



THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

July 11, 2007

The Honorable Scott J. Bloch
Special Counsel
U.S. Office of Special Counsel
1730 M Street, NW, Suite 300
Washington, DC 20036

Dear Mr. Bloch:

Your letter of May 10, 2007, outlines allegations by a previously employed nursing assistant, Mr. Roosevelt Keyes, Jr., (Office of Special Counsel File Number DI-07-1039), of nursing assistants in the Spinal Cord Injury unit at the Department of Veterans Affairs (VA) Medical Center in Palo Alto, California, being required to perform duties beyond their scope of practice. I asked the Under Secretary for Health to review this matter and take any actions deemed necessary under 5 U.S.C. § 1213(d)(5). The Under Secretary, in turn, directed the Office of the Medical Inspector (OMI) to investigate the disclosures and report on its findings. The OMI's conclusions are set forth in the enclosed report. In short, the OMI found the complainant's allegations to be unsubstantiated.

For your information, the complainant contacted the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) by letter on August 7, 2003. The Medical Center Director sent a response on September 17, 2003, to the Office of Quality Monitoring at JCAHO headquarters. The OMI made a follow-up call to JCAHO on May 31, 2007, to obtain the results of JCAHO's findings since there was no closure letter sent to the Medical Center. A representative from JCAHO stated that the response by the Medical Center Director was accepted and the case was closed in 2003. The Office of Inspector General (OIG) Hotline Division was also contacted by the complainant generating OIG Hotline Case 2006-03311-HL1019, and a written response, addressing the complaints was sent by the Medical Center Director to the OIG on September 15, 2006. The OIG closed its case in October 2006. The complainant continues to be dissatisfied with the outcome of the reviews and disagrees with the findings of both JCAHO and the OIG.

The OMI identified areas of improvement which are outlined in the report. These have been discussed with Medical Center senior management, and an action plan is being developed by the medical center to address the findings.

Sincerely yours,

A handwritten signature in black ink, appearing to read "R. James Nicholson", is written over a horizontal line.

R. James Nicholson

Enclosures

**Report of Investigation to the U.S. Office of Special Counsel
OSC File Number DI-07-1039**

The Office of the Medical Inspector (OMI) was asked by the Under Secretary for Health to review a complaint lodged with the Office of Special Counsel (OSC) by a Nursing Assistant (NA) previously employed in the spinal cord injury (SCI) inpatient unit at the Department of Veterans Affairs (VA) Palo Alto Health Care System, Palo Alto, California (hereafter, the Medical Center). The complainant alleged risks to the health and safety of patients on that unit arising from managers allowing NAs to work independently on healthcare tasks that require licensed or registered nursing professional skills. More specifically, the complainant alleges:

Allegation 1. Improper treatment of the SCI patient due to untrained and uncertified NAs being permitted to perform invasive healthcare procedures and administer medication independently without registered or licensed nurse supervision such as bladder management to include catheter insertion, sterile intermittent catheter procedures, and irrigation of the bladder with antibiotic solutions; bowel care utilizing prescribed suppositories and enemas; diabetic finger sticks and wound care requiring application of prescription medications and treatments.

Allegation 2. NAs are directed to perform invasive care tasks when such tasks must be performed by registered nurses or licensed vocational nurses, per Veteran Health Administration (VHA) Handbook 1100.19, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) policies and the California Board of Nursing. The VHA Handbook 1100.19, "Credentialing and Privileging," dated March 6, 2001, states that "all Veterans Health Administration (VHA) individuals who are permitted by law and the facility to provide patient care services independently will be credentialed and privileged as defined in this handbook." The complainant contends that the facility is in violation of these policies because NAs are allowed to practice the above tasks "independently" when providing care to SCI patients. In addition, the California Board of Nursing has listed the tasks that Certified Nursing Assistants can and cannot perform and many of the tasks the SCI NAs are routinely assigned are on the list of procedures that can not be performed by NAs according to the State of California.

