Understaffing

Background

Understaffing is a widespread and chronic problem at the Reno VA, putting the health of Veterans and employees at risk (see below.) Both employees and the Union have complained about this to management for years. The Union has even gone public in an attempt to get the Reno VA Leadership to respond. Despite the problem being well known to Leadership; despite the negative consequences to the quality of care; Leadership has failed to adequately address this problem for years. OMI's report of investigation documented how widespread and serious this problem is. The OMI report validates employees and the Union's persistent complaints of understaffing and the consequences it has for Veteran care.

Primary Care

According to the OMI report the following staff shortages existed in Primary Care, "four PC providers (doctors), one Registered Nurse, four Licensed Practical Nurses, four clerks, and nine social workers."

Primary Care providers told the OMI, "50 percent of their clinic appointments were filled with Veterans who were either unassigned to a [primary care team] or who had not been reassigned from [teams] without providers."

The net result is that many Reno VA Veterans see different providers at each appointment, threatening continuity of care and increasing the chance of therapeutic mistakes.

Community Living Center (CLC)

Community Living Center (CLC): "During OMI interviews, all non-supervisory nursing staff and other non-nursing staff in the CLC reported nursing staff shortages and would provide examples of impact on resident care. Staffing shortages were consistently reported for all shifts and all nursing positions (Registered Nurses, Licensed Practical Nurses, Nursing Assistants.)" "The OMI found that many interviewees where concerned about low staffing levels, fear of providing care in an unsafe environment, poor or limited communications with leadership, and an inconsistent approach by management in resolving staffing and leave abuse issues." "The FY 2012 CLC Executive Summary Budget Proposal, which projects

the Medical Center's annual budget and staffing requirements, authorizes 58.4 FTEE for the CLC. The proposal indicates there were a total of 49.4 FTEE nursing staff in the CLC, but 8 staff were not available for duty…leaving 41.4 FTEE to cover the unit, a 29 percent shortfall." To make matters worse, OMI noted "Actual staffing numbers are chronically diminished by floating CLC personnel to other hospital units." "the actual number of available nursing staff providing day-to-day care is inadequate." (Underlines added.)

Medical-Surgical Unit

Medical-Surgical Unit: "The current authorized staffing ceiling for the medical-surgical unit is 53.3 FTEE. There are 7.6 RN and 1.0 NA vacancies." OMI goes on to say, "There are multiple staffing vacancies that need to be filled on the medical-surgical unit." "The OMI is concerned by the number of staff injuries and patient falls on the medical-surgical unit; this may be a reflection of staff shortages."

Intensive Care Unit (ICU)

OMI found that "The ICU [Intensive Care Unit] is not staffed to its authorized ceiling," and that, "There have been significant delays in hiring Registered Nurses for the ICU." The OMI also thought, "The increase in staff injuries may be a reflection of the staff shortages." They also felt that "ICU nurses risk losing their specialized skills and competencies by frequently caring for lower complexity…patients."

Physical Therapy

The OMI found that, "Physical therapy was critically understaffed during the summer of 2011, causing curtailment of most routine services, causing the referral of total joint operations to the community, and causing delays in access to outpatient physical therapy services. OMI went on to say, "The Medical Center did not respond in a timely manner to predictable reductions in physical therapy staffing." "The OMI was also told that physical therapy services for CLC [Community Living Center] residents were reduced from five times per week to once or less per week."

Inpatient Psychiatric Unit

On the inpatient psychiatric unit the OMI found, "The actual number of available nursing staff is below the authorized staffing ceiling." Because of the shortage, OMI also found, Nursing is not participating in the required interdisciplinary treatment team meetings.

Mental Health Center (MHC)

The Mental Health Center was found to have "three psychologist and two social work positions vacant." This understaffing may be why OMI found, "In December 2010, according to all mental health staff members interviewed…the MHC stopped offering individual psychotherapy of eight or more sessions." This is a discontinuation of a key

mental health service for nearly two years; when a flood of Veterans were returning home from the close of the Iraq war and reductions in the Afghanistan war.

Inpatient Hospitalists

An inadequate number of hospitalists have been alleged, but the Medical Center doesn't even have a plan regarding how many of these physicians it needs to care for its Veterans. The OMI notes, "Because the Medical Center has not defined its needs for hospitalists in a plan, the OMI is unable to determine whether the current staffing level and provider schedule meets the facility's needs.

Respiratory Therapy

"The Medical Center was not able to provide a staffing plan for respiratory therapy services."

Medical Care Delivery

Background

The staff shortages noted above contributes greatly to problems in the medical and mental health services offered by the Reno VA. On some units the OMI observed potentially dangerous situations for both Veterans and employees, such as the Community Living Center, the Medical-Surgical unit, Mental Health Center, and in pain management.

This situation is further complicated by the OMI's finding that in a number of cases, the Reno VA did not even have basic written policies and procedures required to govern and operate various parts of the hospital and to guide clinical decision making. These include the failure of Leadership to charter either the Pain Task Force or the Pain Panel. OMI noted this took place in the context of prescribed narcotics at a level that exceeded both regional and national rates and with the lack of any pain specialist on the medical staff. OMI noted there was no plan for staffing hospitalists or respiratory therapists. The OMI found that no written criteria existed for patient admission to the Intensive Care Unit or any other inpatient unit at the Reno VA.

OMI also noted that the Leadership of the Reno VA failed to comply or violated VA directives and regulations, including the VA National Pain Management Strategy of November, 1998; VHA Directive 2009-053, Pain Management; and VHA Directive 2009-002, Patient Care Capture.

Pain Management

The OMI report notes, "The facility director is responsible for ensuring that the objectives of the VHA National Pain Management Strategy, initiated in November 1998, are met."

