

VA Office of Inspector General

OFFICE OF AUDITS AND EVALUATIONS



# Veterans Health Administration

*Audit of  
Medical Support Assistant  
Workforce Management at  
the Phoenix VA  
Health Care System*

January 9, 2018  
16-00928-391

# ACRONYMS

CBOC	Community Based Outpatient Clinic
FTE	Full-Time Equivalent
FY	Fiscal Year
GAO	Government Accountability Office
GS	General Schedule
HAS	Health Administration Service
HRMS	Human Resources Management Service
MSA	Medical Support Assistant
OIG	Office of Inspector General
OPM	Office of Personnel Management
PACT	Patient Aligned Care Team
PVAHCS	Phoenix VA Health Care System
VA	Department of Veterans Affairs
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network

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# EXECUTIVE SUMMARY

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## Why We Did This Audit

In September 2015, the OIG received a request from U.S. Representative Kyrsten Sinema to evaluate how effectively the Phoenix VA Health Care System (PVAHCS) managed its Medical Support Assistant (MSA) workforce to support veterans' access to outpatient care. The OIG met with Representative Sinema's staff in November 2015 to clarify the scope and nature of the request. The OIG expanded the audit to include examining the merits of allegations reported to the OIG Hotline in February 2016, when a complainant alleged that the PVAHCS launched two podiatry clinics at the Northwest Community Based Outpatient Clinic (CBOC) without adequate MSA support. The complainant also alleged that the PVAHCS's Health Administration Service (HAS) was not allowed to use noncompetitive hiring authorities to fill MSA vacancies.

## What We Found

The PVAHCS needs to ensure its outpatient MSA recruitment, development, and retention efforts align with the resource needs of its outpatient clinical operations. HAS could not account for the number and clinical location of almost 60 percent of its outpatient MSA workforce. The Office of Personnel Management (OPM) has a hiring model that allows Federal agencies 80 days to fill a vacancy, while VA has an internal metric that allows 60 days to fill open positions. The OIG was not able to fully assess the extent to which the PVAHCS recruited and filled MSA vacancies in accordance with these hiring metrics because its Human Resources Management Service (HRMS) did not maintain accurate and complete documentation. Despite this lack of documentation, the OIG concluded that the PVAHCS generally did not meet OPM and VA hiring metrics because it took the HRMS an average of 83 days to provide HAS hiring managers with certificates of eligible applicants—which exceeded OPM's 80-day hiring model by three days and VA's 60-day model by 23 days. Most often, HAS managers failed to place newly hired MSAs on performance plans within the required 60 days of starting their jobs. When compared to similar VA health care systems, the PVAHCS's average MSA attrition rate of between 13 percent and almost 20 percent placed it among the top half of facilities with the highest MSA attrition rates for FYs 2012 through 2016. However, the PVAHCS did not use available data to develop a strategy to improve its MSA retention rate. For example, 33 of 38 MSAs left their positions in FY 2016 through voluntary resignations or transfers from the PVAHCS to another VA facility.

This occurred because the PVAHCS did not effectively recruit, develop, and retain its MSA workforce. HAS lacked effective processes and procedures to evaluate certificates of eligible applicants and conduct interviews, as well as place newly hired MSAs on performance plans in a timely manner. In addition, the PVAHCS did not implement processes to ensure services were working together to effectively leverage employee survey data to address the factors contributing to MSAs leaving their current positions. As a result, the PVAHCS was not positioned to recruit, develop, and maintain an MSA workforce with the capacity to meet the demands of the facility's outpatient clinical operations.

The OIG did not substantiate the OIG Hotline allegation that the PVAHCS launched two podiatry outpatient clinics at the Northwest CBOC without dedicated MSA staff. The OIG also did not substantiate the allegation that a former PVAHCS Acting Associate Director prohibited HAS from using available hiring authorities to fill MSA vacancies.

## **What We Recommended**

The OIG recommended the Veterans Integrated Service Network (VISN) 22 Director ensures the PVAHCS Director implements controls over its MSA Full-Time Equivalent (FTE) resources to allow facility leadership to strategically align this workforce with outpatient clinical operations. The OIG recommended that HRMS personnel record complete and accurate MSA recruitment hiring data and documentation in the USA Staffing System, as well as leverage available incentives to recruit and retain qualified human resources specialists. The OIG also recommended that the PVAHCS Director implement the Hire Right Hire Fast program's best practices to improve the timeliness of MSA selections, establish controls to ensure MSAs are provided timely performance plans, and evaluate the feasibility of using available employee survey data to determine why MSAs leave their positions.

## **Agency Comments**

The VISN 22 Director concurred with the OIG's report and recommendations and provided an acceptable action plan. The PVAHCS took corrective actions to address all of the report's recommendations and the OIG considers them closed.



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## INTRODUCTION

### Objective

The OIG received a request from U.S. Representative Kyrsten Sinema in September 2015 to evaluate how effectively the Phoenix VA Health Care System (PVAHCS) managed its Medical Support Assistant (MSA) workforce to support veterans' access to outpatient care. The OIG met with Representative Sinema's staff in November 2015 to clarify the scope and nature of the request. The OIG expanded the audit to include the following allegations reported to the OIG Hotline in February 2016:

- The PVAHCS lacked adequate MSA staff to support podiatry clinics at the Northwest Community Based Outpatient Clinic (CBOC) in Surprise, AZ.
- The Health Administration Service (HAS) was not allowed to use noncompetitive hiring authorities to fill MSA vacancies.

### HAS

The PVAHCS MSA outpatient workforce was reorganized in April 2016 and again in May 2017. According to the organizational chart approved in May 2017, the PVAHCS reorganized HAS's MSA Full-Time Equivalent (FTE) workforce into a new Scheduling Operations service line. Prior to this reorganization, HAS was the PVAHCS's largest administrative service line and accounted for most of the facility's MSA workforce. HAS was authorized to hire 292 MSA FTE according to the approved organizational chart from April 2016. HAS MSAs were responsible for supporting outpatient clinics, including processing patients and scheduling and canceling appointments, at the PVAHCS and its nine CBOCs. Prior to May 2017, HAS outpatient MSAs were organized into three sections: Specialty Care, Patient Aligned Care Teams (PACT), and the Patient Call Center. The PVAHCS's MSA workforce grew by 64 percent since allegations of veterans experiencing delays in access to care were first reported in February 2014.

### OPM and VA Hiring Models

Federal agencies' hiring timeliness is measured against the Office of Personnel Management's (OPM) 80-day Time-to-Hire model.<sup>1</sup> According to OPM guidance, Federal agencies must report the average number of days it took to fill a vacancy to OPM on an annual basis. The metric starts on the date a Human Resources office receives a request to fill a vacancy and ends with the date the recruited employee enters on duty. VA uses a 60-day Speed-of-Hiring model as an internal hiring performance metric. This model measures from the time the Human Resources office receives a request to fill a vacancy to when the candidate receives a tentative job offer.

<sup>1</sup> According to OPM's *End-to-End Hiring Initiative*, agencies can adjust the number of days for each step within its 80-day process. VA adjusted the number of days for the first three steps in OPM's Time-to-Hire model.

## RESULTS AND RECOMMENDATIONS

### **Finding 1      The PVAHCS Lacked Assurances That Its MSA Recruitment, Development, and Retention Efforts Aligned With Its Outpatient Clinical Operations**

***What We Found***

The PVAHCS needs to ensure that its outpatient MSA recruitment, development, and retention efforts align with the resource needs of its outpatient clinical operations. HAS could not fully account for the number and location of its MSA workforce. The PVAHCS's Human Resources Management Service (HRMS) did not maintain accurate and complete documentation to determine whether the facility's efforts to fill outpatient MSA vacancies met OPM and VA hiring performance metrics. It generally took the HRMS more than 80 days to provide HAS hiring managers with certificates of eligible applicants for MSA vacancies, and HAS hiring managers generally took more than 40 days to interview and select applicants to fill vacancies.

The PVAHCS also needs to improve the development of its MSA workforce. More than half of the MSAs hired from August 23, 2015 through March 5, 2016 were not provided timely performance plans by HAS managers. Performance plans inform employees of their job duties, training requirements, and performance expectations—without them, employees can have difficulty setting performance goals and meeting managerial expectations. Even though the PVAHCS experienced some of the highest MSA attrition rates for FYs 2012 through 2016 when compared to similar VA health care systems, officials did not use available survey data on MSA job satisfaction and attrition to develop a strategy to improve the facility's low MSA retention rate.