Facility Profile

The Medical Center, a part of Veterans Integrated Service Network (VISN) 21, consists of three inpatient facilities located at Palo Alto, Menlo Park, and Livermore and six outpatient clinics in San Jose, Capitola, Monterey, Stockton, Modesto, and Sonoma Center. It has 885 operating beds, including 3 nursing homes and a 100-bed homeless domiciliary, and is home to a variety of regional treatment centers, including a 43-bed Spinal Cord Injury Center, a Comprehensive Rehabilitation Center, a Traumatic Brain Injury Center, the Western Blind Rehabilitation Center, a Geriatric Research, Educational and Clinical Center, a Homeless Veterans Rehabilitation program, and the National Center for Post Traumatic Stress Disorder. It provides a full range of patient

care services as well as education and research in areas of medicine, surgery, psychiatry, rehabilitation, neurology, oncology, dentistry, geriatrics, and extended care.

The Medical Center is one of three programs in VA with extensive research centers in geriatrics, mental health, Alzheimer's disease, spinal cord regeneration, and schizophrenia. There is a Rehabilitation Research and Development Center and a Health Economics Resource Center. The Medical Center has an active affiliation with the Stanford University School of Medicine, training over 1,300 residents, interns, and students each year. It has 80 affiliation agreements to train health care professionals in various disciplines, including: anesthesia, audiology and speech pathology, chaplain, dental, healthcare administration, health services research and development, medicine, nursing, nutrition and food, optometry, pathology and laboratory, pharmacy, physical medicine and rehabilitation, podiatry, psychology, social work, and blind rehabilitation.

The Medical Center houses one of four national Polytrauma Rehabilitation Centers within VA to care for severely injured service members, and is the Polytrauma Network Site for VISN 21.

Methods for Conducting the Investigation

The OMI team notified Medical Center leadership of the complaint and its plan for a May 22, 2007, site visit. The Associate Chief of Staff for Nursing (ACOSN) and her staff coordinated the visit. The team consisted of the Director, Clinical Investigations, and a Clinical Program Manager (both registered nurses), from OMI located in VA Central Office in Washington, DC. The team received full cooperation from the Medical Center staff as it conducted individual and group interviews, reviewed policies, procedures, and patient care documents, and held entrance and exit conferences with the Medical Center leadership.

The team spoke with the complainant several times before, during, and after the site visit, and reviewed documents provided by him: SCI nursing assistant position descriptions and performance standards, various SCI unit policies and procedures, VHA Handbook 1100.19, State of California regulations, and other documents relevant to the complaints.

A tour led by the SCI leadership was conducted of the SCI unit. The team interviewed the Associate Chief of Staff for Nursing, SCI Nurse Manager, and SCI nursing staff, including registered nurses (RNs), licensed practical nurses (LPNs) and nursing assistants (NAs) from all three shifts (3 RNs, 2 LPNs and 3 NAs), the SCI wound care nurse, previous SCI employees, as well as other witnesses designated by the complainant.

Documents Reviewed:

