THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

January 8, 2019

The Honorable Henry Kerner
Special Counsel
U.S. Office of Special Counsel
1730 M Street, NW, Suite 300
Washington, DC 20036

Re: OSC File No. DI-18-2282

Dear Mr. Kerner:

I am responding to your April 13, 2018, letter regarding allegations made by a whistleblower at the Department of Veterans (VA) Affairs Tennessee Valley Healthcare System, Murfreesboro, Tennessee, that employees may have engaged in conduct that constitutes a violation of law, rule, or regulation and a substantial and specific danger to public health. A licensed clinical social worker alleged that Social Work Service leadership at Murfreesboro improperly denied access to non-skilled, in-home programs for eligible patients.

The Executive in Charge directed the Office of the Medical Inspector to assemble and lead a VA team to conduct an investigation. We conducted a site visit to Murfreesboro on June 25-27, 2018, and substantiated the allegation. We made four recommendations to Murfreesboro, two for Veterans Integrated Service Network 9, and two for the Veterans Health Administration's National Geriatrics and Extended Care Program Office.

Thank you for the opportunity to respond.

Sincerely,

Robert L. Wilkie

Robert L. Wilkie

Enclosure

DEPARTMENT OF VETERANS AFFAIRS
Washington, DC

Report to the
Office of Special Counsel
OSC File No. DI-18-2282

Department of Veterans Affairs (VA)
Tennessee Valley Healthcare System
Alvin C. York (Murfreesboro) Campus
Murfreesboro, Tennessee

Report Date: December 7, 2018

TRIM 2018-D-3231

Executive Summary

The Executive in Charge, Office of the Under Secretary for Health, requested that the Office of the Medical Inspector (OMI) assemble and lead a Department of Veterans Affairs (VA) team to investigate allegations lodged with the Office of Special Counsel (OSC) concerning the Tennessee Valley Healthcare System, Alvin C. York (Murfreesboro) Campus in Murfreesboro, Tennessee. The whistleblower, [redacted] a Licensed Clinical Social Worker who consented to the release of her name, alleged that the Social Work Service (SWS) leadership improperly denied access to non-skilled, in-home programs for eligible patients, and that they engaged in conduct that may constitute a substantial and specific danger to public health. We conducted a site visit to the medical center on June 25–27, 2018.

Specific Allegation of the Whistleblower

SWS Leadership improperly enacted a blanket policy denying all electronic waitlist (EWL) waiver requests for non-skilled, in-home patients.

We **substantiated** allegations when the facts and findings supported that the alleged events or actions took place and **did not substantiate** allegations when the facts and findings showed the allegations were unfounded. We were **not able to substantiate** allegations when the available evidence was not sufficient to support conclusions with reasonable certainty about whether the alleged event or action took place.

After careful review of findings, we make the following conclusions and recommendations.

Conclusions

- We **substantiate** that SWS leadership issued a blanket statement by email, face-to-face meetings, and by an informational pamphlet, indicating that patients previously placed on EWL would no longer be taken off the list, based on "waiver" requests. Specifically, the email, which was sent to all SWS staff, prohibited the waiver process and did not include any alternative mechanism to raise clinical concerns regarding Veteran care.

- We found a lack of adherence to national guidance, and that the decision to end the exception process without a standard replacement contradicts the July 22, 2014, Memorandum from the Assistant Deputy Under Secretary for Health (ADUSH) for Clinical Operations and the corresponding Geriatrics and Extended Care (GEC) PowerPoint training. There were no aligned local standard operating procedures (SOP), policies, or guidelines that provided guidance for SWS staff on EWL exceptions.

- There are inconsistencies regarding exclusionary criteria for Homemaker and Home Health Aide (H/HHA) EWL between the Veterans Health Administration (VHA)

Handbook 1140.6, the VHA Memorandum, *Additional Guidance on the use of EWL for GEC Services*, and the 2014 EWL PowerPoint training.

- There is poor communication within SWS. The communication of the policy change regarding the waiver process did not include input, discussion, and understanding from all process owners, or provide a forum to discuss an alternative for providing H/HHA or other Non-Institutional Purchased Home Care (NIC) services to patients in need.