The PVAHCS was not effective in ensuring that its MSA recruitment, development, and retention efforts aligned with its outpatient clinical operations for the following reasons:

- Inefficient management of its MSA workforce
- Incomplete MSA recruitment and hiring data
- Ineffective processes to ensure newly hired MSAs receive timely performance plans
- Inadequate use of information about factors that affect MSA attrition

As a result, the PVAHCS has little assurance that it is positioned to recruit, develop, and maintain an MSA workforce that is sufficient to meet its outpatient clinical operations. With a historical average attrition rate for MSAs exceeding 16 percent from FYs 2012 through 2016, PVAHCS leaders

must take steps to ensure that they have an effective MSA workforce management strategy and plan that can meet the needs of the PVAHCS's current and future outpatient clinical operations.

**The PVAHCS  
Cannot  
Accurately  
Determine the  
Size and  
Location of Its  
MSA Workforce**

The PVAHCS needs to improve how it recruits, develops, and retains MSAs. Identifying the number and location of its outpatient MSA workforce is an important first step for PVAHCS leaders. The Government Accountability Office (GAO) recommends that management use quality information that is appropriate, current, complete, accurate, accessible, and provided on a timely basis to achieve the organization's objectives.<sup>2</sup> Furthermore, PVAHCS policy requires service chiefs and supervisors to review their services' organizational structures to eliminate duplication of work and unnecessary fragmentation.<sup>3</sup> Service chiefs and supervisors are also required to maintain current organizational charts and functional statements and ensure the required ratio of managerial staff and supervisory positions.

HAS leaders did not have sufficient information and documentation to be able to strategically use MSAs to support outpatient clinical operations, including the number of MSAs assigned to a specific clinic or CBOC location, MSAs' pay grades and clinic work schedules, or the reporting relationships between supervisors and subordinate MSAs. For example, HAS did not have the necessary information on MSAs' clinic work schedules and locations to determine whether outpatient clinics have sufficient MSA resources to effectively manage patient check-in volume. HAS's lack of documentation on its MSA workforce also limited HAS leaders from identifying staffing gaps and prioritizing recruitment. Generally, an organizational chart is a tool that management can use to assess whether a workforce is sufficient and allocated in a manner that best leverages available resources to meet the mission. HAS's approved organizational chart, however, did not specify the number and clinical location of almost 60 percent (169 of 292) of its outpatient MSA workforce.

Without sufficient workforce information and documentation, PVAHCS leaders cannot monitor how MSA FTEs are allocated at specific clinics and locations or evaluate how they effectively align with outpatient clinical operations. The facility's leaders are at risk of missing opportunities to identify and reallocate underutilized MSA FTE resources and plan for future workforce needs. The Veterans Integrated Service Network (VISN) 22 Director should ensure the PVAHCS Director implements controls to capture and document sufficient information on the outpatient MSA workforce. This will allow facility leaders to strategically align the MSA workforce with outpatient clinical operations.

<sup>2</sup> GAO, *Standards for Internal Control in the Federal Government*, September 10, 2014.

<sup>3</sup> PVAHCS Policy Memorandum No. HRMS/05-06, *Position Management Committee*, April 18, 2014.

**The HRMS Lacks Complete and Accurate Hiring Data on MSAs**

VA Human Resources mandated that all Human Resources offices use the USA Staffing System as the primary tool for all recruitment actions and that managers certify their office fully implemented the system.<sup>4,5</sup> The PVAHCS's HRMS did not maintain complete and accurate hiring data and documentation in the USA Staffing System for the 33 MSAs that were hired through six vacancy announcements from August 23, 2015 through March 5, 2016. The Veterans Health Administration's (VHA) *Records Control Schedule 10 -1*, May 2016, required that facilities maintain hiring documentation—such as vacancy announcement packets, applications, and hiring certificates—for a minimum of two years. The latest version of the records control schedule, promulgated in March 2017, also requires the same two-year minimum for record retention.

Despite these requirements, key recruitment and hiring documentation like SF-52 Forms, *Request for Personnel Action*, and *Recruitment Checklists* were not available for the OIG's review in the USA Staffing System for all newly hired MSAs. A human resources specialist reported to the OIG that she did not upload complete documentation to the USA Staffing System since being assigned responsibility for HAS's recruitment needs in August 2015 because her first priority was to recruit for and fill MSA vacancies. The HRMS did not load any supporting hiring documentation into the USA Staffing System for 65 percent (11 of 17) of MSAs who were hired competitively. The HRMS was also not able to provide this missing hiring documentation in hard copy format. As a result, the OIG could not fully assess the extent to which the PVAHCS hired MSAs in accordance with OPM's 80-day Time-to-Hire and VA's 60-day Speed-of-Hiring models.

**The HRMS Needs To Improve Management Oversight**

HRMS lacked effective management oversight to ensure human resources personnel recorded complete and accurate recruitment and hiring data and documentation in the USA Staffing System. This is a persistent oversight weakness for the HRMS. In 2013, VHA's Workforce Management and Consulting Office reported that human resources personnel were not consistently entering data necessary for tracking the PVAHCS's Speed-of-Hiring performance into the USA Staffing System. VHA's Workforce Management and Consulting Office recommended that the HRMS develop an internal review process to ensure that required data entries were properly entered into the USA Staffing System.

GAO standards<sup>6</sup> discuss management's responsibility to remediate internal control deficiencies on a timely basis, including the resolution of audit findings. The resolution process begins when audit or other review results

<sup>4</sup> VA Human Resources Management Letter No. 05-10-06, *Hiring Reform Implementation 2010*, October 8, 2010.

<sup>5</sup> VA Human Resources Management Letter No. 05-11-04, *Hiring Reform Reporting For USA Staffing*, March 31, 2011.

<sup>6</sup> GAO, *Standards for Internal Control in the Federal Government*, September 10, 2014.

are reported to management, and is completed only after action has been taken that corrects identified deficiencies. The PVAHCS's capacity to develop and implement appropriate remediation may have been affected by the lack of HRMS leadership, as the PVAHCS's Human Resources Officer position was vacant from February 2015 through March 2016.

*Audits of USA  
Staffing Data Not  
Entered or  
Complete*

Data entered into the USA Staffing System should be audited for completeness and accuracy before each job offer process begins.<sup>7</sup> However, audits of MSA recruitment and hiring actions were not entered or complete. In some instances, the OIG determined that audits were performed by the same human resources specialist that entered the data originally. The HRMS's process to audit the accuracy of MSA recruitment and hiring data in the USA Staffing System provides little assurance that data errors are remediated when the same person who entered the data originally is also auditing the data. Segregation of duties helps prevent fraud, waste, and abuse in the internal control system.<sup>8</sup>

Without complete and accurate recruitment and hiring documentation, the PVAHCS is poorly positioned to determine the effect of any changes it may make to its hiring practices or its ability to maintain and develop its MSA workforce. Inaccuracies in the USA Staffing System data also affect VHA's ability to monitor whether the PVAHCS hired MSAs in accordance with OPM and VA hiring performance metrics. The VISN 22 Director should ensure the PVAHCS Director implements mechanisms for complete and accurate HRMS records of MSA recruitment and hiring data and documentation in the USA Staffing System.

*The PVAHCS  
Generally Did  
Not Meet Federal  
and VA Hiring  
Metrics*

Although the HRMS did not maintain accurate and complete documentation,<sup>9</sup> the OIG was able to conclude that the PVAHCS generally did not meet OPM and VA hiring metrics. It took the HRMS an average of 83 days to provide HAS hiring managers with certificates of eligible applicants, which exceeded OPM's entire 80-day hiring model by three days and VA's 60-day model by 23 days. Two of the three HAS outpatient MSA managers the OIG interviewed cited the time it took the HRMS to release certificates of eligible applicants to fill MSA vacancies as a key concern.

<sup>7</sup> VA, *Desk Guide for Merit Promotion Purposes Using USA Staffing*, January 2016.