"the Medical Center reports that the Pain Task Force (PTF) is responsible for assuring that the facility complies with VHA Directive 2009-053, Pain Management, including the coordination of annual pain management training for the clinical staff, the evaluation of the quality and outcome of pain management activities the evaluation of patient satisfaction with overall pain management, and the evaluation of clinician competence and expertise in pain management." However, the OMI found "the PTF has not been involved in implementation of procedures for early pain recognition and prompt effective treatment, evaluation of the quality and outcome of pain management activities, evaluation of patient satisfaction with overall pain management (even though the Patient Advocate data are available), or the development of coordinated and comprehensive pain management strategy." Further, "The OMI found not evidence that the pain management oversight tasks not being done by the PTF, are performed by another Medical Center committee as required by policy." OMI notes, "In a facility where the prescription of oral narcotics is consistently high…there are no pain specialists on staff.

Narcotics

The OMI reports that "in six of eight [narcotic] medications selected for study, the [Reno VA's] providers prescribed oral narcotic at a higher rate than those at other VA facilities," and higher than the VHA national average. OMI also noted the "rate of patients receiving opiates is not monitored."

(Please see Report graphs.)

Mental Health Center (MHC)

The public is well aware that our Veterans returning from the Middle East Wars have high rates of PTSD, substance abuse, and suicide that make mental health services as essential as medical care. Yet in respect to this essential aspect of care, the OMI reports, "In December 2010, according to all mental health staff members interviewed…the MHC stopped offering individual psychotherapy of eight or more sessions." "In addition, the OMI could find no evidence in the electronic health record that individual psychotherapy of eight or more sessions was provided or offered via fee-basis [therapists contracted outside of the VA]. Further, we could find no evidence that fee-basis individual psychotherapy was offered to anyone since December 2010." "the OMI learned that Veterans referred to the MHC by other mental health providers were not receiving the care those providers originally recommended."

An allegation was made that "high-risk patients are often seen by a [redacted] who has no

training in psychotherapy." The OMI found that "The MHC [redacted] does not have the credentials, clinical competencies, or necessary clinical guidance I the form of a protocol to provide this service." The OMI went on to recommend that the MHC "ensure high-risk patients are followed by a provider with the proper credentials and clinical competencies."

Community Living Center (CLC)

OMI noted that the fall rates for patients on the CLC were above that of the National Center for Patient Safety pooled rates and above the rates for VISN 21 and the national VHA.

OMI said, "There is currently no restorative nursing program [on the CLC.]"

OMI also reports that the Medical Center's Quality Measure/Quality Indicator Reports reflects that the prevalence rates of CLC residents who spend most of their time in bed or in chair and residents with little or no activity is nearly double that of VISN 21 and the VHA. Such sedentary rates have a high likelihood of leading to deconditioning with loss of muscle strength, flexibility, and mobility. In such cases CLC residential "care" could actually harm the patient.

"The OMI team asked the CLC to produce a list of those residents taking nine or more medications. They reported that 40 of 52 residents (77percent) were taking 9 or more medications. The Medical Center's Quality measure/Quality Indicator Report indicates that the CLC rate for residents who are on nine or more prescribed medications consistently exceed VISN 21 and VHA national rates." Additionally, "There is a higher percentage of prescribed total psychoactive medications in CLC residents than in national and state of Nevada nursing home populations." With so many medications on board, we do not find it surprising that the CLC residents were highly "sedentary."

Medical-Surgical Unit

"In FY 2011, the Medical Center reported a total of 123 patient falls in the medical-surgical unit. The number of employee injuries on this unit increased from 10 in FY 2010 to 21 in FY 2011." "The OMI is concerned by the number of staff injuries and patient falls on the medical-surgical unit; this may be a reflection of staff shortages.

Inpatient Admissions

The Medical Center does not have a policy defining admission criteria for the ICU [Intensive Care Unit] *or the other inpatient units.* (Italics added.)

Cover up

The Union wonders if Leadership has attempted to cover up information they are required to collect. The OMI investigation reported that "VHA Directive 2009-002, Patient Care Capture requires the capture of all outpatient encounters [services.] Staff reported to the

OMI that over 4,500 outpatient encounters had been "administratively" closed in August and September 2011 [in] non-compliance with the directive."

Additional findings by the OMI

"The OMI is concerned that there is inconsistent professional oversight of nursing practice cross the Health Care System, which may have a negative impact on the overall quality and safety of patient care provided by nursing service." Employees and the Union have duly noted that problems are system-wide, not limited to a unit or two.

Misallocation of funds

The OMI said that "VISN 21 should: Investigate the alleged misallocation of hospice and Palliative Care Program Funds." Should this allocation be true, it would be a criminal offense. The OMI elected not to get involved in such an investigation, but to delegate it to other VA agencies. Both employees and the Union have been raising concerns that such an activity was going on in the CLC.

Recognition

The OMI notes, "The Medical Center was recently recognized by the Joint Commission for attaining and sustaining excellence on accountability measure performance as one of 20 VA medical centers and one of 405 facilities nationwide as a Top performer on Key Quality Measures."

This award was earned in spite of Leadership, not because of Leadership. That is how really good and dedicated to Veterans our front line staff is.

OMI noted that on the "FY 2011 All Employee Survey scores are more than one standard deviation below the VA mean in the leadership category and for overall employee satisfaction." In other words, leadership is held in low esteem among the rank and file employees. From all the OMI documented above, it is not difficult to see why employees rank leadership poorly and their work satisfaction low.

The Union has understood these problems for years. Attempts to work with the Reno VA Leadership met with administrative stonewalling. Since then the Union has been trying to get the plight of Veterans and employees of the Reno VA out to others who might be able to influence current management into doing what is right for Veterans by doing their jobs competently and by truly supporting our employees who have already demonstrated their worth in Veteran care.

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