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Briefing Report to the Ranking Minority Member, Committee on Governmental Affairs, U.S. Senate

February 1990

VA HEALTH CARE

Veterans' Concerns About Services at Wilmington, Delaware, Center

GAO/HRD-90-55BR

GAO

United States
General Accounting Office
Washington, D.C. 20548

Human Resources Division

B-238225

February 8, 1990

The Honorable William V. Roth, Jr.
Ranking Minority Member
Committee on Governmental Affairs
United States Senate

Dear Senator Roth:

Your October 21, 1988, letter requested that we review veterans' concerns about health care services at the Department of Veterans Affairs' (VA) Wilmington, Delaware, Medical Center.[1] The concerns focused primarily on delays in obtaining care in the following areas: outpatient, orthopedics, pharmacy, prosthetics, cardiology, speech therapy, and diagnostic testing.[2] Concerns were also expressed about the cleanliness of some areas of the center. As agreed with your office, we determined whether (1) the medical center was aware of the veterans' concerns and (2) corrective actions, if warranted, were taken to address the concerns.

On November 27, 1989, we briefed your office on the results of our work. We reported that the medical center director was aware of the veterans' concerns and had taken actions that adequately addressed two areas (cardiology and diagnostic testing). Waiting times for speech therapy and prosthetics did not appear to be problems. Additional corrective steps were needed to correct orthopedic, pharmacy, outpatient care, and housekeeping problems. This letter highlights the four service areas we found needing additional actions. After our discussions with the center director and VA headquarters officials, they agreed to take actions to improve conditions in these four areas. Appendixes I through VIII provide a more detailed discussion of the veterans' concerns about each of the eight service areas.

Background

In recent years, the medical center director made changes in many of the service areas of concern to veterans including (1) discontinuing orthopedic services and (2) reducing the number of staff assigned to some other

[1] Concerns about the adjudication of compensation claims is discussed in Veterans' Benefits: Allegations Concerning Claims Adjudication at Wilmington, Delaware, Center (GAO/HRD-89-135BR, Aug. 31, 1989).

[2] We reviewed the three primary diagnostic testing areas: radiology, nuclear medicine, and laboratory services.

residents from the Wilmington center in order to locate them in a hospital closer to the college. Subsequently, the center's orthopedic work load decreased significantly, at least partly because other medical centers discontinued referring veterans to Wilmington for orthopedic care. In March 1988, the center's director decided to discontinue providing these services. The last orthopedic service was provided in February 1989.

Although we did not find any veterans who had to wait 6 months for service, we found that some veterans' care was delayed because of poor coordination between the Wilmington and Philadelphia centers. Our review of 27 referrals[1] showed that veterans had to wait an average of 45 days for an appointment in Philadelphia—ranging from 26 to 67 days. These veterans were generally referred to Philadelphia for evaluation of chronic conditions, after first being examined by a Wilmington center physician.

When 13 of the 27 veterans arrived at the Philadelphia center, they encountered delays in completing treatment. These delays resulted because X-rays (1) could not be located, (2) were not completed before the referral, or (3) were not properly coded to show the veterans' identification numbers. The attending physicians at the Philadelphia center examined these veterans and had them schedule a follow-up visit so that X-rays could be taken and reviewed. The follow-up appointments occurred an average of 57 days later and ranged from 27 to 128 days after the veterans' initial visits to Philadelphia.

Although Philadelphia physicians were aware of the above problems with X-rays, they did not communicate them to Wilmington officials. When we told Wilmington officials about these problems in August 1989, they agreed to establish a formal log to track each orthopedic referral through the actual visit in Philadelphia and to hold meetings with Philadelphia staff to improve communications and eliminate as many delays as possible.

Pharmacy Services

Veterans alleged that the waiting times for prescriptions to be filled at the Wilmington center were excessive. Medical center records showed that as of February 28, 1988, veterans had to wait over 2 hours for a prescription to be filled. VA's director of pharmacy services considers

[1]We selected 27 of 62 referrals that the medical center made between mid-November 1988 and February 1989; the center did not maintain records for all its referrals. Of the 27 cases, 12 were selected randomly and 15 judgmentally, based on whether they appeared to be emergency conditions (11 cases) or Wilmington records showed waiting times exceeding 4 months (4 cases).

The center took two steps to reduce waiting times. First, in January 1989 veterans with appointments were allowed to report directly to the appropriate specialty clinic. Second, the center staff encouraged veterans without appointments to call 3 days before their planned visit so that medical records could be retrieved from storage before the veterans arrived, thus saving time.

In July 1989, the center studied waiting times in the general medical clinic and found that they had increased rather than decreased for those without appointments. When we discussed this situation with the center director and VA headquarters officials, they agreed to take additional actions to reduce the delays. First, the assistant chief of staff for ambulatory care will routinely monitor delays and personally treat walk-in patients when a backlog exists. Second, center staff will conduct a study to identify ways that the flow of patients through the outpatient area can be improved.

Housekeeping Services

Veterans alleged that bathrooms and floors in some wards were unsanitary or dirty. Although the center has made efforts to correct this situation, some cleanliness problems continue to exist because of staff reductions.

During a tour of the center with representatives of veterans' service organizations, we noted heavy dust on ventilation ducts and light fixtures in patient treatment areas. The Joint Commission on Accreditation of Healthcare Organizations, veterans' organizations, and the center's housekeeping staff had reported cleanliness problems, such as dirty floors, at the center during the last 3 years.

Center officials made significant changes in housekeeping services over the last 6 years that contributed to the center's cleanliness problems. Staffing levels were reduced from 42 in 1983 to 32 in 1989 in an effort to reduce costs. As a result, administrative areas were cleaned less frequently because housekeeping staff were used to perform daily maintenance in patient areas. Further, heavy-duty cleaning, such as washing walls and air vents, was done less frequently throughout the center.

The director agreed that reduced housekeeping staff levels have resulted in the center not being as clean as when staffing levels were higher. He stated, however, that the rate of infections developed by veterans at the center has not increased. When we discussed this situation with VA headquarters officials in November 1989, they stated that

Table

Abbreviations

VA Department of Veterans Affairs

Orthopedic Services Canceled

In June 1986, the Jefferson Medical College[2] withdrew its two orthopedic residents from the Wilmington Medical Center. According to the dean of the college, the new chief of orthopedics at Jefferson requested the transfer of the residents to a hospital closer to the college. The Wilmington center attempted to establish affiliation agreements with other medical schools and hospitals in the area but was unsuccessful. It is the center director's view that without an orthopedic residency program, the facility will not be able to attract physicians willing to work the long hours necessary to provide orthopedic services.

The center director decided to stop providing orthopedic services because the inpatient work load decreased after the residents left and staff reductions were required to meet authorized staffing levels. After the residency affiliation was canceled, the number of full-time orthopedic staff at the center fluctuated, and the chief of staff said the inpatient work load did not justify continuing the orthopedic service. The inpatient work load decreased by 65 percent from 1986 to 1988. When management decided in March 1988 to eliminate orthopedics, one physician transferred to another medical center, leaving one part-time orthopedic physician who staffed a limited orthopedic outpatient clinic until he retired in March 1989. At that time, all orthopedic services were terminated, and veterans needing orthopedic care were referred to Philadelphia. Most veterans were referred to Philadelphia for evaluation of chronic conditions, after first being examined by a Wilmington center physician. Wilmington has no plans to restore orthopedic services.