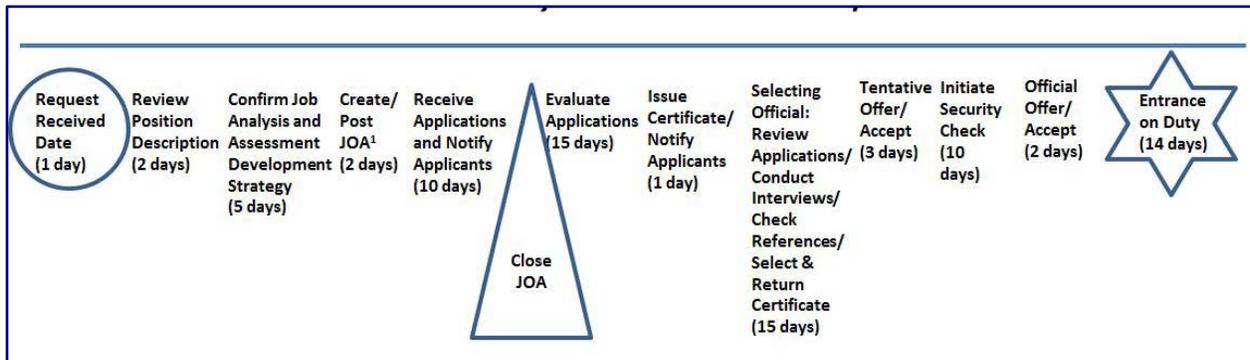
<sup>8</sup> GAO, *Standards for Internal Control in the Federal Government*, September 10, 2014.

<sup>9</sup> The PVAHCS did not maintain complete hiring documentation in the USA Staffing System for noncompetitive hires and did not provide that documentation to the OIG upon request. As a result of this limited documentation, the OIG was not able to perform a similar analysis for MSAs hired noncompetitively.

*The HRMS Took an Average of More Than 80 Days To Release Certificates to HAS*

The HRMS took an average of about 83 days after an MSA vacancy announcement closed to release the certificates of eligible applicants to HAS hiring managers. The time it took the HRMS to release certificates after the vacancy announcements closed ranged from 27 to 97 days. According to OPM’s Time-to-Hire model, certificates of eligible applicants should be provided to hiring managers no later than 16 days after the vacancy announcement closes. Figure 1 illustrates the number of days for each step in the 80-day Time-to-Hire model.

**Figure 1. OPM’s 80-Day End-to-End Roadmap**

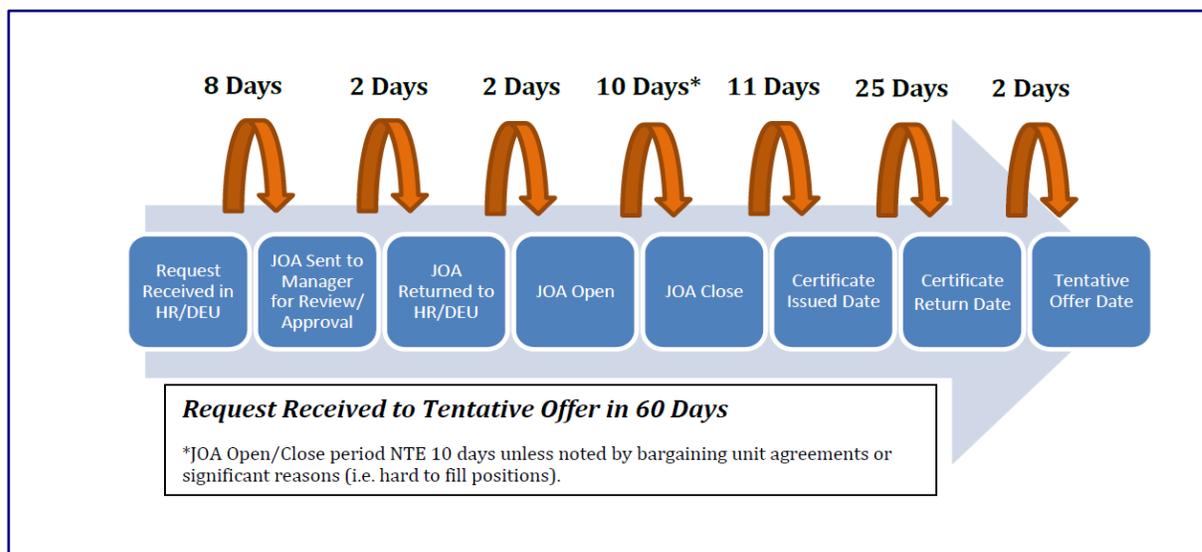


Source: VA’s USA Staffing Program Office

<sup>1</sup>JOA=job opportunity announcement.

According to VA’s Speed-of-Hiring model, an internal hiring performance metric, the certificates of eligible applicants should be provided to hiring managers within 11 days. Figure 2 illustrates the number of days for each step in accordance with the 60-day Speed-of-Hiring model.

**Figure 2. VA’s Speed-of-Hiring Model<sup>1</sup>**



Source: VA’s USA Staffing Program Office

<sup>1</sup>HR=human resources; DEU=Delegated Examining Unit; and NTE=not-to-exceed.

The then acting Human Resources Officer reported that the HRMS did not have enough staff resources to review MSA applications and compile certificates of eligible applicants in a timely manner. This official reported that MSA vacancy announcements often generate several hundred applications. Reviewing these applications in order to compile a certificate of eligible applicants is time intensive, especially when the HRMS is understaffed. Because of staffing shortages, HAS was supported by a HRMS Human Resources Specialist who was also responsible for supporting the recruitment needs of three other service lines. At the time, HAS was PVAHCS's largest administrative service line. This human resources specialist reported to the OIG that her workload was overwhelming and she could not effectively manage HAS's recruiting needs along with the needs of the additional service lines.

The PVAHCS filled some key HRMS positions. Specifically, the PVAHCS filled its human resources officer position in March 2016, which had been vacant since February 2015. The HRMS filled its recruitment and staffing supervisor position in December 2015, after the position was vacant for a year. While filling these key leadership positions is important, gaps remained across the HRMS's workforce—particularly among human resources specialist positions that support the PVAHCS's recruitment needs. According to data provided by the PVAHCS, the HRMS's vacancy rate in October 2016 was about 32 percent, with 46 of its 68 authorized FTEs filled. According to the then acting Human Resources Officer, most of the vacancies in the HRMS were in the staffing section. The HRMS uses a relocation incentive to recruit for hard-to-fill positions when necessary. The VISN 22 Director should ensure that the PVAHCS Director leverages available incentives to the extent practicable to recruit qualified applicants to fill human resources specialist vacancies, as well as use available incentives to retain human resources specialists.

*HAS Took More than 40 Days To Return Certificates of Eligible Applicants*

HAS outpatient MSA managers did not meet OPM and VA hiring performance metrics for returning certificates back to the HRMS with selected applicants to fill MSA vacancies competitively. HAS MSA managers took an average of 44 days to return certificates back to the HRMS. The length of time it took MSA managers to return these certificates to the HRMS ranged from six to 67 days. OPM's Time-to-Hire model allows hiring managers 15 days to make their selections and return certificates to the HRMS. According to VA's Speed-of-Hiring model—an internal hiring performance metric—hiring managers should take no more than 25 days to return the certificate to the HRMS.

HAS did not meet OPM and VA hiring performance metrics when it returned certificates back to the HRMS. HAS lacked effective processes and procedures to evaluate certificates of eligible applicants and conduct interviews in a timely manner. PACT, Specialty Care, and the Patient Call Center MSA managers reviewed certificates of eligible applicants and

scheduled interviews independently of each other. HRMS officials reported to the OIG that they often made job offers to the same candidate for multiple MSA positions because of HAS's processes.

In April 2017, the PVAHCS started implementing VHA's Hire Right Hire Fast initiative in an effort to expedite hiring MSAs. Key components of this simplified process include prescreening applicants and conducting group interviews in less than 30 days. The VISN 22 Director should ensure the PVAHCS Director implements the Hire Right Hire Fast program's best practices to improve the timeliness of the PVAHCS's MSA selection process.

**Most Newly Hired MSAs Did Not Receive Timely Performance Plans**

HAS supervisors for about 61 percent (20 of 33) of outpatient MSAs hired from August 23, 2015 through March 5, 2016 did not place these employees on performance plans in a timely manner. According to VA standards,<sup>10</sup> supervisors will ensure each employee receives a performance plan each rating cycle. Supervisors will obtain the employee's signature verifying receipt as soon as practical, but not later than 60 days from either the beginning of the appraisal period, appointment to a new position, or when a performance plan is changed. Most often, it took MSA supervisors more than 80 days to place MSAs on performance plans. In one case, a PACT MSA worked for 418 days before being placed on a performance plan. Performance plans are important because they detail MSAs' job duties and expected accuracy rates for scheduling and rescheduling appointments, as well as MSA-specific training requirements.