- *Credentialing and Privileging*, VHA Handbook 1100.19 dated March 6, 2001
- *Unlicensed Assistive Personnel*, California State Board of Registered Nursing, NPR-B-16 November 1994, Retrieved from <http://www.rn.ca.gov/practice/pdf/npr-b-16.pdf>.
- Joint Commission on Accreditation of Healthcare Organizations (JCAHO) policies.
- *Position Classification Standard for Nursing Assistant Series, GS-0621, TS-55* August 1981, TS-69 May 1983, US Office of Personnel Management
- *Limitations on the use of Unlicensed Assistive Personnel (UAP) in Administering Medication*, VHA Directive 2006-049, September 12, 2006
- *Position descriptions for the SCI NA GS 6, SCI Service Rehabilitation Medicine* (revised March 2003), PAHCS SCI Service
- *Performance Standards, Nursing Assistant, GS-6 SCI/Rehabilitation* (April 2004) PAHCS SCI Service
- *Spinal Cord Injury Center Competency Based Orientation Program, Nursing Assistant*, PAHCS SCI Service (reviewed August 01)
- *Mission Statement and Scope of Service*, (December 2005), VAPAHCS SCI Service
- *Unit Level Annual Management Plan/Scope of Service (Nursing) for Ward/Program 7E & 7F Spinal Cord Injury Service* (March 2006), VAHCS
- Medical Center and SCI policy and procedures on Technique for Male Catheterization (revised October 2006); Accu-Chek Inform System, (revised March 2005); Sterile Intermittent Catheterization Procedure (revised January 2006); Irrigation of Urinary Bladder with Neomycin/Polymyxin Triple Strength GU Irrigant (revised June 2005); Irrigation of Urinary Bladder with Sterile Water (reviewed October 2006); Foley Catheter Management (revised March 2006); Skin Management for Patients with SCI Impregnated Dressings (August 2003)

Background

The SCI Center, a 43-bed unit (including 4 ventilator beds) is located on the E and F wings in Building 7 at the Medical Center. The veteran population consists of patients aged 19 through 90 with the major diagnoses of paraplegia or tetraplegia. Services offered to the SCI patient include, but are not limited to, rehabilitation, evaluation of medical/surgical procedures, pressure ulcer/wound care, annual health evaluation, rehabilitation, and management of pain, psychiatric illness, and multiple sclerosis. The goal of the SCI Center is to maximize the patient's level of functioning and/or independence.

In general, staffing related decisions are made at the facility level based on the facility's needs and resources. The staffing policy at the Palo Alto SCI unit provides for the nursing care on that unit to be provided by a mixture of RNs, LPNs and NAs.

In accordance with section 7402 of title 38, United States Code, and with VA national staffing requirements, all RNs and LPNs must be licensed by a state. (Again, this is because they are permitted to practice independently.) In contrast, NAs do not practice or provide care independently and are therefore required to be supervised (directly or indirectly) by a licensed nurse. Direct supervision is either hands-on assistance or observation. Indirect supervision is accomplished in various ways, including verbal consultation, review of results, and follow-up with patients.

In contrast to licensure, certification can be awarded by various independent bodies on a national or state level. For example, physicians can be certified by a national medical specialty board (i.e., The American Board of Internal Medicine). In California, NAs who work in private hospitals are required to be certified by the State.

However, that is not the case for NAs who work for VA, because applicable Federal law does not require them to be licensed or certified. Under the Supremacy Clause of the US Constitution, States are prohibited from regulating or controlling the activities of the Federal Government, absent Congressional consent. Licensure or other requirements for the employment of VA health care providers have been established by Federal law, not State law. States may not regulate or control the professional conduct of VA practitioners, except where required by a Federal law (such as the Federal Controlled Substances Act and implementing Drug Enforcement Administration regulations). Applicable Federal law does not require NAs working for VA to be certified by a state. Indeed, the California Board of Nursing has, itself, correctly recognized that "NAs working for VA are subject to Federal government requirements, not those of the State of California." Within VA, it is common for combinations of certified NAs and non-certified NAs to work together.

The Medical Center requirement is that NAs complete a new employee orientation as well as a SCI unit-specific orientation consisting of a "Spinal Cord Injury Center Competency Based Orientation Program/Nursing Assistant" (last reviewed August 2001). This orientation is on the SCI unit with an assigned preceptor. In addition NAs complete ongoing training and mandatory updating of competency skills. The SCI unit based program is to be completed in 5 weeks by the newly assigned NA and the preceptor, and returned to the Nurse Manager upon completion. The orientation is extended as needed to meet the needs of the employee.