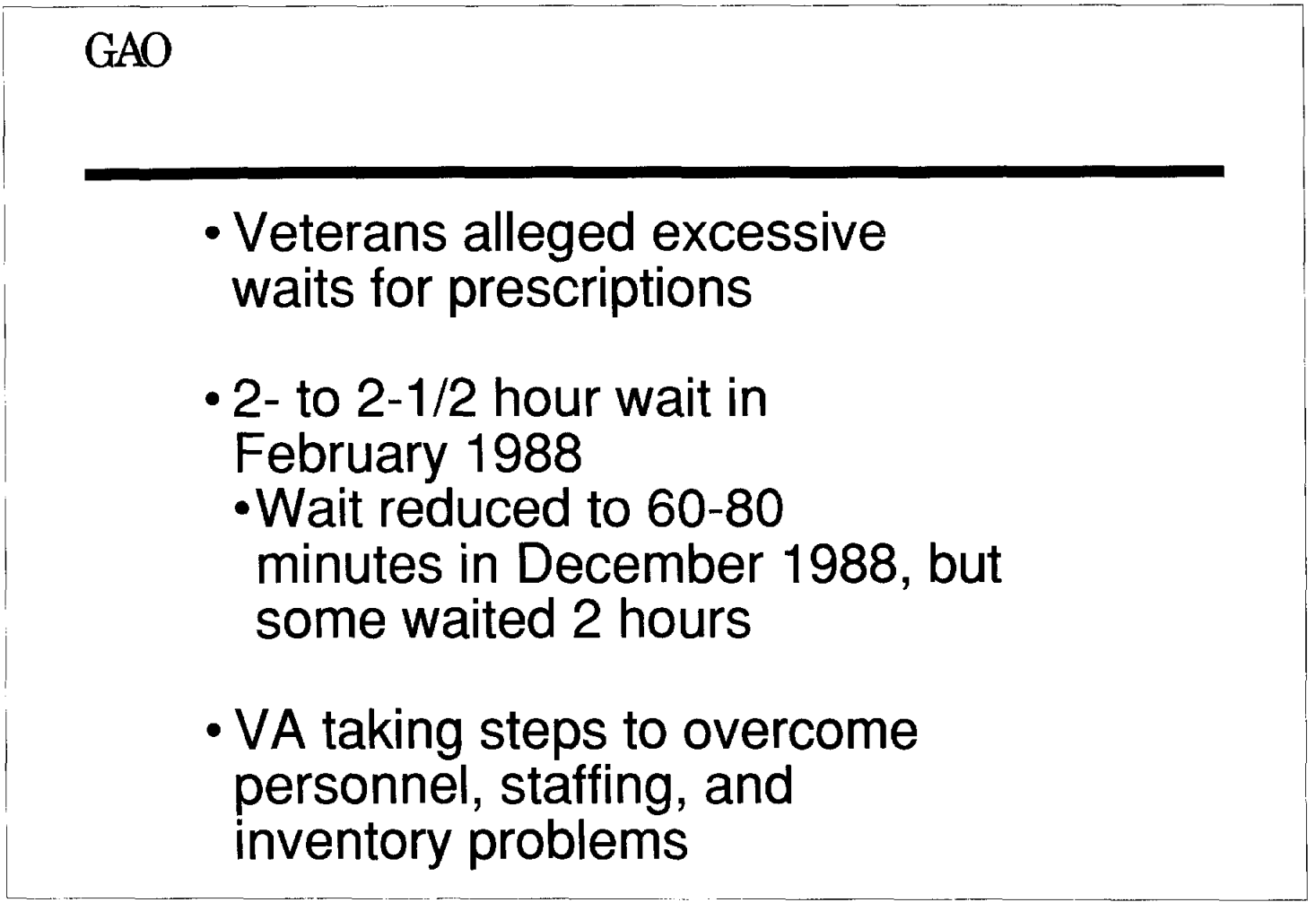
Referral Process Functions but Some Delays Occur

The Philadelphia center orthopedic clinic scheduled those veterans included in our medical record review, an average of 45 days after Wilmington physicians saw them. Although we did not find a 6-month delay in waiting for the initial appointment, delays averaging 57 days did occur when the Philadelphia physicians ordered X-rays and the veterans had to either return to Wilmington for them or have them taken when they returned to Philadelphia for further treatment.

The Wilmington center scheduled appointments for veterans referred to Philadelphia, but did not monitor the process or keep a list of every veteran referred. We were able to document 62 referrals made between mid-November 1988 and February 1989. From these 62 referrals, we

[2]A part of Thomas Jefferson University in Philadelphia, Pennsylvania. The school has an affiliation agreement with VA.

Pharmacy Services



Veterans alleged that the waiting times for prescriptions at the Wilmington center were excessive. As of February 28, 1988, veterans had to wait over 2 hours for prescriptions to be filled. Such delays were due to (1) shortage of personnel, (2) inadequate space, and (3) inefficient inventory practices. Management actions, such as the hiring of a new pharmacy chief and improving inventory practices, have reduced waiting times, but many veterans must still wait more than 1 hour.

Excessive Waiting Times

VA's director of pharmacy services considers waiting times of more than 1 hour for prescriptions to be excessive, but VA has no formal criteria for acceptable waiting times. The Wilmington center reported an average

pharmacy space and the way the space was laid out limited Wilmington's ability to fill mail-out prescriptions and to reduce the number of veterans waiting at the pharmacy for prescriptions to be filled. Wilmington's mail-out prescriptions totaled 35 percent of the outpatient work load in February 1988 and 41 percent in the first 9 months of fiscal year 1989 (compared with a VA-wide average of 60 percent). Overall, the pharmacy filled almost 154,000 prescriptions in fiscal year 1988, a 150-percent increase over 1984.

The medical center planned a pharmacy expansion in fiscal year 1986 at an estimated cost of $56,000, but this project has been repeatedly delayed.[1] The regional medical director funded the project in fiscal year 1988 but the center's director used the funds for routine operating expenses. At the time we were performing our work, the director planned to implement the project in fiscal year 1991.

Inefficient Inventory Practices

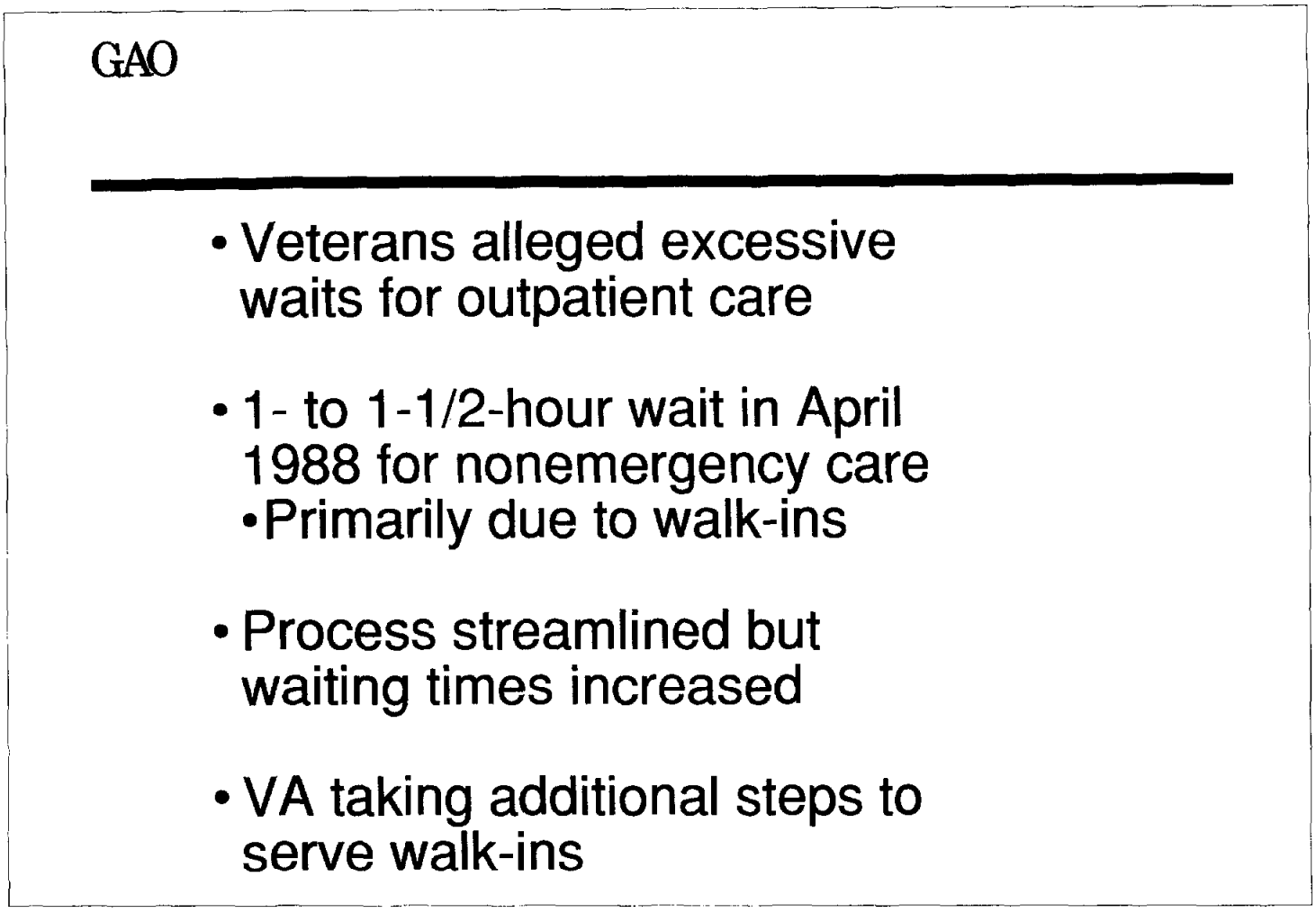
A third factor contributing to delays in filling prescriptions was drug inventory management practices, which made it difficult for the pharmacy to track and maintain a sufficient supply of medications. The center's current pharmacy chief established a computerized inventory system to monitor medication supply levels and track procurement requests that was activated in the late summer of 1989. Another action to improve inventory management was the revision of the hospital's formulary list (a list of medications that should be stocked and/or readily available for patient care when needed). The new hospital formulary reduces the number of drugs that must be carried in the inventory, thereby reducing costs.