According to data from VA's Corporate Data Warehouse, 17 of the 20 newly hired MSAs who either were not on performance plans or were not placed on plans in a timely manner were scheduling and checking in patients. The VISN 22 Director should ensure the PVAHCS Director implements controls to ensure newly hired MSAs are provided with timely performance management in accordance with VA standards.<sup>11</sup>

**MSA Managers and Supervisors Concerned About the HRMS's Capacity To Recruit Enough MSAs**

HAS outpatient MSA managers and supervisors reported being concerned that too many MSAs were leaving their current positions, and as a result it was difficult to replenish HAS's MSA workforce. HAS MSA managers and supervisors also reported that it took the HRMS too long to recruit and hire MSAs. Furthermore, these managers and supervisors reported that the HRMS's recruiting strategy resulted in too few applicants with the right experience and skills to fill the PVAHCS's chronically high number of MSA vacancies.

<sup>10</sup> VA Handbook 5013/12, *Performance Management Systems*, October 16, 2012.

<sup>11</sup> *Ibid.*

*The Average MSA Attrition Rate Ranged From 13 to 20 Percent*

Workforce data from VHA’s Support Service Center indicate that the PVAHCS experienced significant MSA attrition rates for several years. When compared to similar VA health care systems, the PVAHCS’s average MSA attrition rate of between 13 percent and almost 20 percent placed it among the top half of facilities with the highest MSA attrition rates for FYs 2012 through 2016. Table 1 details the PVAHCS’s MSA attrition rates as compared to similarly complex health care systems during FYs 2012 through 2016.

**Table 1: MSA Attrition Rates for Complexity 1b Facilities \*, FYs 2012-2016**

Attrition at 1b Facilities	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016
Highest MSA Rate	20.23%	22.52%	24.53%	22.59%	18.37%
Median Rate	11.73%	11.03%	12.59%	12.48%	10.81%
Average Rate	11.01%	12.16%	13.84%	13.66%	11.40%
Lowest MSA Rate	0.00%	5.89%	5.74%	0.00%	5.31%
PVAHCS MSA Rate	15.49%	16.16%	17.53%**	19.99%	13.18%

*Source: VHA Support Service Center data accessed July 2016 and January 2017*

*Notes:*

*\*VHA’s 2014 Facility Complexity Model designated the PVAHCS as a Level 1b facility. VHA facilities are classified into five levels with Level 1a representing the most complex facilities, Level 2 moderately complex facilities, and Level 3 the least complex facilities. Level 1 is further subdivided into categories 1a through 1c. VHA reviews and updates these levels every three years.*

*\*\*In 2014, allegations of unofficial wait lists and delays in care at the PVAHCS were reported to the OIG and made public.*

When compared to facilities across the VISN, the PVAHCS’s average attrition rate exceeded the VISN average in FYs 2012 and 2013. Since FY 2014, however, the PVAHCS’s average MSA attrition rate was below that of both VISN 18 and VISN 22. Table 2 details the PVAHCS’s MSA attrition rates as compared to other facilities within VISN 18 during FYs 2012 through 2015, and VISN 22 for FY 2016.<sup>12</sup>

<sup>12</sup> The PVAHCS was integrated into VISN 22 from VISN 18 as part of the Secretary of Veterans Affairs’ MyVA Realignment Plan. The realignment of VISN 18 occurred by the end of FY 2017.

**Table 2: MSA Attrition Rates for VISN 18 Facilities, FYs 2012-2015 and VISN 22 Facilities, FY 2016\***

Attrition for VISNs 18 and 22 Facilities	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016
Highest MSA Rate	16.23%	17.47%	27.78%	39.65%	20.64%
Median Rate	12.10%	12.01%	17.86%	18.99%	12.74%
Average Rate	10.98%	11.44%	19.91%	22.22%	14.06%
Lowest MSA Rate	0.00%	0.00%	13.18%	11.06%	8.69%
PVAHCS MSA Rate	15.49%	16.16%	17.53%**	19.99%	13.18%

Source: VHA Support Service Center data accessed July 2016 and January 2017

Notes:

\*The OIG compared the PVAHCS’s MSA attrition rate to facilities in VISN 22 for FY 2016, because VISN 18, which includes PVAHCS, became part of VISN 22 in February 2016.

\*\*In 2014, allegations of unofficial wait lists and delays in care at the PVAHCS were reported to the OIG and made public.

While an almost 6 percent reduction in the PVAHCS’s MSA attrition rate from FY 2015 to FY 2016 is promising, an attrition rate of over 13 percent in FY 2016 represents a significant recruiting and hiring workload for the HRMS. MSA workforce attrition and new hiring also represented a significant workload for HAS in terms of vetting applicants and training and supervising newly hired MSAs.

*The PVAHCS Does Not Use Available Data To Improve MSA Attrition*

According to GAO, management is responsible for recruiting, developing, and retaining competent personnel to achieve an organization’s objectives.<sup>13</sup> While VA collects employee satisfaction survey data and exit survey data when MSAs leave their positions, the PVAHCS does not use this information to develop strategies to improve its MSA retention rate. VHA Support Service Center data shows that 33 of 38 MSAs left their positions in FY 2016 through voluntary resignations or transfers from the PVAHCS to another VA facility. According to this data, the PVAHCS did not terminate any MSAs during FY 2016.

The PVAHCS does not have processes to ensure services are effectively working together to leverage employee survey data and address the factors contributing to employees leaving their current positions. A human resources specialist familiar with the exit survey data reported that the information was not distributed to service chiefs because the responses were not service line specific. According to the HAS Administrative Officer, the

<sup>13</sup> GAO, *Standards for Internal Control in the Federal Government*, September 10, 2014.

service line did not receive employee exit survey data in FY 2016, and as of June 2017 had not received any data in FY 2017. Although VA's exit survey does not provide service line-specific data on MSAs, it does provide data for the MSA occupational series throughout the facility. The PVAHCS could use this data to inform its workforce planning because MSAs generally do the same kind of work across the facility. The VISN 22 Director should ensure the PVAHCS Director evaluates the feasibility of using available employee survey data to identify the reasons why MSAs leave their positions.

**Conclusion**

MSAs are often the first point of contact for veterans seeking care at the PVAHCS, making it vital that the facility improve its processes and controls to better leverage this key resource. The PVAHCS must strengthen its monitoring of how its MSA resources are used to ensure that existing and new clinical outpatient operations are supported in a manner that facilitates veterans' access to outpatient care. The PVAHCS also must take steps to improve the timeliness of its performance management of newly hired MSAs to ensure veterans are provided high quality customer service. The PVAHCS is poorly positioned to assess the effect of any reforms on its MSA attrition rate, as well as its recruitment and hiring efforts, without improvements in the accuracy and completeness of MSA hiring data.

**Recommendations**

1. The OIG recommended the Veterans Integrated Service Network 22 Director ensures that the director of the Phoenix VA Health Care System implements controls to make sure sufficient information on the outpatient Medical Support Assistant workforce is captured and documented to allow leadership to align strategically this workforce with outpatient clinical operations.
2. The OIG recommended the Veterans Integrated Service Network 22 Director ensures that the director of the Phoenix VA Health Care System implements mechanisms to make certain that Human Resources Management Service personnel record complete and accurate Medical Support Assistant recruitment and hiring data and documentation in the USA Staffing System.
3. The OIG recommended the Veterans Integrated Service Network 22 Director ensures that the director of the Phoenix VA Health Care System leverages available incentives to the extent practicable to recruit and retain qualified applicants for human resources specialist positions.
4. The OIG recommended the Veterans Integrated Service Network 22 Director ensures that the director of the Phoenix VA Health Care System implements the Hire Right Hire Fast program's best

practices to improve the timeliness of the Medical Support Assistant selection process.

5. The OIG recommended the Veterans Integrated Service Network 22 Director ensures that the director of the Phoenix VA Health Care System implements controls to make certain newly hired Medical Support Assistants are provided with timely performance plans in accordance with VA Handbook 5013/12.
6. The OIG recommended the Veterans Integrated Service Network 22 Director ensures that the director of the Phoenix VA Health Care System evaluates the feasibility of using available employee survey data to identify and redress the reasons why Medical Support Assistants leave their current positions.

**Management  
Comments**

The VISN 22 Director concurred with the OIG's report and recommendations, and provided an acceptable action plan. The PVAHCS already took action to implement all of the OIG's recommendations.

To address Recommendation 1, the PVAHCS Director reported the facility's Scheduling Operations started to collaborate with clinical service lines to determine the need for additional MSAs. The result of this collaboration is documented in the Scheduling Operations FY18 Business Plan.