During weeks one and two of this program, NAs must meet specific objectives such as describe and participate in care activities related to neurogenic bladder and/or bowel¹ and related complications; handling SCI emergencies; return demonstration of bowel and bladder management including catheter insertion; intermittent catheterization and bladder irrigation; bowel care including suppository insertion and enemas, digital stimulation and manual evacuation; as well as learn how to assist in the admission and discharge of patients. By the third week, they are completing care activities related to prevention and management of skin impairment and wound care. After a NA has

¹ dysfunction or non-function of the bladder and bowel secondary to spinal cord injury

demonstrated proficiency in a certain task(s), he/she can be indirectly supervised on that task(s).

Based on the scope and complexity of the SCI patients and the skill level required, the NAs employed on the SCI unit can advance up to General Schedule (GS) 6 where the majority of NAs on other units can only advance to GS-5. In addition, due to the nature and complexity of the care provided in this specialty area, all SCI staff receive a retention bonus – 10 percent for NAs and RNs and 15 percent for the LPNs.

The complainant began work as a NA on the SCI unit in September of 1997 and worked there for approximately 7 years. He was noted to have highly effective technical skills in the care of the SCI patient, although it was also noted that he frequently brought up the issues identified in his complaint regarding NA workload and tasks they were assigned to perform “outside of their scope of duty.”

The complainant contacted JCAHO by letter on August 7, 2003. The Medical Center Director sent a response on September 17, 2003, to the Office of Quality Monitoring at JCAHO headquarters. A follow-up call was made to JCAHO on May 31, 2007, by the OMI to obtain the results of JCAHO’s findings since there was no closure letter sent to the Medical Center. A representative from JCAHO stated that the response by the Medical Center Director was accepted and the case was closed in 2003. The Office of Inspector General (OIG) Hotline Division was also contacted by the complainant generating OIG Hotline Case 2006-03311-HL1019, and a written response, addressing the complaints was sent by the Medical Center Director to the OIG on September 15, 2006. The OIG closed their case in October 2006. The complainant continues to be dissatisfied with the outcome of the reviews and disagrees with the findings of both JCAHO and the OIG.

Findings Regarding Complaint #1

The SCI total current nurse staffing is 50.2 (26.2 RNs, 16 LPNs and 8 NAs) with an authorized full time equivalent employees (FTEE) of 60.3 (which includes the Nurse Manager and 2 RNs on special assignment) for a bed capacity of 43. Although the unit is down 10.1 FTEE (2.1 RNs, 3 LPNs and 5 NAs) below their authorized ceiling, the staffing is above the level required for the current census of 28 patients. In consideration of patient acuity and census (as defined and regulated by VHA Directive 2005-001-“SCI Staffing”), the current staff of 50.2 (minus the Nurse Manager and 2 RNs on special assignment, this equals an available staff of 47.2) would cover a census of 34 patients. For fiscal year 2007, the unit has provided a range of 7.7 to 9.5 hours per patient day (HPPD) of nursing care with the standard being 8 hppd. The nursing staff provides varied aspects of skilled nursing care and treatments according to established guidelines, standards, education, competency skills and/or policies/procedures. All 8 NAs currently employed on the SCI unit are GS-6 and have 5 to 10 years of SCI experience.

The competency of the SCI staff is established during their orientation (documented on the "Spinal Cord Injury Center Competency Based Orientation Program – Nursing Assistant," February 1994 - reviewed August 2001), and reviewed annually and as needed; in addition, return demonstrations are done to establish competency in performance of specialized treatments. The SCI NAs receive training on invasive as well as non-invasive healthcare procedures and administer specific topical and irrigation medications after receiving competency-based training from a RN. A licensed nurse is on the unit at all times when procedures/treatments are being performed and the NAs are instructed to notify them immediately if they feel uncomfortable performing any procedure. Interviews with the NAs revealed that they feel supported by the licensed staff who are always willing to assist if needed.