Staffing Problems

The Wilmington center began experiencing difficulties in hiring and retaining pharmacists in October 1988. The new pharmacy chief cited personnel-related problems and noncompetitive pay rates as the major reasons for staff turnover. Three pharmacists resigned between October and December 1988 because, in the pharmacy chief's opinion, they disagreed with the changes he had implemented (e.g., extended hours, temporary leave restrictions). The pharmacy chief also stated that he was unable to recruit new pharmacists because the starting salary ($13.87 per hour) was too low. As a result, the medical center requested and

[1] A clinical addition and renovation project including a new pharmacy was planned in 1983. This project has been repeatedly delayed, however, and no funds for construction were authorized in the medical center's fiscal year 1989 budget.

Outpatient Care



Veterans alleged that there were excessive waiting times for services at the outpatient facilities. Veterans without appointments (walk-ins) frequently had to wait 1-1/2 to 2 hours before seeing a doctor for nonemergency care in fiscal years 1988 and 1989. Medical center actions to revise the intake process and decrease the unpredictable work load have been unsuccessful.

Intake Processing Is Cumbersome

The Wilmington center had 73,679 outpatient visits in fiscal year 1988, an increase of 28,160 visits since 1984. Medical center officials said there has been an increase in the number of veterans using the center and a shift toward outpatient treatment of many illnesses. Almost half

VA has no criteria for acceptable waiting times. The chief of ambulatory care at the medical center considered these delays undesirable but not excessive.

Medical center officials believed that the problem of delays in the center's ability to serve outpatients was caused primarily by the large number of unscheduled visits made to the center by veterans. The medical center has the equivalent of 3.5 full-time physicians assigned to see outpatients in the general medical clinic. These physicians see both scheduled and unscheduled patients. No physician is assigned to handle only walk-ins because the work load is unpredictable and all physicians have full appointment schedules. A physician working part time saw walk-in patients 2 or 3 days a week during part of 1988, but he retired and VA did not fill this position.

Corrective Actions Ineffective

Center officials have taken several actions to streamline intake processing. The assistant chief of medical administration services established a "scheduled walk-in" procedure to help manage the unscheduled work load and eliminate the wait associated with retrieving medical records. The new procedure encourages veterans to call 3 days before "walking in," thus giving staff an opportunity to retrieve medical records before the veteran's arrival.

Medical center officials expected that these changes would alleviate some of the delays. However, a July 1989 study by center staff of waiting times for unscheduled veterans showed a 32-percent increase in the average waiting time to see a physician. The assistant chief of medical administration services stated that, as a result of this study, in August 1989 he recommended to medical center management that an additional staff physician be assigned to handle unscheduled veterans in the outpatient clinic.

After we discussed the waiting times for outpatient care with center officials, they advised us that another study will be done by the center to determine the effectiveness of changes made in the flow of patients through the outpatient clinic. In the meantime, the assistant chief of staff for ambulatory care will see walk-in patients when backlogs exist. He and the ambulatory care coordinating committee are also considering other options to improve timeliness within current budgetary constraints.

center is not up to standards of sanitation expected in a hospital setting." The Veterans of Foreign Wars also conducts periodic reviews at VA medical centers, and the local representative requested a review at Wilmington, in part because of his concern over sanitary conditions. The October 1988 report on this review stated there were unsanitary conditions in several patient units. For example, ventilation ducts and light fixtures in some bathrooms had heavy dust, as did furnishings in patient rooms. During our March 1989 inspection of the medical center with representatives of veterans' organizations, we noted similar conditions.

Staff Reductions Result in Reduced Cleaning Schedules

The medical center management decreased cleaning staff from 42 in 1983 to 32 in 1989 in an effort to reduce the center's costs. In response to these staff reductions, the chief of building management reduced cleaning schedules in administrative areas and had staff concentrate on patient care areas. For example, administrative offices are now cleaned weekly instead of daily. Periodic, heavy cleaning jobs, such as washing walls and cleaning air vents, were delayed so that housekeeping staff could concentrate on routine daily cleaning.

The medical center hired six temporary staff for 3 months in 1988 to strip and refinish floors and five temporary employees in the summer of 1989 to do heavy cleaning. Representatives of the veterans' organizations believed that sanitary conditions in some areas of the center had improved but that current conditions are still not satisfactory.

The director agrees that the reduced schedules mean the center is not as clean as it was when staffing levels were higher. He stated, however, that the rate of infections incurred by veterans during their stays at the center has not increased.

We discussed the cleanliness issue with VA headquarters officials who agreed to request regional staff to assess the cleanliness of the Wilmington center and, if warranted, propose solutions to the center director.

used in an emergency. Communication problems between the two centers created some delays in obtaining diagnostic tests. The Philadelphia center has now designated specific contact points for Wilmington cardiologists to use. This should resolve the communication problems between the centers and reduce the time veterans have to wait for appointments.

Delays in Appointments

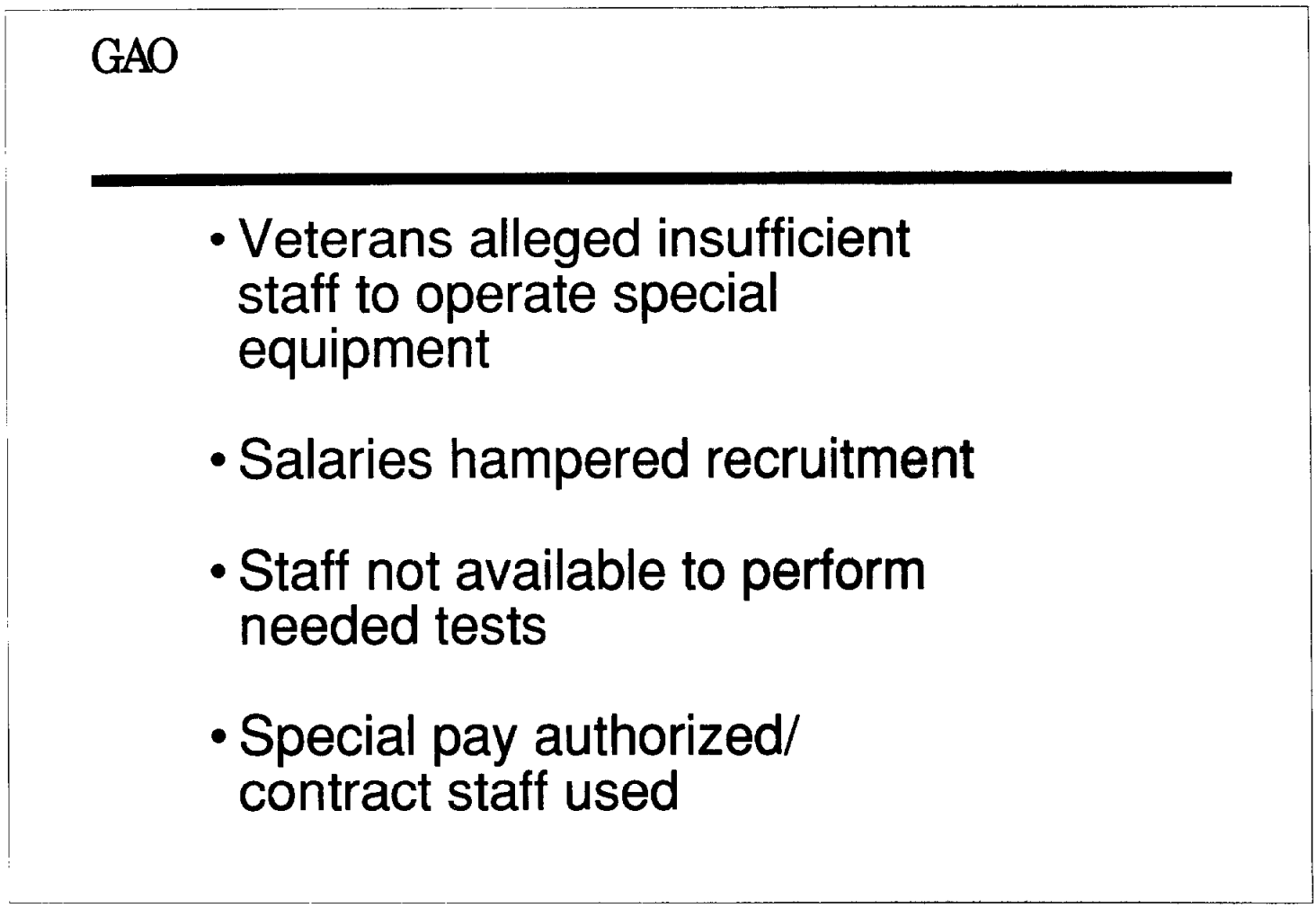
Two cardiologists provided services to veterans at the Wilmington center before June 1988. At that time, one cardiologist resigned, which resulted in delays for routine cardiology clinic appointments. The remaining cardiologist could see only about half as many veterans as had previously been seen and appointment waiting times were thus extended. For example, as of March 1989, the next open routine outpatient cardiology appointment was in November 1989, 8 months away. However, the cardiologist would see veterans with acute cardiac problems promptly if they were referred by their general medical physician.