To address Recommendation 2, the PVAHCS Director reported the HRMS Staffing Specialist responsible for the scheduling service will perform audits during the MSA recruitment and hiring process. For recruitments, the staffing specialist performs primary and secondary audits of hiring data ensuring that all required documentation is contained within the Vacancy Identification Number in the USA Staffing System. The first audit of information is conducted at the hiring fair and the second audit is conducted for the certification of eligible applicants and when the selection is made.

To address Recommendation 3, the PVAHCS Director reported giving the HRMS the approval to use recruitment and relocation incentives to ensure the facility can recruit and retain qualified human resources specialists. Early in FY 2016, HRMS lost a significant number of human resources specialists, so leadership authorized recruitment incentives. The loss of human resources specialists declined dramatically after PVAHCS stabilized the human resources management team in March 2016. Four human resources specialist separations occurred—two in FY 2016 and two in FY 2017. One of the human resources specialists that left the PVAHCS received a relocation incentive. Given this information, the PVAHCS believes a solid management team has a greater impact on employee retention than hiring incentives. The PVAHCS will continue to use recruitment incentives as needed to ensure appropriate staffing levels.

To address Recommendation 4, the PVAHCS Director reported the facility fully implemented the Hire Right Hire Fast program and took additional steps to improve timeliness, such as bypassing the need for vacant MSA positions to be approved by the Medical Center Resource Board and using quarterly MSA-specific hiring fairs to recruit qualified applicants.

To address Recommendation 5, the PVAHCS Director reported implementing an onboarding checklist and performance management tool to track the issuance and status of MSA performance plans to ensure newly hired MSAs receive timely performance management in accordance with VA Handbook 5013/12.

To address Recommendation 6, the PVAHCS Director reported Scheduling Operations used the results of the 2016 All-Employee Survey to develop an action plan to address MSA concerns about organizational climate, burn out, and job satisfaction. To address employees' concerns about burn out and employee satisfaction, the Scheduling Operations service created a new recruitment processes, which was discussed in PVAHCS's response to Recommendation 4 of this report. The PVAHCS will need to wait for the All-Employee Survey data release in October/November 2018 to determine the effect of the implementation of the Hire Right Hire Fast program on MSA retention. The PVAHCS Director reported the Scheduling Operations service believes the organizational climate will also improve within the service line and system-wide as the facility continues to gain ground on its access performance measures.

**OIG Response**

The PVAHCS Director's corrective actions to address the report's recommendations are responsive and the OIG considers them closed. Appendix C contains the full text of the VISN 22 and the PVAHCS Directors' comments.

**Finding 2      The PVAHCS Had Adequate MSA Staff To Operate Podiatry Clinics at Its Northwest Community Based Outpatient Clinic**

***What We Found***

The OIG did not substantiate the allegation that the PVAHCS lacked adequate MSA staff to support the two podiatry clinics it started operating in January 2016 at its Northwest CBOC in Surprise, AZ. The operation of these clinics—open 1.5 days per week—was supported by a combination of onsite PACT MSAs and offsite specialty care MSAs. The specialty care MSA manager agreed to this resource sharing arrangement in December 2015, a month before the podiatry clinics became operational. The OIG determined that 89 podiatry patients were scheduled for podiatry appointments from January through February 2016 at the Northwest CBOC.

Five specialty care MSAs and a contracted MSA located at the main facility in Phoenix, AZ, or onsite at the CBOC scheduled about 58 percent (52 of 89) of these appointments, and a specialty care MSA supervisor located at the main facility scheduled about 33 percent (29 of 89) of these appointments. A clinician and an onsite PACT MSA scheduled the remaining eight appointments. Of these 89 podiatry patients checked in for scheduled appointments, a team of seven onsite PACT MSAs at the CBOC checked in about 78 percent (69 of 89) of these patients, while two onsite specialty care MSAs checked in three patients and a clinician checked in one patient. The remaining 16 patient check-ins during this period were performed by other facility personnel, including an administrative officer and a volunteer.

***Position Management Committee Deferred HAS Request for Dedicated MSA Staff***

The Northwest CBOC’s 1.5 days per week of podiatry clinic operations were not supported by a dedicated specialty care MSA FTE. This occurred because the PVAHCS’s Position Management Committee deferred HAS’s request for an additional MSA FTE for the Northwest CBOC to support clinic cancellations and appointment scheduling in February 2016. The Position Management Committee is responsible for reviewing and authorizing requests for additional FTE across the PVAHCS. This FTE request was approved by the Position Management Committee on March 15, 2017, according to the assistant human resources officer.

***PACT MSAs Continue To Support Podiatry Clinic Operations***

In April 2016, a specialty care MSA assigned to the mental health and physical therapy clinics was assigned to support podiatry clinic operations by scheduling and checking in appointments, and PACT MSAs continued to support the CBOC’s podiatry clinic operations. From March 2016 through January 2017, there were 804 podiatry appointments scheduled for the Northwest CBOC—14 Specialty Care MSAs located at the main facility, onsite at one of the PVAHCS CBOCs, or at another PVAHCS’ CBOC scheduled 624 appointments, while a clinician and two contracted MSAs scheduled 148 appointments and five PACT MSAs located at the main facility and onsite at the CBOC scheduled 32 appointments. Of the

804 podiatry patients that were checked in for scheduled appointments at the Northwest CBOC, a team of 10 onsite PACT MSAs at the CBOC checked in 397 podiatry patients, four onsite specialty care MSAs checked in 83 patients, a clinician checked in one patient, and 295 patients checked themselves in using a kiosk. The remaining 28 patient check-ins during this period were performed by other facility personnel, including a volunteer.

***PACT MSAs  
Report No  
Negative Impact***

PACT MSAs reported that supporting the podiatry clinics' operations generally had no negative impact on their primary job responsibility to check in patients and schedule appointments for PACT. There also was no significant increase in patient complaints related to HAS MSA operations supporting the Northwest CBOC's podiatry clinics from when the podiatry clinics first started operations in January 2016 through January 2017. The OIG could not identify a negative impact on the CBOC's operations as a result of having dedicated specialty care MSAs supporting the podiatry clinics by checking in patients and scheduling appointments.

***Conclusion***

The OIG did not substantiate the allegation that the PVAHCS lacked adequate MSA staff to support the Northwest CBOC's podiatry clinics. The specialty care MSA manager agreed to a resource-sharing agreement that leveraged the CBOC's PACT MSA resources to check in patients for podiatry clinic appointments, as well as offsite specialty care MSAs to schedule podiatry appointments. No recommendations are made because the OIG could not identify a negative impact on the CBOC's operations as a result of not having dedicated specialty care MSAs supporting the podiatry clinics.

**Finding 3      A Former PVAHCS Associate Director Did Not Prohibit HAS From Using Noncompetitive Hiring Authorities To Fill MSA Positions**

***What We Found***

The OIG did not substantiate the allegation that a former PVAHCS Acting Associate Director prohibited HAS from using noncompetitive hiring authorities to fill MSA vacancies. The OIG also found no evidence that a former acting associate director instructed the HAS or the HRMS not to use noncompetitive hiring authorities to fill MSA vacancies. The PVAHCS used all available hiring authorities—both competitive and noncompetitive—to fill MSA vacancies in HAS from August 23, 2015 through March 5, 2016.

***Hiring Best Practice To Protect Veterans' Hiring Preference***

The assistant human resources officer reported that she told HAS officials the HRMS would not hire applicants using noncompetitive hiring appointments when a competitive announcement was open and advertised. To do so could have excluded qualified veterans' preference applicants applying through the competitive announcement. There is no written policy prohibiting noncompetitive hiring appointment when attempting to fill competitive vacancies; however, it is a best practice. A director from VHA's Workforce Management and Consulting Office reported that as long as a vacancy announcement is open, it is prudent for the HRMS and hiring officials to consider qualified noncompetitive veteran referrals along with qualified applicants who applied for the position through the advertised vacancy announcement before making selections. This practice ensures a facility's compliance with merit systems principles and protects qualified veterans' preference during hiring.

The PVAHCS's HRMS advertised MSA positions through both noncompetitive and competitive vacancy announcements from August 23, 2015 through March 5, 2016. A total of 16 MSA positions were filled during this time period in PACT, Specialty Care, and the Patient Call Center using noncompetitive hiring appointments. An additional 17 MSA positions were filled using competitive hiring authorities.