The NAs on the SCI unit perform various urinary bladder management procedures for which they are trained during the orientation process by the SCI RN preceptor on the unit. Return demonstrations are performed three times prior to the NA being allowed to perform the procedure on his/her own. These procedures include catheter insertion, daily catheter care, and changing the patient's internal catheter weekly. In addition, sterile intermittent catheterization procedures and irrigation of the bladder with an antibiotic solution for prophylaxis or management of bladder infections is routinely performed by the NAs on the SCI unit. Supervision is provided by licensed nursing personnel who are always on the SCI unit and can be called on at any time for assistance. There is also a written policy/procedure on the unit that the NAs can refer to as needed. All NA staff interviewed felt confident that they could effectively and independently carry out their assignments and stated they are experienced and trained in all SCI patient care treatments/procedures and are very comfortable with all bladder management procedures. The RNs and LPNs interviewed voiced that the NAs on SCI are highly skilled and experienced and that the majority of them have been on that unit for many years. They expressed confidence in the care the NAs render to their patients and were very complimentary of them.

Since voluntary control of the bowel and bladder function is impaired, depending on the level of injury, as a result of their spinal cord injury these patients almost always need assistance. Bowel care utilizing prescribed suppositories/enemas is another specialized procedure that is routinely performed by NAs on the SCI patient. OMI found that the NAs were initially oriented and trained in this procedure during the first 2 weeks of orientation with ongoing training via annual reviews and updates as needed. Three NA training records were randomly reviewed and it was found that all were oriented, trained, and evaluated on the bowel care procedures.

The OMI found that NAs not only on SCI, but throughout the Medical Center, are trained and are allowed to perform diabetic finger sticks utilizing the "Accu-Check Inform System." The NAs and other nursing employees receive the initial training by laboratory personnel in "New Employees Orientation" on the use of the accu-check machine and how to read the results and receive a mandatory annual review. All NAs interviewed verbalized having received training in this area and proficiency in the process.

The treatment of pressure ulcers (decubitus) and other wound care training is initially introduced to the NAs during week three of the SCI Competency Based Orientation Program. The competency based orientation document states that NAs perform "complete skin inspection and assess pressure ulcers." The OMI did not find that NAs actually perform these assessments. NA training includes techniques of pressure ulcer dressing care and changes. In addition, patients requiring dressings are identified by the preceptor so that the NAs can receive experience in applying each type of dressing as well as demonstrating their competence. Dressings using prescribed ointments and other treatments are done subsequent to the NAs meeting the appropriate training guidelines and competencies.

The OMI found no specific policy outlining the medications that can and cannot be administered by NAs.

VHA Directive 2006-049, September 12, 2006, is titled "Limitations on the use of Unlicensed Assistive Personnel (UAP) in Administering Medication." NAs are considered to be UAPs. This directive states an "UAP, within a scope of medication administration, may administer medications at the discretion of the facility Director based on written recommendation of the Nurse Executive," and outlines the criteria that must be in place in order for the UAP to be able to administer certain medications. It identifies that there must be written policies and procedures in place that include: all UAP are under the delegated authority of a licensed clinician; all UAP complete a formal medication course and a copy of the course certificate is placed in the employee's competency folder; the medication course should include specific principles as well as the scope of medication administration (as outlined in the directive). OMI was informed that VHA was in the process of implementing a standardized medication course it has developed for UAPs.

There is a SCI unit policy and procedure on "Skin Management for Patients with SCI and Skin Disorders: Impregnated Dressings." August 2003, that describes the method of impregnating topical medication into gauze moistened with saline to facilitate adequate coverage of the wound bed with topical medications. The policy does not identify which level of staff can perform these types of dressings, although during the interviews, all levels of staff (RN, LPN and NA) stated that they are all trained to apply any of the dressings no matter what the medication or stage of the wound. Upon interview, the unit wound nurse indicated that the NAs were allowed to apply dressings to "simple wounds only," but all staff interviewed, NAs and licensed staff, stated that the NAs performed wound care to any wound, to include the more "complex wounds."

