and Rehabilitation Outcomes for Stroke, Traumatic Brain Injury, and Lower Extremity Amputation Patients.

approximately 50 percent of patients who require FIM assessments. PM&RS staff told us that, because OT staff cannot meet current workload demands and they are not consulted on all required patients, OT staff assign FIM scores after patients are discharged from the medical center by reviewing medical record documentation.

5. Conclusion

We concluded that the medical center is not in compliance with VHA Handbook 1176.1 that requires the SCI coordinator position to be a full-time position. However, we found no evidence to support the allegations of delay in transferring patients to an SCI Center or that patients are not receiving their annual examinations.

We concluded that medical center clinicians did not submit consultation requests to OT for all inpatients who required FIM assessments and OT staff did not respond to all consultation requests for FIM assessments. We did not definitively attribute these deficiencies to staffing levels. However, because OT staff relied on medical record documentation rather than physical assessments to assign FIM scores, we question the accuracy of the FIM scores reported to the national database.

We further concluded that orthopedic surgeons did not always sign PT treatment plans as required and the SCI Community Advisory Board did not conduct regular annual meetings.

The COS had taken actions to improve timeliness for verifying radiographic reports. There was no indication, in the two cases we reviewed, that the delays in verifying radiographic reports had delayed patient treatment.

6. Recommendations

We recommended that the VISN Director require that the Medical Center Director ensure that:

Recommendation 1. The medical center complies with VHA Handbook 1176.1 and makes the SCI Coordinator a full-time position.

Recommendation 2. OT staff is sufficient to meet workload demands for consultations and documentation requirements related to FIM scores.

Recommendation 3. Orthopedic surgeons co-sign PT treatment plans as required.

Recommendation 4. The SCI Community Advisory Board meet in accordance with medical center policy.

7. Medical Center and VISN Directors' Comments

The Kansas City VA Medical Center Director and the VISN 15 Director concurred with the report findings and recommendations. The Medical Center Director has taken actions to address the staffing issues, improve documentation, and ensure compliance with medical center policy.

8. Assistant Inspector General for Healthcare Inspections Comments

The VISN and Medical Center Directors agreed with the findings and recommendations and provided acceptable improvement plans. We will follow up on planned actions until they are completed.

(original signed by:)

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

VISN Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: May 19, 2006

From: Director, Veterans Integrated Service Network 15 (10N15)

Subject: **Patient Care and Staffing Issues, Physical Medicine and
Rehabilitation Service, Kansas City VAMC**

To: Office of Inspector General

I have reviewed and concur with the report findings and the
action plan as outlined by the Kansas City VAMC.

(original signed by:)

PETER L. ALMENOFF, MD, FCCP

Medical Center Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: May 19, 2006

From: Director, Kansas City VA Medical Center (589/00)

Subject: **Patient Care and Staffing Issues, Physical Medicine and
Rehabilitation Service**

To: Director, VISN 15 (10N15)

We have provided the following responses to the OIG recommendations.

Recommendation#1: The medical center complies with VHA Handbook 1176.1 and makes the SCI coordinator a full-time position.

Concur. In October 2005 a social worker was reassigned to the vacant SCI Coordinator position in conjunction with additional responsibilities related to management of Clinic Operations in PM&R. The social worker attended the Primary Care Team Training Conference in May 2005 and the SCI Center training in March 2006. She will attend, if accepted, the next scheduled SCI Registry training. The full time SCI RN continues to maintain the SCI Registry.

Recommendation: #2: OT staff is sufficient to meet workload demands for consultations and documentation requirements related to FIM scores.

Concur. Resource Board is considering additional OT staff.

Recommendations #3: Orthopedic surgeons co-sign PT treatment plans as required.

Concur. As of January 2006, the PT orders are being signed by Ortho Service.

Recommendation #4: The SCI Community Advisory Board meet in accordance with medical center policy:

Concur. A policy addressing the SCI Advisory Board will be implemented by June 1, 2006.

(original signed by:)

KENT D. HILL

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

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

OIG Recommendation(s) We recommended that the VISN Director require that the Medical Center Director ensure that:

Recommendation 1. The medical center complies with VHA Handbook 1176.1 and makes the SCI coordinator a full-time position.

Recommendation 2. OT staff is sufficient to meet workload demands for consultations and documentation requirements related to FIM scores.

Recommendation 3. Orthopedic surgeons co-sign PT treatment plans as required.

Recommendation 4. The SCI Community Advisory Board meet in accordance with medical center policy.

OIG Contact and Staff Acknowledgments

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