***Conclusion***

The OIG did not substantiate the allegation that a former acting associate director prohibited HAS from using noncompetitive hiring authorities to fill MSA vacancies. Instead, the OIG found that PVAHCS's HRMS was leveraging both noncompetitive and competitive hiring authorities to fill MSA vacancies. No recommendations are made because the OIG could not identify any negative effect because of using these types of hiring authorities.

## Appendix A Background

### **The PVAHCS**

The PVAHCS serves more than 80,000 patients in central Arizona, including the Phoenix area. The health care system provides acute medical, surgical, and psychiatric inpatient care, as well as rehabilitation medicine and neurological care. The PVAHCS's leadership is made up of the Pentad, which includes the Medical Center Director, Deputy Medical Center Director, Associate Director, Chief of Staff, and the Associate Director of Patient Care Services. In the *PVAHCS Strategic Plan for FYs 2013-2018*, the PVAHCS reported operating on an annual budget of over \$500 million. The PVAHCS includes the Carl T. Hayden Veterans Affairs Medical Center in Phoenix, AZ, and nine CBOCs. Three of these CBOCs are located in Phoenix. The PVAHCS also operates one CBOC in each of the following six Arizona locations: Gilbert, Scottsdale, Globe, Payson, Surprise, and Show Low. The PVAHCS is part of VISN 22.

### **The PVAHCS MSA Workforce**

The PVAHCS's MSA workforce includes MSAs at different General Schedule (GS) levels, including advanced MSAs at the GS-6 pay grade and lead MSAs at the GS-7 pay grade. The PVAHCS supplemented its outpatient MSA workforce with 30 contracted MSAs in August 2015. These contracted MSAs are expected to be onsite through December 2017. The PVAHCS spent about \$1.6 million through May 2017 for this supplemental contracted MSA workforce.

### **HRMS**

The HRMS is responsible for recruiting, screening, and placing employees across the PVAHCS. The HRMS also manages employee relations, payroll, and benefits. The HRMS is headed by a human resources officer. As of December 2016, the HRMS was authorized for 68 FTE that included 16 human resources specialists and nine human resources assistants to support the HRMS's staffing and recruitment mission.

### **Position Management Committee**

The Position Management Committee is responsible for reviewing and recommending action on all requests for the management of positions and vacancies for the PVAHCS and its CBOCs.<sup>14</sup> The Position Management Committee's authorization is required before the HRMS can initiate recruitment efforts to fill a vacancy for previously authorized positions or newly created positions.

The PVAHCS Director has overall responsibility for the function and operation of the Position Management Committee. The committee is comprised of permanent voting members that include the PVAHCS's Associate Director, Assistant Director, Chief of Staff, and the Associate Director of Patient Care Services.

<sup>14</sup> PVAHCS Policy Memorandum No. HRMS/05-06, *Position Management Committee*, April 18, 2014.

**OPM's  
Time-To-Hire  
Model**

The timeliness of Federal agencies' hiring to fill vacancies is measured against OPM's 80-day Time-to-Hire model. In accordance with an OPM memo from March 10, 2014, Federal agencies must report agency-wide data on the average number of days it took to fill a vacancy in accordance with the Time-to-Hire model on an annual basis.

**VA's  
Speed-of-Hiring  
Model**

In addition to OPM's Time-to-Hire model, VA established its own agency-wide hiring model. VA measures the timeliness of its hiring internally against its 60-day Speed-of-Hiring model. VA's Speed-of-Hiring goal for FYs 2014 through 2016 was to fill 80 percent of its vacancies within 60 days. This hiring goal was unchanged for FY 2017. According to VA's USA Staffing Program Office, VHA met its timeliness goals for FY 2014 through July 2017 of FY 2017.

**USA Staffing**

The USA Staffing System is a web-based automated hiring tool created by OPM and used by VA. The system automates the recruitment, assessment, referral, and applicant notification processes. The system has the capacity to capture data for key hiring milestones, such as the date the request to recruit for a position is received by a Human Resources office, the date that the office makes the candidate a tentative offer of employment, and the date that the employee begins their new position. VA uses data captured in the USA Staffing System to report the timeliness of its hiring to OPM. VA also uses USA Staffing System data to assess the extent to which facilities' hiring complies with its Speed-of-Hiring model.

**Prior OIG  
Reports on the  
PVAHCS**

The OIG issued six reports since August 2014 on the PVAHCS.

- In the *Follow-Up Review Access to Urology Service Phoenix VA Health Care System Phoenix, Arizona* (Report No. 14-00875-334, August 14, 2017), the OIG determined that 148 of the 759 patients whose care was reviewed (20 percent) experienced delays in getting new evaluations or follow-up appointments within the system's urology service or through Non-VA Care Coordination. When a delay was identified, an assessment was made of the effect of that delay on the patient's care. From a clinical standpoint, the OIG found that none of the patients reviewed for this follow-up report were adversely affected by a delay in care. The OIG made no recommendations.
- In the *Review of Alleged Consult Mismanagement at the Phoenix VA Health Care System* (Report No. 15-04672-342, October 4, 2016), the OIG concluded that the PVAHCS did not timely complete consults primarily because providers did not always act upon consults to their clinics timely. The OIG also found that staff did not schedule patients' appointments in a timely manner or did not reschedule canceled appointments, a clinic could not find lab results, and staff did not properly link completed appointments to the corresponding consults. As a result, patients attempting to get care at the PVAHCS continued to

encounter delays in obtaining such care. The OIG recommended that the VISN 22 Director ensure the PVAHCS Director improve consult management and follow up with patients who may not have received the requested care. The OIG also recommended the PVAHCS Director ensure HRMS and Specialty Care services fill vacant MSA positions responsible for scheduling consults in Specialty Care services, to ensure sufficient resources to manage and schedule consults.

- In the *Delay in Care of a Lung Cancer Patient Phoenix VA Health Care System Phoenix, Arizona* (Report No. 14-00875-325, September 30, 2016), the OIG concluded that there was a delay between the diagnosis of the lung cancer and treatment. The OIG also determined that there was a delay in identifying the symptoms of cancer metastasis. The OIG identified lack of patient education and primary care provider involvement in the coordination of subsequent cancer-related specialty appointments as factors contributing to delays in care. The OIG made recommendations to strengthen care coordination, patient education, depression screening, documentation, and consult management.
- In the *Access to Urology Service at the Phoenix VA Health Care System Phoenix, Arizona* (Report No. 14-00875-03, October 15, 2015), the OIG concluded that the PVAHCS's leaders did not have a plan to provide urological services during significant unexpected provider shortages in the Urology Service. In addition, the PVAHCS's leaders did not promptly respond to the staffing crisis, which contributed to many patients being "lost to follow-up" and staff frustration due to lack of direction. They also concluded that the PVAHCS Urology Service and Non-VA Care Coordination staff did not provide care or ensure that timely urological services were provided to patients needing care. The OIG recommended that the PVAHCS interim facility director ensure resources are in place to deliver timely urological care to patients and that non-VA care providers' clinical documentation is available in the VA Electronic Health Record in a timely manner for the PVAHCS's providers to review. It also recommended that the PVAHCS interim facility director to confer with Regional Counsel regarding the appropriateness of disclosures to patients and families for patients who suffered adverse outcomes and poor quality of care.
- In the *Radiology Scheduling and Other Administrative Issues Phoenix VA Health Care System Phoenix, Arizona* (Report No. 14-00875-133, February 26, 2015), the OIG substantiated the allegations that a Microsoft Outlook software calendar was used to supplement radiology scheduling, that radiology appointments were not reflected on patients' clinic appointment reminder lists, that radiology clerks had no access to the facility-wide scheduling system, and that some areas had no clerical coverage. The OIG recommended that the interim facility director ensure the Radiology Department uses software consistent with VA policy to

schedule appointments. The OIG also recommended that Radiology Department managers explore the use of the scheduling system by radiology clerks, develop and implement a scheduling policy and a formal training program for clerks, monitor clerical needs to ensure all radiology areas are staffed, and implement the facility's plan for centralized radiology scheduling and procedures to ensure a timely response to phone calls or messages.

- In the *Review of Alleged Patient Deaths, Patient Wait Times, and Scheduling Practices at the Phoenix VA Health Care System* (Report No. 14-02603-267 August 26, 2014), the OIG concluded that patients at the PVAHCS frequently encountered obstacles when they or their providers attempted to establish care that adversely affected the quality of their primary and specialty care. The OIG recommended that the VA Secretary ensure all the PVAHCS's staff who have scheduling privileges satisfactorily complete VHA's mandatory scheduler training. The OIG also recommended that the VA Secretary require facilities to perform internal routine quality assurance reviews of scheduling accuracy of randomly selected appointments and schedulers, and initiate a process to selectively monitor calls from veterans to schedulers and incorporate lessons learned into training or performance plans.