Prescribed medications for treatments done by the NAs are documented on the Bar Code Medication Administration Record by the RNs since the NAs do not have access to the medication record in the electronic medical record. The NAs document their findings as well as the type of dressing applied or treatments given on a treatment sheet kept at the nurse's station. Once completed, this treatment sheet becomes a part of the patient's permanent medical record.

Findings Regarding Complaint #2

The OMI also investigated the complainant's allegation that "NAs are directed to perform invasive care tasks when such tasks must be performed by registered nurses or licensed vocational nurses, per Veteran Health Administration (VHA) Handbook 1100.19 and JCAHO policies and the California board of nursing." The complainant quoted the portion of the handbook which states that "all VHA individuals who are permitted by law and the facility to provide patient care services independently will be credentialed and privileged as defined in this handbook."

The referenced handbook defines "licensed independent practitioners" as "Any individual permitted by law (the statute which defines the terms and conditions of the practitioner's license) and the facility to provide patient care services independently; i.e., without supervision or direction within the scope of the individual's license and in accordance with individually granted clinical privileges." By its terms, that VA handbook applies to professional staff who are licensed to practice independently, such as physicians, dentists, pharmacists, advanced practice nurses, physician assistants, etc. As discussed earlier, NAs are not permitted to practice independently, and for that reason they are not required to be licensed by a state. The complainant's reliance on VA's Handbook 1100.19 is therefore misplaced for it does not apply to the employment of NAs within the VA health care system.

The complainant cited no specific JCAHO standard that was violated by the patient care tasks performed by NAs. In addition, as previously stated, JCAHO "accepted" the September 2003 response given by the Medical Center Director and closed the matter.

The California Board of Nursing indicated the following regarding Certified Nursing Assistant's duties on its Web site www.dhs.ca/gov. Its policy on UAPs under the "Assignment of Tasks" states that tasks which require a substantial amount of scientific knowledge and technical skill may not be assigned to UAP. However, the California Board of Nursing acknowledges that "all nursing personnel working for VA hospitals or military come under federal jurisdiction and consequently operate under policies established by the facility."

Added Issue

While the OMI was completing this document, the complainant provided the names of three SCI patients he requested the OMI interview. Individual telephone interviews were conducted with all three patients regarding their care. The patients were aware of the complainant's issues; however, they identified no issues specifically related to the care they received from the NAs on the SCI. One patient is currently an inpatient and the other two are past inpatients. One past patient stated that the care was, and still is, substandard on the SCI unit; the patient filed a tort claim in July 2000 for an alleged injury he sustained while an inpatient on the unit. It should be noted that once a patient files a tort claim their care is reviewed under VA's tort claim procedures. Two out of the three patients voiced that "the NAs are doing jobs that the RN are suppose to do." One

stated that staffing was very bad when the complainant worked on the unit and that patients were left lying in feces for a prolonged time and the nursing staff did not answer the call bells in a timely manner. The patient who is currently receiving care on the SCI unit states that he is receiving excellent care and that there are more staff than there used to be.

When the OMI spoke with the Associate Chief of Staff for Nursing she stated that there had been a problem with staffing on the SCI unit in the past, but several interventions (i.e. keeping the census down, hiring additional staff, promoting the NAs to GS-6s, and giving retention bonuses) have helped to alleviate this problem. In addition, the facility is currently in the process of recruiting and hiring additional staff to fill the 10.1 current vacancies in the SCI unit.

Conclusions

Allegation 1. Improper treatment of the SCI patient due to untrained and uncertified NAs being permitted to perform invasive healthcare procedures and administer medication independently without registered or licensed nurse supervision such as bladder management to include catheter insertion, sterile intermittent catheter procedures, and irrigation of the bladder with antibiotic solutions; bowel care utilizing prescribed suppositories and enemas; diabetic finger sticks and wound care requiring application of prescription medications and treatments.