We reviewed 10 cases randomly selected from a list of veterans with cardiology clinic appointments from January through March 1989 to determine waiting times for appointments. The cardiology clinic was following four of the cases for such conditions as coronary artery disease. Six cases were newly referred from the general medical clinic with such problems as chest pain or irregular heartbeats. Waiting times for appointments in the cardiology clinic ranged from 1-1/2 to 12 months after a referral, based on our medical record review. When a second cardiologist joined the staff in April 1989, waiting times for appointments in the clinic decreased to from 1 to 3 weeks.

Inability to Attract Cardiologist

The Wilmington center began recruiting a second cardiologist in June 1988. However, 10 months passed before the vacancy was filled. A medical center official explained that a noncompetitive VA salary and the timing of their effort hindered their recruitment efforts. An experienced board-certified cardiologist would start at no more than $74,303, which is much lower than the national private salary average of $162,000 for 1987. In addition, the Wilmington recruitment efforts started at a time when recent graduates from physician training programs had already obtained other positions.

Diagnostic Testing



Veterans alleged that insufficient staff were available at the Wilmington center to administer and operate specialized equipment.[1] Our analysis showed that there was insufficient staff to operate specialized diagnostic equipment. As a result (1) there were delays in obtaining tests, (2) some tests were performed outside of VA, and (3) inpatient stays were extended. Staff shortages in radiology, nuclear medicine, and laboratory services were due to a decrease in the number of authorized staff and the medical center's inability to recruit and retain qualified technologists.

[1]We reviewed the three primary diagnostic testing areas: radiology, nuclear medicine, and laboratory services.

Table VI.1: Special Pay Rates

In dollars per hour

Service	Regular rates[a]	Special rates		Approved increase
		Requested	Approved	
Radiology:				
1988	$6.37	$8.28	$8.06	$1.69
1989	8.06	8.06	8.79	0.73
Nuclear medicine:				
1988	6.50	11.01	8.79	2.29
Laboratory:				
1988	7.24	12.08	9.44	2.20

[a]Starting salaries before rate increase requested. Radiology and nuclear medicine technologists start at GS-4; laboratory technologists start at GS-5.

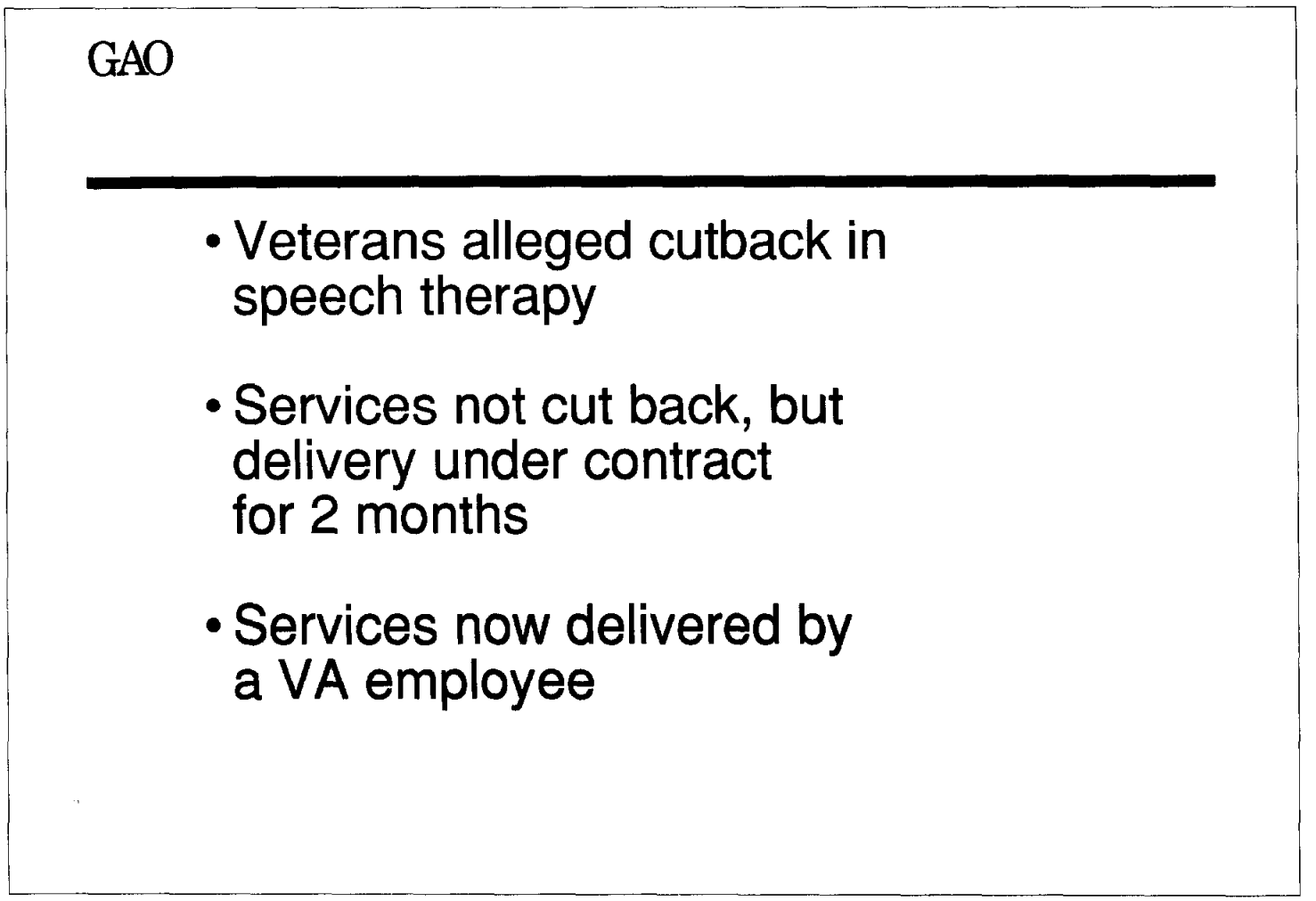
Center officials requested special pay rates for radiology in June 1987, for laboratory in July 1988, and for nuclear medicine in December 1988. Office of Personnel Management approval took 7, 3, and 4 months, respectively. Center officials requested an additional radiology rate increase in August 1988, and the Office of Personnel Management took 7 months to approve the increase. In addition, Wilmington's inability to recruit a chief of nuclear medicine delayed submission of a special salary request for nuclear medicine technologists. Laboratory services had high staff turnover rates in fiscal year 1987, yet the center did not request special salary rates until July 1988.