## Appendix B Scope and Methodology

### Scope

The OIG conducted its audit work from March 2016 through September 2017. The scope of the audit included newly hired HAS MSAs employed in PACT, Specialty Care, and the Patient Call Center from August 23, 2015 through March 5, 2016. The OIG also included the review of two allegations made to the OIG Hotline in the scope of this audit.

### Site Visits

The OIG conducted two site visits to the PVAHCS. During these site visits, the OIG visited six outpatient clinics, as well as the PVAHCS's Northwest CBOC and the HRMS office. The OIG conducted 33 interviews of PVAHCS personnel involved with hiring and managing HAS's outpatient MSA workforce, including the HRMS Human Resources Officer and HAS management officials and supervisors. In addition, the OIG interviewed six PVAHCS clinical staff members to gain an understanding of MSAs' roles within the PVAHCS's outpatient clinical service lines.

### Identifying Newly Hired MSAs

The OIG used VA's Personnel and Accounting Integrated Data system data to identify the MSAs that were hired at the PVAHCS from August 23, 2015 through March 5, 2016. The OIG confirmed that a total of 33 MSAs were hired into HAS's PACT, Specialty Care, or the Patient Call Center using SF-52s and confirmation from the HAS Administrative Officer. Seventeen of these 33 MSAs were hired competitively—11 of which were hired from an open and continuous vacancy announcement—while the remaining 16 MSAs were hired through noncompetitive hiring appointments.

The OIG's analysis did not include the time it took the HRMS to provide HAS the certificate of eligible applicants for one of the MSAs hired competitively. The applicant was included on a certificate from an open and continuous vacancy announcement, which was provided to HAS before the vacancy announcement closed. According to the VA's USA Staffing Program Office *Guide to Open Continuous Announcements and Applicant Supply Files*, revised in July 2015, in cases of hard-to-fill vacancies where an applicant pool may be limited, applications may be referred as they are received or as additional vacancies occur.

### Evaluation of MSA Performance Management

The OIG evaluated the extent to which newly hired MSAs were provided timely supervision and performance feedback during FY 2016. The OIG obtained all available VA Form 0750<sup>15</sup> for newly hired HAS MSAs. The OIG examined the dates MSAs and MSA supervisors initially signed VA Form 0750 to measure the timeliness of MSAs receiving their performance plans. The OIG also examined whether MSA supervisors provided MSAs with timely progress reviews by examining the dates that MSAs and supervisors signed Section D, *Progress Review*, of VA Form 0750. In cases

<sup>15</sup> VA Form 0750, *Performance Appraisal*, October 2015.

where the PVAHCS did not provide an MSA's VA Form 0750, the OIG used Personnel and Accounting Integrated Data system data to verify if the MSA was still employed at the PVAHCS to determine if HAS supervisors should have provided the employee with a performance plan.

**Fraud  
Assessment**

The OIG assessed the risk that fraud, violations of legal and regulatory requirements, and abuse could occur during this audit. The OIG exercised due diligence in staying alert to any fraud indicators by taking actions, such as:

- Coordinating with the OIG's Office of Investigations to determine if there were any ongoing or previous cases involving the PVAHCS's MSA workforce
- Conducting steps to review program operations for potential fraud

The OIG did not identify any instances of fraud during this audit.

**Data Reliability**

The OIG assessed the accuracy of Corporate Data Warehouse data capturing patient check-in workload by employee for the PVAHCS's outpatient clinics. The OIG verified the status of selected outpatient clinics from the Corporate Data Warehouse while onsite at the PVAHCS in March 2016 by conducting clinic visits and interviews with clinical staff. Based on this reliability assessment, the OIG concluded the Corporate Data Warehouse data were appropriate and sufficient for purposes of the audit.

**Personnel and  
Accounting  
Integrated Data**

The OIG assessed the reliability of a Personnel and Accounting Integrated Data system data extract capturing the PVAHCS's MSAs and supervisors by examining the extract for missing fields and duplicate records. The OIG verified the extract by reviewing SF-52 personnel forms to confirm selected employees' employment status with the PVAHCS. The OIG then used a Notice of Action report to verify that newly hired MSAs were captured fully in the Personnel and Accounting Integrated Data extract. Based on this reliability assessment, the OIG concluded the Personnel and Accounting Integrated Data extract was appropriate and sufficient for purposes of this audit.

**USA Staffing  
Recruitment and  
Hiring Data**

The OIG also evaluated the reliability of the PVAHCS's hiring data captured in the USA Staffing System. The OIG was unable to conclude that most recruitment and hiring data captured in the system for the MSAs that were hired from August 23, 2015 through March 5, 2016 were appropriate and sufficient for the purposes of this audit. Specifically, the OIG could not verify information in the USA Staffing System related to the dates that MSAs entered on duty at the PVAHCS.

In addition, the OIG searched the USA Staffing System for source documentation, such as the *Recruitment Checklist* and SF-52 forms, in an effort to validate the accuracy of dates for the request received date. The

OIG was unable to identify sufficient source documentation. The HRMS also did not provide sufficient documentation that would allow the OIG to verify the accuracy of this date as captured in the USA Staffing System. The OIG was also not able to independently verify the accuracy of data in the USA Staffing System capturing the date the HRMS provided HAS with certificates of eligible applicants to fill MSA vacancies noncompetitively, or the date HAS returned these certificates to the HRMS.

The OIG examined source documentation and was able to independently verify the accuracy of information logged into the USA Staffing System capturing the date the HRMS provided HAS with certificates of eligible applicants to fill MSA vacancies competitively and the date HAS returned the certificate to the HRMS. The OIG determined that USA Staffing data on the dates the HRMS issued certificates of eligible applicants and the dates HAS returned these certificates to the HRMS for MSA vacancies filled from August 23, 2015 through March 5, 2016 were appropriate and sufficient for the purposes of the audit.

**Government  
Standards**

The OIG's assessment of internal controls focused on those controls relating to the audit objective. The OIG conducted this performance audit in accordance with generally accepted government auditing standards. These standards require that the OIG plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for the report's findings and conclusions based on the audit objective. The OIG believes that the evidence obtained provides a reasonable basis for its findings and conclusions based on the audit objective.

## Appendix C Management Comments

### Department of Veterans Affairs Memorandum

Date: October 5, 2017

From: Medical Center Director, Phoenix VA Health Care System (644/00)

Subj: Office of Inspector General (OIG) Draft Report, Audit of Medical Support Assistant Workforce Management at the Phoenix VA Health Care System (Project Number 2016-00928-R1-0119)

Thru: VA Desert Pacific Healthcare Network Director (10N22)

To: Assistant Inspector General for Audits and Evaluations (52)

1. Thank you for the opportunity to review and comment on the draft report, *Audit of Medical Support Assistant Workforce Management at the Phoenix VA Health Care System*. I concur with the draft report content and OIG's six recommendations. I have provided the attached action plan to address all recommendations.

2. PVAHCS used input from this review to enhance our processes for our Veterans and employees.

3. If you have any additional questions, please contact me at (602) 604-3914.

*(Original signed by:)*

RIMAANN O. NELSON  
Medical Center Director

Concur / ~~Non-concur~~

*(Original signed by:)*

MARIE L. WELDON, FACHE  
Network Director, VISN 22 (10N22)

Attachment

**PHOENIX VA HEALTH CARE SYSTEM (PVAHCS)  
Audit of Medical Support Assistant Workforce Management at the Phoenix VA  
Health Care System  
Draft Report Responses**

**Recommendation 1.** We recommended the Veterans Integrated Service Network 22 Director ensures that the director of the Phoenix VA Health Care System implements controls to make sure sufficient information on the outpatient Medical Support Assistant workforce is captured and documented to allow leadership to align strategically this workforce with outpatient clinical operations.

**VHA Comments:** Concur

To facilitate the Phoenix VA Health Care System (PVAHCS) Leadership's ability to strategically align the MSA workforce with Outpatient Clinical Operations, Scheduling Operations works collaboratively with the Outpatient Clinical Services.

To project the need for additional MSAs based upon anticipated expansion of clinical services, Scheduling Operations worked collaboratively with clinical service lines. The result of this collaboration is documented in the Scheduling Operations FY18 Business Plan.