OMI Conclusions on Allegation 1:

The NAs on SCI are performing the tasks and procedures as stated by the complainant; however, they were found to have received ongoing education, training, and evaluation of the competencies needed to perform the procedures, treatments, and tasks as assigned. OMI found the NAs to be well trained in the procedures they perform. A licensed nurse on the unit supervises patient care both directly and indirectly, depending on the task. Competencies are reviewed annually; ongoing education and training are provided as needed. The OMI found no quality of care issues with the patients during its visit.

“The Spinal Cord Injury Center Competency Based Orientation Program/Nursing Assistants” was last reviewed in 2001 and is outdated. “The Spinal Cord Injury Center Competency Based Orientation Program/Nursing Assistants” includes a task that should not be performed by NAs, i.e. assessing pressure or decubitus ulcers.

There is no current SCI unit policy that specifically defines what medications NAs can provide.

There is no current SCI unit policy that specifically defines what stages of decubitus ulcer/wounds NAs can dress.

NAs at the Medical Center have not been offered by VHA the formal medication course required by VHA Directive 2006-049, September 12, 2006, titled "Limitations on the use of Unlicensed Assistive Personnel (UAP) in Administering Medication."

Allegation 2. NAs are directed to perform invasive care tasks when such tasks must be performed by registered nurses or licensed vocational nurses, per Veteran Health Administration (VHA) Handbook 1100.19, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) policies and the California Board of Nursing. The VHA Handbook 1100.19, "Credentialing and Privileging," dated March 6, 2001, states that "all Veterans Health Administration (VHA) individuals who are permitted by law and the facility to provide patient care services independently will be credentialed and privileged as defined in this handbook." The complainant contends that the facility is in violation of these policies because NAs are allowed to practice the above tasks "independently" when providing care to SCI patients. In addition, the California Board of Nursing has listed the tasks that Certified Nursing Assistants can and cannot perform and many of the tasks the SCI NAs are routinely assigned are on the list of procedures that can not be performed by NAs according to the State of California.

OMI Conclusions on Allegation 2:

NAs at the Medical Center are not providing care or performing procedures that violate any VA or JCAHO directive, statute or regulation, or guideline.

Independent practitioners must be licensed by a state. VHA Handbook 1100.19 "Credentialing and Privileging," March 6, 2001, applies only to licensed independent practitioners. NAs working for VA do not practice independently and are not licensed. NAs are always supervised by a licensed nurse.

VA's employment requirements and standards do not require NAs working for the Department to be certified by any state, entity, or organization. As noted by the California Board of Nursing, NAs working for VA are subject to Federal government requirements, not those of the state of California.

Overall OMI Conclusion:

In summary, the OMI did not substantiate improper treatment of the patients by NAs in the SCI Unit at the Medical Center. The NAs on the SCI unit are all provided education, training, and demonstrate competency skills in the procedures they perform and the care they render to the SCI patient is supervised by licensed personnel. The OMI found no violation of clinical practice. However, the OMI is concerned about NAs assessing pressure or decubitus ulcers. There was a minor violation of VHA policy in that the NAs were not offered the formal medication course required by VHA Directive 2006-049, September 12, 2006. Finally, the OMI found no apparent violation of any law, rule, or regulation, and no apparent risk to the health or safety of SCI patients.

Actions Planned as a Result of Investigation

1. The Medical Center is to update the "Spinal Cord Injury Center Competency Based Orientation Program" documentation packet to include the current orientation tasks and competencies that reflect only authorized NA functions. The statement "assess pressure ulcers" is to be deleted.
2. The Medical Center will ensure that the SCI unit develops a policy delineating the specific bladder, bowel and wound care treatments to include medications that are in the NA scope of practice.
3. VHA will immediately disseminate and implement the formal medication course for unlicensed assistive personnel working on the SCI unit.
4. The OMI will confirm all of these actions are completed within a reasonable time and notify the OSC when those actions are completed.