Since the special salary rates went into effect for nuclear medicine and laboratory services, the center has recruited additional technologists. Radiology, however, continues to experience recruitment and retention problems, in part because of the heavy night and weekend on-call requirement shared by six technologists. Also, salaries in the private sector are expected to soon rise again because of technologist shortages in the area. The chief of laboratory services told us that when this happens the salaries paid by the Wilmington center will again be noncompetitive without another adjustment.

Impact of Staff Shortages

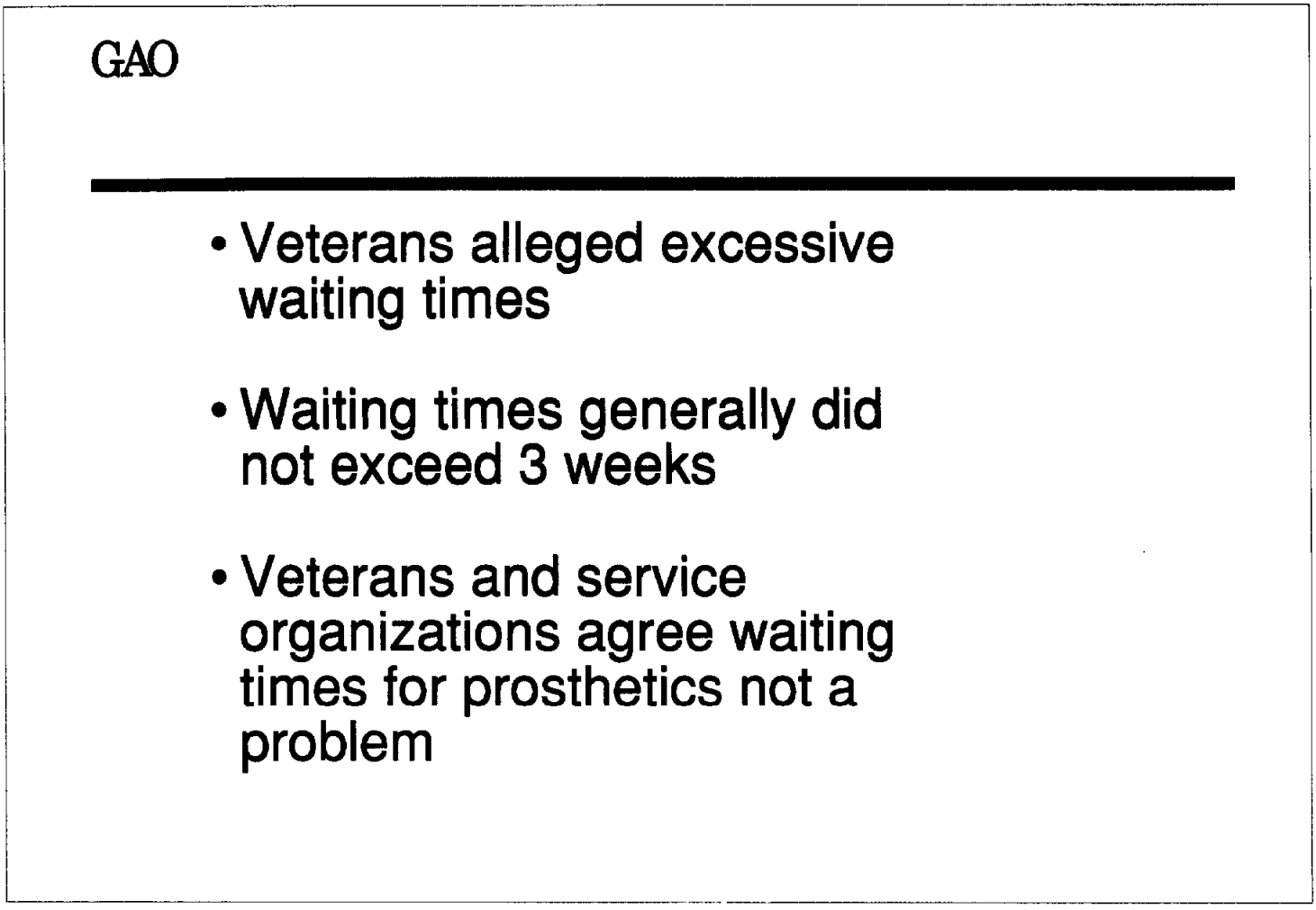
Staff shortages in radiology, nuclear medicine, and laboratory services have the potential to affect quality of care and increase lengths of inpatient stays. The VA headquarters chief of nuclear medicine reviewed patient test results at the Wilmington center in January 1988. He noted six deficiencies, such as poor quality test results and a backlog of patients waiting for laboratory tests. He said that these deficiencies could jeopardize the welfare of patients. In addition, the pharmacy

Speech Therapy



Veterans alleged cutbacks in a specialized speech therapy program. We found that despite program changes, the Wilmington center's speech therapy program continued uninterrupted. Because of anticipated budget constraints in fiscal year 1989, center management reviewed the speech therapy program work load to determine whether a full-time speech therapist was required. Based on this work load analysis and consideration of other needs, the center decided to reassign its full-time speech therapist to other duties beginning in September 1988, while contracting out speech therapy services on a part-time basis. However, an agreement was reached between the center's associate director and the

Prosthetics



Veterans alleged that there were excessive waiting times for prosthetic services,[1] but we did not find this allegation to be valid. Although records were not available to determine the waiting times for prosthetics at the Wilmington center, the chief of prosthetics told us that waiting times generally did not exceed 3 weeks. Veterans' service organizations and medical center officials agreed that delays in obtaining prosthetics at the center have been kept to a minimum. The center provided prosthetic services for 4,253 disabilities in fiscal year 1988, up from 3,625 in fiscal year 1986. Some delays in processing orders for this increased work load occurred in fiscal year 1988 and early 1989, taking up to 3 to

[1]Prosthetic services provide appliances for the body, such as artificial limbs, eyeglasses, hearing aids, and motorized wheelchairs.

Major Contributors to This Report

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4 weeks to send orders out to suppliers. The use of overtime and part-time staff resolved the backlog. In addition, we were advised by the chief of prosthetics that, whenever possible, the medical center maintains an inventory of prosthetics items needed by veterans, which decreases waiting time.

therapist to continue providing "specialized" speech therapy to two veterans. About 2 months after the therapist was reassigned, he was reinstated as the full-time speech therapist because, according to medical center management, the inpatient work load was greater than previously reported.

reported higher usage of broad spectrum antibiotics. These were used because the tests needed to identify the specific bacteria could not be obtained because of a shortage of laboratory technologists. A standing medical center committee (Utilization Review) also reported lengths of inpatient stay increased during a 5-month period (Nov. 1988 through Mar. 1989) because the laboratory did not provide test results on a timely basis.

In addition to requesting special pay rates for technologists and the use of overtime, the center contracted for technologists to provide 24-hour coverage. In some cases, the medical center sent the veterans to a local hospital to have tests performed.

Because of these problems, the medical center requested special pay rates[2] for technologists in the above services, but the time required to process the requests, coupled with recruitment and retention problems, required the center to rely on staff on overtime or contract personnel to operate the equipment. The subsequent approval of special pay rates and the use of contract personnel has enabled the center to reduce the delays in obtaining medical tests.

Authorized Staff Reduced

In response to overall reductions in its authorized staffing levels during the last 3 years, the medical center reduced the staffing level of each medical center service.[3] As a result:

- Radiology technologists decreased from nine in fiscal year 1986 to six in fiscal year 1989.
- Nuclear medicine technologists were cut from four to three in fiscal year 1986.
- Authorized laboratory technologists decreased from 23 in fiscal year 1986 to 20 in fiscal year 1989.

Recruitment and Retention Problems

The Wilmington center has experienced difficulties recruiting and retaining technical staff because VA salary rates are not competitive with local private sector hospitals and laboratories as shown in documents supporting requests for special pay rates. As a result, staff vacancies have occurred in radiology, nuclear medicine, and laboratory services. For example, in January 1989, all three nuclear medicine technologist positions were vacant; nuclear medicine was unsuccessful in recruiting technologists for a year and was without a chief for 16 months—from October 1987 to February 1989; and laboratory services had 7 of 20 medical technologist positions vacant in July 1988. In addition, the laboratory technologist turnover rate was 37 and 47 percent for fiscal years 1987 and 1988, respectively.

In order to overcome the problem of noncompetitive pay rates, medical center officials requested permission from VA headquarters and the Office of Personnel Management to pay special rates. Table VI.1 shows the special salary rates in effect as of June 1989 for these services.