In the Primary Care Clinics, based on the Patient Aligned Care Team (PACT) model, one Position Management Committee (PMC) package was submitted, which includes the request for a MSA, a provider, and nursing support.

**Status:** Complete

**Target Completion Date:** August 9, 2017

**Recommendation 2.** We recommended the Veterans Integrated Service Network 22 Director ensures that the director of the Phoenix VA Health Care System implements mechanisms to make certain that Human Resources Management Service personnel record complete and accurate MSA recruitment and hiring data and documentation in the USA Staffing System.

**VHA Comments:** Concur

For recruitments, the Staffing Specialist assigned to the Scheduling Service Line performs primary and secondary audits of hiring data ensuring that all required documentation is contained within the Vacancy Identification Number (VIN) in the USA Staffing System. The first audit of information is conducted at the hiring fair, and the second audit is conducted for the certification of eligibles and when the selection is made. These audits take place for all positions recruited within the Phoenix VA Health Care System (PVAHCS).

**Status:** Complete

**Target Completion Date:** April 28, 2017

**Recommendation 3.** We recommended the Veterans Integrated Service Network 22 Director ensures that the director of the Phoenix VA Health Care System leverages available incentives to the extent practicable to recruit and retain qualified applicants for Human Resources Specialist positions.

**VHA Comments:** Concur

Human Resource Management Service (HRMS) has support of facility leadership, which gave HRMS authorization/approval to utilize recruitment incentives to fill HR Specialist vacancies (this authorization was verbal). Both recruitment and relocation incentives have been utilized and offered to candidates.

HRMS continues to recruit to fill all remaining vacancies and continues to utilize different strategies for determining the right mix of positions to handle the workload.

During FY 2016-2017, PVAHCS posted 22 job announcements, hired 15 HR staff, and paid relocation incentives to two HR specialists. During that period, PVAHCS was authorized to pay incentives on 13 of the job announcements. One HR specialist who received a relocation incentive left PVAHCS before completing the employment commitment.

Year	# of Recruitments	# Selected	Incentives Authorized	Incentives Paid
FY2016	13	10	6	2
FY2017	9	5	7	0

In FY2016, 45%<sup>16</sup> (18) of PVAHCS' on-board HR Specialists (GS-0201) separated. Early in FY2016, HRMS service lost a significant number of HR specialists, so leadership authorized recruitment incentives. The loss of HR specialists declined dramatically after PVAHCS stabilized the HR management team in March 2016. Four HR Specialist (two separations each in FY2016 and FY2017) occurred. One of the HR specialists separated received a relocation incentive.

Given the above information, PVAHCS believes a solid management team had a greater impact on employee retention than hiring incentives. PVAHCS will continue to use recruitment incentives as needed to ensure appropriate staffing levels.

**Status:** Complete

**Target Completion Date:** March 2016

**Recommendation 4.** We recommended the Veterans Integrated Service Network 22 Director ensures that the director of the Phoenix VA Health Care System implements the Hire Right Hire Fast program's best practices to improve the timeliness of the Medical Support Assistant selection process.

**VHA Comments:** Concur

Phoenix VA Health Care System has 100% implementation of the Hire Right Hire Fast (HRHF) program. Implementation stages of HRHF were completed prior to the first official Job Fair on April 6, 2017 and the second official Job Fair on July 13, 2017. Sustainment is an ongoing process with utilization of applicant pools and the planning of additional Hiring Fairs throughout the year.

1. Blanket approval to hire MSAs into vacancies – The PVAHCS Medical Center Director authorized blanket approvals for filling vacant MSA positions, thereby bypassing the need for vacant positions to be presented at the Medical Center Resource Board for approval.
2. Accurate, up-to-date rosters of currently employed MSAs and turnover rates – HRMS now has a dedicated specialist for Recruitment and Placement of MSA's. HRMS has assigned 1.5 FTEE Recruitment and Staffing Specialists to the scheduling positions located in Specialty/PACT/Call Center. This gives the Service Care Line for Scheduling more attention to track and fill vacancies. The Scheduling Administrative Officer (AO) and HRMS Recruitment Specialist track MSA vacancies and target openings for immediate fill by utilizing applicant pools of future hires gained during MSA Hiring Fairs. The utilization of the HRHF model, committing manpower resources, and realignment of the Health Administration Service line in to two separate business lines, (Scheduling and Business Operations) has significantly decreased turnover rates. MSA turnover rates in 2015 were 21.56%, with the current 2017 turnover rate at 7.41%.

<sup>16</sup> This number is calculated using an average monthly census of 40 on-board HR Specialists for FY2016.

3. Standardized recruiting model for MSAs within each Medical Center – Currently the facility is utilizing MSA Hiring Fairs which target filling positions from vacancy to job offer within 30 days, and an “End to End” Hiring process of 60 days from Open to Onboard. These Hiring Fairs are scheduled quarterly and will be used more frequently if trending in turnover increases.

4. Establish an MSA applicant pool to ensure sufficient number of applicants – The Hiring Fairs have garnered an excellent number of future applicants allowing the Service Line to fill positions as vacancies occur.

**Status:** Complete

**Target Completion Date:** April 16, 2017

**Recommendation 5.** We recommended the Veterans Integrated Service Network 22 Director ensures that the director of the Phoenix VA Health Care System implements controls to make certain the newly hired Medical Support Assistants are provided with timely performance plans in accordance with VA Handbook 5013/12.

**VHA Comments:** Concur

To ensure that newly hired MSAs receive timely performance management, in accordance with VA Handbook 5013/12, PVAHCS is implementing an Onboarding Checklist tool. All managers are required to track the issuance of performance plans as well as the status of each on the MSA Performance Measurement Tracking Sheet. Performance measurement tracking information is collected and tracked by the Scheduling Operations Administrative Officer using the Tracking Sheet and is overseen by the Chief of Scheduling Operations.

**Status:** Complete

**Target Completion Date:** August 31, 2017

**Recommendation 6.** We recommended the Veterans Integrated Service Network 22 Director ensures that the director of the Phoenix VA Health Care System evaluates the feasibility of using available employee survey data to identify and redress the reasons why Medical Support Assistants leave their current positions.

**VHA Comments:** Concur

The PVAHCS HRMS reviewed the feasibility of using available employee survey data to identify and redress reasons why Medical Support Assistants (MSA) leave their current positions. Surveys reviewed include the Exit Surveys and the All-Employee Survey (AES).

In FY2017, 26 employees completed an Exit Survey. Half of those who completed the survey were physicians and the other half were nurses. Based on volume and the type of respondents, this survey tool is not feasible for the intended purpose of this recommendation.

The Scheduling Service developed an action plan to focus on the top three areas that demonstrated opportunity for improvement based on the 2016 AES. The 2016 AES results were reviewed to identify three opportunities for growth – 1) organization climate, 2) employee burn out, and 3) employee satisfaction.

To address employees' concerns of burn out and employee satisfaction, the Scheduling Operations Service created a process to ensure proactive recruitment processes, which was discussed in depth in our response to Recommendation 4 of this report. The FY2017 AES was completed prior to completion of the MSA Hire Right, Hire Fast hiring drive, so it will not provide useful information about the success or failure of this program to address MSA burn out and job satisfaction. PVAHCS will need to wait for the AES data release in October / November 2018 to determine the impact of our implementation of the Hire Right, Hire Fast program on MSA retention. Scheduling Operations believes the organizational climate will also improve within the service line and system-wide as the facility continues to gain ground on its

access performance measures. While turnover will always be an issue for these entry-level positions, Scheduling Operations anticipates timely recruitment and on-boarding with the new hiring process.

While the action plan produced some positive momentum to improve employee satisfaction, PVAHCS does not believe the AES is a feasible tool to identify primary reasons MSAs leave their current positions as explained below.

Many of our MSAs find higher paying positions in the organization (hence leaving the MSA position open), whether internal to Scheduling Operations or to another service line at PVAHCS.

MSAs may also find employment opportunities outside the PVAHCS with higher pay. For example, the VA Regional Office (VARO) had a hiring drive in 2016/2017 to fill its Call Center staff. Starting pay for these positions was higher than starting pay for a MSA. PVAHCS noticed a significant decrease of MSAs leaving the organization after the VARO Call Center filled its vacant positions. While suppositional, PVAHCS believes several MSAs left to take higher paying positions at the VARO Call Center.

**Status:** Complete

**Target Completion Date:** June 29, 2017

## Appendix D **OIG Contact and Staff Acknowledgments**

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