[2]Departments can request special pay rates based on recruitment or retention difficulties attributable to higher nonfederal pay.

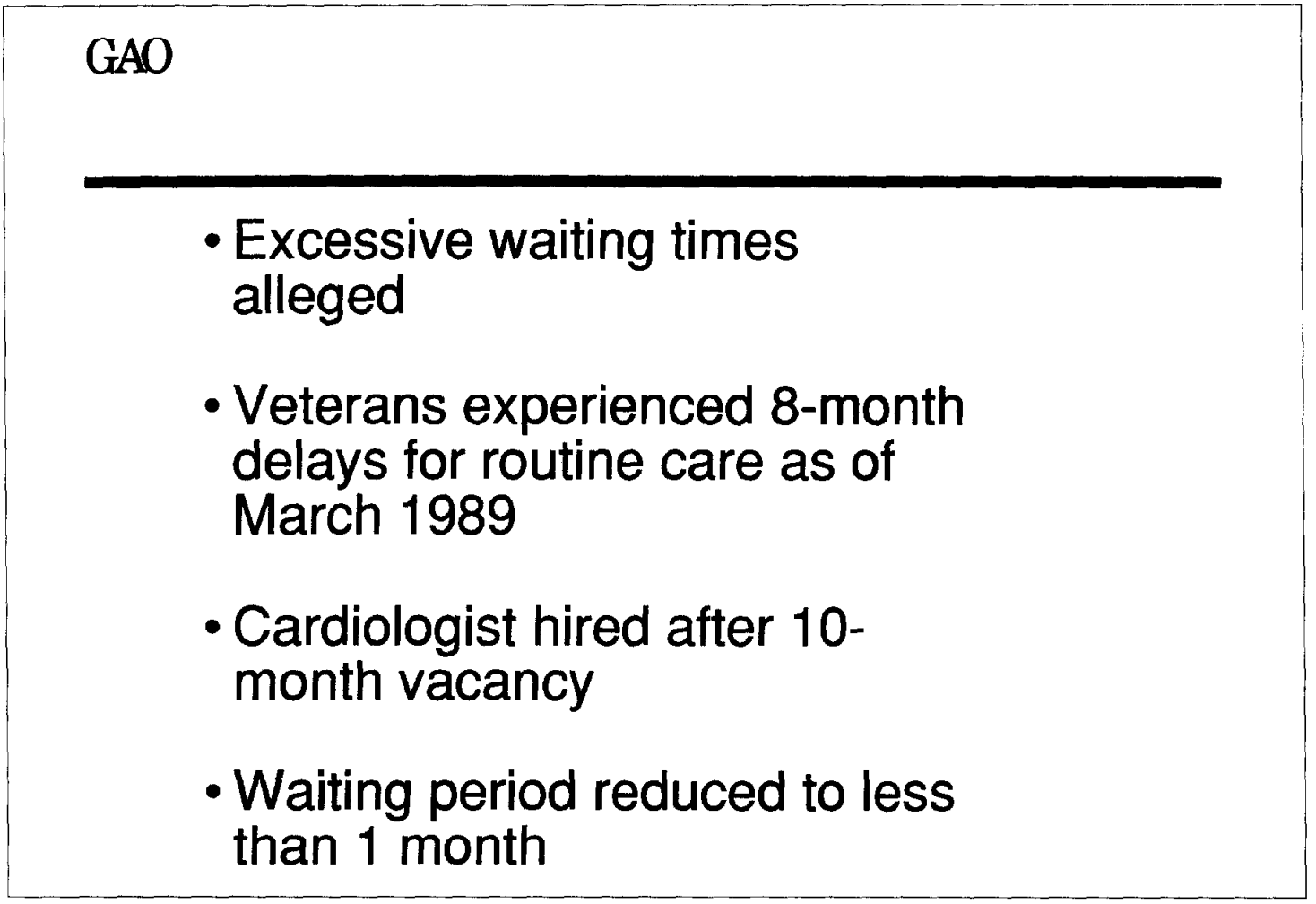
[3]VA does not have criteria for staffing levels in radiology, nuclear medicine, or laboratory services. Each service chief estimated staffing needs based on experience.

Communication Problems Between Facilities

The Wilmington Medical Center does not have the work load to support a cardiac catheterization and surgery unit; therefore, it refers veterans needing cardiac catheterization or surgery to the Philadelphia Medical Center or a local hospital. The Philadelphia center acts as the referral center for other VA medical centers in the area whose patients need cardiac catheterization. Philadelphia has a contract with a nearby medical center for cardiac catheterization and surgery at a reduced cost. Wilmington prefers to use this Philadelphia arrangement because of the high cost of using other private hospitals.

Wilmington experienced delays in transferring cardiac patients to Philadelphia because neither center established a policy on how patients requiring acute cardiac care were to be referred from one medical center to the other. As a result, Wilmington medical staff had problems in contacting appropriate Philadelphia staff and getting needed approvals. Several patients were advised to seek care elsewhere. A Wilmington center cardiologist told us that, within a 2-month period in the spring of 1989, he advised one patient to seek cardiac care at a military hospital and another at a private hospital because of referral delays. Wilmington and Philadelphia officials have met and discussed steps to improve communication, and Philadelphia has designated specific persons for the Wilmington cardiologists to contact when making referrals. These officials plan to continue meeting to discuss any unresolved communication problems.

Cardiology Services

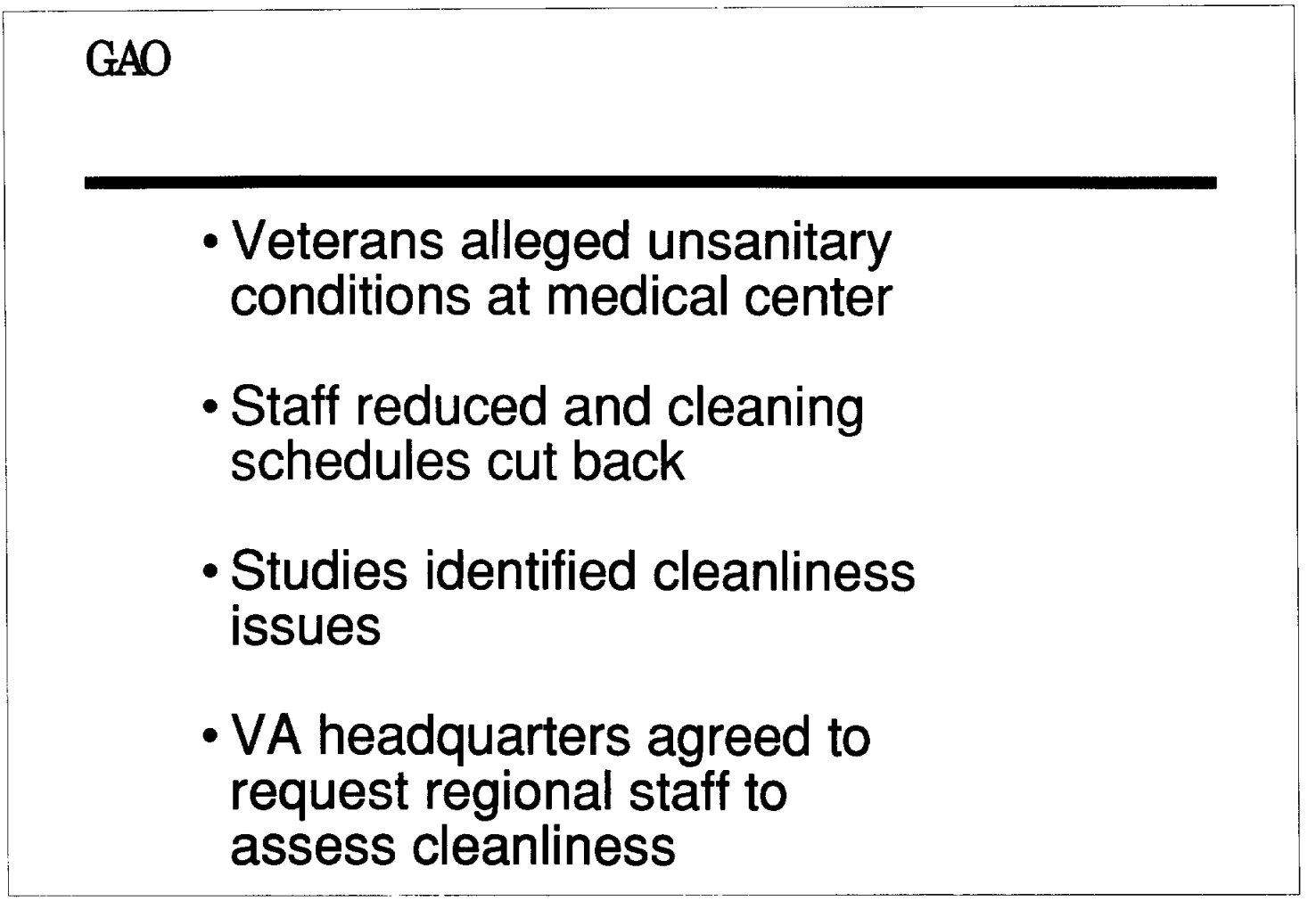


Veterans alleged that there were excessive waiting times for appointments in special medical areas. We reviewed the medical area of cardiology[1] based on a complaint received in Senator Roth's office. We found that as of March 1989, veterans had to wait 8 months for a routine (non-emergency) scheduled cardiology clinic appointment at the Wilmington center. This wait, however, decreased to 1 to 3 weeks after a second cardiologist was hired in April 1989 to fill a long-standing vacancy.

The Wilmington center refers veterans needing cardiac catheterization and surgery to the Philadelphia center, although a local hospital can be

[1]The branch of medicine involving the diagnosis and treatment of heart and blood vessel diseases, such as heart attack, high blood pressure, and stroke.

Housekeeping Services



Veterans alleged bathrooms were unsanitary and floors were dirty in some wards. Cleanliness problems have existed periodically at the Wilmington center. Although center officials attempted to address these problems, some persisted because of reductions in the number of cleaning staff.

Periodic Cleanliness Issues

Two studies in the past 3 years identified cleanliness problems at the Wilmington center. An October 1986 review by the Joint Commission on Accreditation of Healthcare Organizations identified several cleanliness problems at the center. In April 1987, a medical center building management service review concluded that the "appearance of this medical

of the outpatient visits (35,774) were to the general medical clinic in fiscal year 1988; the other visits were to specialty clinics, such as cardiology or mental hygiene.

Until January 1989, veterans with and without appointments went through basically the same intake process. On arrival, veterans reported to the registration area where center staff determined their eligibility and retrieved their medical records. Veterans with appointments were then referred to the appropriate clinic, while walk-ins saw a general medical clinic nurse who made a preliminary medical observation while waiting for their medical records. After the records were retrieved, walk-ins were seen by the next available physician in the general medical clinic.

Outpatient clinic staff decided that having both scheduled and unscheduled veterans report to the same place was causing long waiting times. In January 1989, the process was changed. Veterans with scheduled appointments began reporting directly to the appropriate clinic, while the procedure for unscheduled veterans did not change. Also, veterans wanting to visit the mental hygiene clinic no longer had to go through the general medical clinic.

Delays Created by Unpredictable Work Load

About 54 percent of the veterans seen in the general medical clinic have scheduled appointments, 40 percent arrive as walk-ins, and 6 percent are emergencies. Unscheduled patients tend to show up in greater numbers on Mondays and Tuesdays. From June through November 1988, an average of 37 unscheduled veterans arrived on Mondays and 32 arrived on Tuesdays. Actual numbers ranged from 21 to 49. An average of 27 veterans arrived on the other 3 days without appointments, ranging from 12 to 35. This work flow complicates the staffing process and contributes to waiting times.

A time study conducted in April 1988 by medical center staff determined that it took an average of 54 minutes to process walk-in veterans through the administrative steps, including the recovery of medical records. After the records were retrieved, it took an average of 32 minutes before the veterans were called by the physician. This amounted to a total waiting time of 1 hour and 26 minutes before the veteran saw a doctor.

received authorization from VA headquarters to use special salary rates[2] for pharmacists ($16.18 per hour) effective in April 1989. Wilmington was able to hire an additional pharmacist in June 1989.

Agency Actions

After we discussed the waiting times and the need to expedite the expansion of the pharmacy with center officials, they awarded a contract to expand the pharmacy. Construction is scheduled for completion in February 1990. This expansion will provide space to increase the number of mail-out prescriptions. The pharmacy chief said that further increasing mail-outs and decreasing prescriptions filled at the window should decrease the pharmacy's waiting times.

[2]VA can request special salary rates to assist in the recruiting and retention of specialized staff by enabling it to compete with salaries in the local labor market.

waiting time at the pharmacy of over 2 hours as of February 28, 1988. Subsequent changes in the pharmacy's operations have reduced the waiting times to 60 to 80 minutes but waits still exceed 2 hours at times.

Personnel Problems

During a February 1988 site visit requested by the medical center director, VA headquarters officials identified two personnel issues as major reasons for excessive waiting times at the pharmacy. The first issue related to a personality conflict that resulted in a lack of communication between the pharmacy chief and the chief of staff. Since the chief of pharmacy was not a member of key hospital committees, such issues as staff, space, and fiscal management arose without being addressed. The medical center director responded to this situation by hiring a new chief of pharmacy in September 1988, assigning him to key hospital committees, and organizationally realigning the pharmacy service (i.e., the chief began reporting to the center's associate director rather than the chief of staff).

The second issue concerned insufficient staffing for the pharmacy work load. According to VA guidelines, the pharmacy should have a staff of 20, but as of February 1988, it had a staff of 10. The VA headquarters report stated that "staffing is very lean" and recommended that if a pharmacist vacancy occurred, the medical center hire two technicians instead. The medical center implemented this recommendation when a pharmacist resigned in October 1988. In addition, the chief of pharmacy requested three additional staff. The center director approved an increase of one permanent staff, but said that he did not have the funds to hire the other two. Additional part-time staff and reassignments increased the staff to 14 as of May 1989.

Inadequate Space

Inadequate space in the pharmacy, coupled with the distribution of outpatient work load, also contributed to delays in filling prescriptions. According to the chief of pharmacy, the space problems were documented by VA headquarters 15 years ago and again in February 1988. The 1988 review concluded that the lack of overall space, plus the layout of that space, hindered pharmacy services for both inpatients and outpatients.

The VA encourages veterans to get prescriptions refilled by mail. Headquarters officials' follow-up visits conducted in March and May 1988 to review the efficiency of the mail-out program concluded that the lack of

selected 27 for review to determine how long veterans waited for treatment. We selected 11 because conditions appeared to require immediate medical care, 4 because Wilmington's records indicated a waiting time in excess of 4 months, and another 12 randomly.

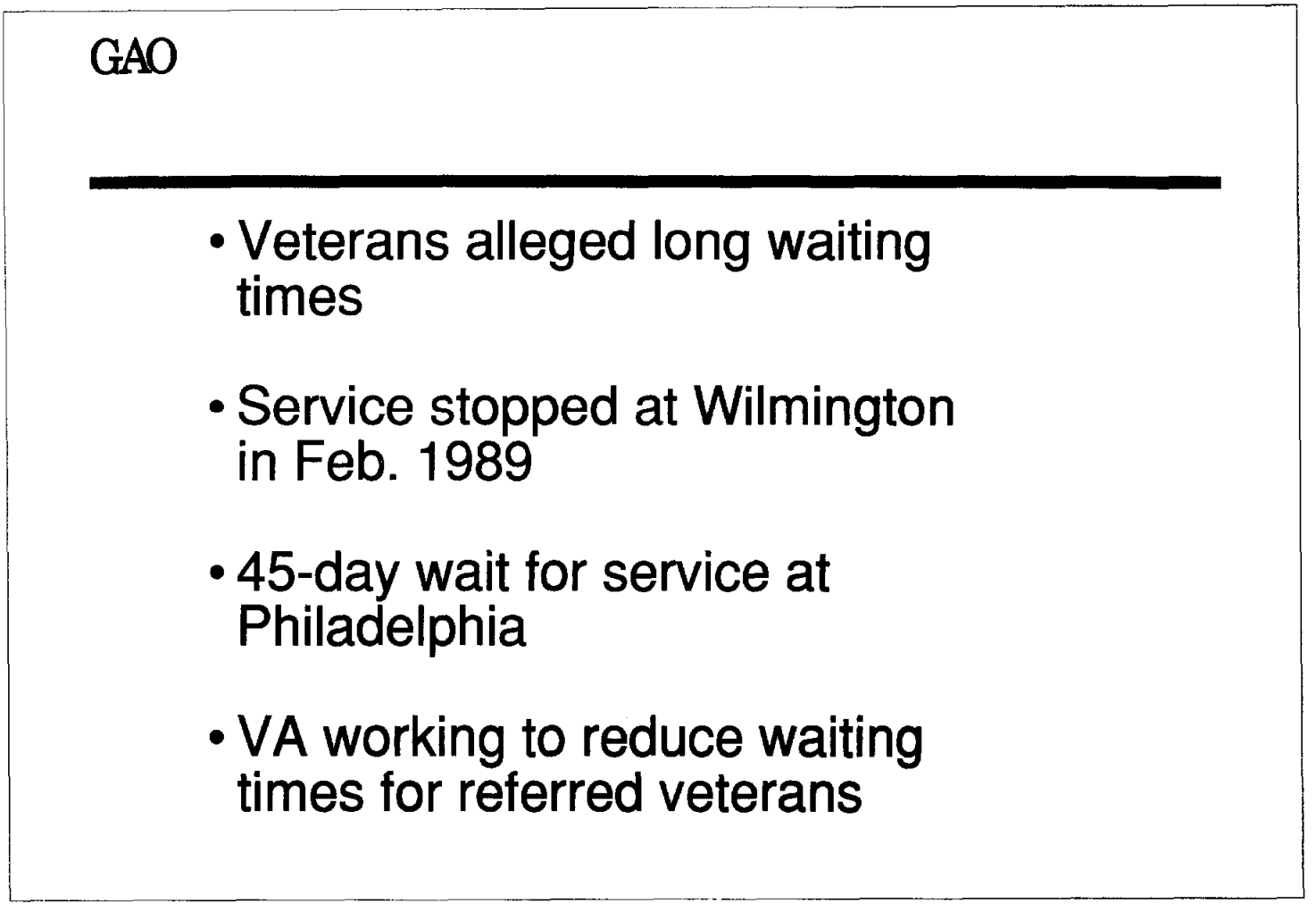
Our review of the 27 medical records showed that 2 veterans with broken bones[3] were treated immediately at the Wilmington center and seen within 2 days at the Philadelphia facility. Of the 25 veterans with routine appointments:

- 6 did not come for their appointments. The medical centers did not know why these veterans missed their appointments.
- 2 came for their first appointment but did not return for their follow-up appointments.
- 4 received care at Philadelphia as scheduled.
- 13 encountered delays in treatment because X-rays could not be located, were not completed before the referral, or had to be reordered because the initial X-rays were not properly coded to show the veterans' identification numbers. The attending physician examined these veterans and had them schedule a follow-up visit so that X-rays could be taken and reviewed. First appointments occurred an average of 49 days after the referral, and the second ones averaged 57 days and ranged from 27 to 128 days after the initial visit to Philadelphia.

Although Philadelphia physicians were aware of the problem with X-rays for referred veterans, they did not communicate this problem to Wilmington officials. When we told Wilmington officials about these problems, they established a formal log within the Medical Administration Service to track each referral from the time of the referral through the actual visit to Philadelphia. They also began meetings with Philadelphia staff to improve communications and to eliminate as many delays as possible. They are also considering the use of a toll-free number for patients to use for such things as changing appointments.

[3]Nine of the 11 selected because their conditions appeared to need immediate medical care did not actually need immediate care.

Orthopedic Care



Veterans alleged there were severe restrictions in orthopedic care[1] because they were referred to the Philadelphia Medical Center, where the waiting time for appointments was about 6 months. In March 1988, the Wilmington Medical Center decided to discontinue orthopedic services and began referring veterans needing such services to the Philadelphia Medical Center. This change was made because of work load reductions and staff shortages. Although poor coordination between the two centers was causing delays in some cases, veterans received care in an average of 45 days after their initial visits to Wilmington.

[1]The treatment of deformities of the musculoskeletal system, such as broken bones.

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regional staff would be asked to visit the center to review the housekeeping situation and propose whatever corrective actions are warranted.

Conclusions

We believe that the medical center and headquarters officials have initiated reasonable actions to address the veterans' concerns in these four areas. If implemented fully, these actions should result in improved services to veterans.

As agreed with your office, we did not obtain written agency comments on this report. Unless you publicly announce its contents earlier, we plan no further distribution of this report for 30 days. At that time, we will send copies to the Secretary of Veterans Affairs and interested congressional committees. We will also make copies available to others upon request. If you have any questions on this report, please contact me at (202) 275-6207. Other major contributors to this report are listed in appendix IX.

Sincerely yours,

David P Baine

David P. Baine
Director, Federal Health Care
Delivery Issues

waiting for over 1 hour to be excessive, but VA has no formal criteria for acceptable waiting times. Changes in the pharmacy's operations have since reduced the waiting times to 60 to 80 minutes, but some waits still exceed 2 hours.

The delays were due primarily to inadequate staffing, a personality conflict that resulted in a lack of communications between the pharmacy chief and the chief of staff, and inadequate pharmacy space. Although VA headquarters guidelines recommend a staff of 20, the pharmacy had 10 staff as of February 1988. The center also experienced difficulties hiring and retaining pharmacists partly because of the VA pay scale. However, with the approval of one additional permanent staff, the hiring of part-time staff, and reassignments, the staffing level increased to 14 as of May 1989.

The pharmacy does not have sufficient space to provide for an efficient and effective work flow. The director had approved the implementation of a plan for using a room adjacent to the pharmacy so they could increase the number of mail-out prescriptions and thus reduce the number of veterans waiting for prescriptions to be filled. Although VA's regional medical director funded the project in fiscal year 1988, the center director used the funds to pay operating expenses and planned to initiate the expansion in fiscal year 1991. We discussed the need for this project with the director and other center officials in August 1989. Subsequently, they awarded a contract for expansion of the pharmacy; completion is expected in February 1990.

Outpatient Care

Veterans alleged that there were excessive waiting times for services in the outpatient clinics. The clinics reported over 73,000 visits in fiscal year 1988—35,000 in the general medical clinic and the remainder in specialty clinics, such as cardiology or mental hygiene. Veterans without appointments (walk-ins) frequently had to wait between 1-1/2 and 2 hours for nonemergency services in the general medical clinic during fiscal years 1988 and 1989. Although the medical center has revised the intake process, waiting times have not decreased.

Medical center officials attribute the outpatient delays primarily to the large number of walk-ins, which make up 40 percent of the general medical clinic's total annual work load; walk-ins are especially heavy on Mondays and Tuesdays. Until January 1989, veterans with appointments and walk-ins went through basically the same intake process at the clinic.

programs. He said that the changes were needed because of budget constraints and a shift in the center's work load from inpatient to outpatient care. The center has 296 hospital beds, but its average daily occupancy had declined to about 150 over the last several years. During this time, the number of veterans seeking outpatient care increased 62 percent—from 45,519 in fiscal year 1984 to 73,679 in fiscal year 1988. Although the center's expenditures have increased from $31.7 million in fiscal year 1985 to about $37.1 million in fiscal year 1989, they have decreased about 3 percent when calculated in 1985 dollars.

Scope and Methodology

We clarified the veterans' concerns through discussions with your office and a meeting with a group of about 25 veterans. This group included veterans who had expressed concerns to your office and others who represented veterans' service organizations. They provided their views on service delivery problems they had encountered at the center.

To address the veterans' concerns we (1) interviewed both the former and current medical center director[3] and other center officials and (2) reviewed administrative and medical records to examine such factors as work load, staffing levels, and waiting times for services. In addition, we accompanied representatives of veterans' organizations on a tour of the facility and made periodic spot checks to assess sanitary conditions. Because some veterans who needed orthopedic care were referred to the VA medical center in Philadelphia, we interviewed officials and reviewed selected medical records at that center to determine how well the referral process was working.

Finally, we discussed the veterans' concerns and the center's actions with the regional medical director in Durham, North Carolina, and headquarters officials in Washington, D.C. This review was done between January and November 1989 in accordance with generally accepted government auditing standards.

Orthopedic Care

Veterans alleged that they had to wait 6 months for orthopedic services because they were being referred to the Philadelphia Medical Center for services that had previously been available at the Wilmington center. In June 1986, the Jefferson Medical College[4] withdrew its two orthopedic

[3]A new medical center director began work in July 1989. The former center director served from April 1981 to April 1989; the center had an acting director between April and July 1989.

[4]A part of Thomas Jefferson University in Philadelphia, Pennsylvania.