- There is insufficient training on the referral process for H/HHA. In addition, there is not a clearly defined clinical process to ensure that a patient's clinical situation is reconsidered in a timely manner to see whether it merits an exclusion from EWL.

- SWS has recently implemented the national Case Mix tool for H/HHA consults to determine Veteran complexity of care levels. Some social workers indicated that they do not have a clear understanding of this process.

- With so much change and new development of the SWS, we are concerned that there is a lack of leadership training and mentoring for key positions in SWS NIC services.

Recommendations to Murfreesboro

1. Ensure that all involved staff members are educated and trained in the EWL process for GEC Services to include the H/HHA process; verify that this has been completed.

2. Review consults and the computerized patient record system (CPRS) corresponding records of patients with H/HHA referrals for the past year, including the 13 Veterans whose names were provided during the site visit, to determine whether they received appropriate and timely services. Specifically, follow up on the homeless Veteran to ensure [redacted] homeless state is not due to a delay in assessment for receiving H/HHA services, and conduct a review to see if there are any identified services available that might have helped stabilize the Veteran's housing. This Veteran's situation is clearly complicated: several factors have impacted [redacted] ability to maintain housing, and a review might provide an opportunity for process improvement across VA programs and services. This review should include the Health Care for Homeless Veterans Program.

3. Review the April 2017 VHA SWS Program Office site visit recommendations, develop an action plan, and ensure the completion of the corrective actions.

Recommendations to Veterans Integrated Service Network 9

1. Review and develop processes for exclusions that align with the 2014 national guidance, the 2014 GEC Electronic Wait List PowerPoint, and the VHA Memorandum, reviewing the current method of processing H/HHA exceptions and

restructuring the process to allow exceptions to be easily requested: review, process, and develop a clearly defined clinical reconsideration process for determining if eligible Veterans qualify for an exclusion from EWL. In addition:

   a. Write a NIC EWL exceptions SOP for use throughout the Tennessee Valley Healthcare System.
   b. When completed, develop a systematic training plan to educate key staff, including system redesign, quality, social workers, nursing and medicine staff, to effectively implement this process throughout the System.
   c. Create a method to consistently monitor the accuracy, timeliness, and effectiveness of the process.

2. Create a method to consistently monitor the accuracy, timeliness, and effectiveness of the process. Provide consistent guidance aligned with national guidance regarding use of EWL for GEC Services, and provide education.

3. Follow-up on the April 2017 VHA SWS Program Office site visit recommendations, ensure the action plan is developed, and that corrective and process improvement actions are implemented.

4. Assist with the development of mentoring relationships for SWS and NIC leadership.

Recommendations to VHA National GEC Program Office

1. Conduct a consultative site visit to assess the provision of H/HHA and NIC services throughout Murfreesboro, including assessment of the appropriateness of these EWLs, and ensuring that there is a plan in place for providing care to enrolled Veterans who need H/HHA services.

2. Follow up with the appropriate VA official to ensure that VHA leaders understand that VHA is required to provide H/HHA services to enrolled Veterans who need these services.

3. Update VHA Handbook 1140.6 *Purchased Home Health Care Services Procedures*, July 21, 2006, regarding use of EWL.

Summary Statement

We have developed this report in consultation with other VHA and VA offices to address OSC's concerns that Murfreesboro engaged in conduct that may constitute a substantial and specific danger to public health. VHA Human Resources (HR) has examined personnel issues to establish accountability and the National Center for Ethics in Health Care has provided a health care ethics review. We have also consulted with the VHA Social Work Service Program Office leadership and the Veterans Integrated Service Network GEC Program Director. We found violations of VHA policy, but did not identify a substantial and specific danger to public health at Murfreesboro.

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I. Introduction

The Executive in Charge, Office of the Under Secretary for Health, requested that the Office of the Medical Inspector (OMI) assemble and lead a Department of Veterans Affairs (VA) team to investigate allegations lodged with the Office of Special Counsel (OSC) concerning the Tennessee Valley Healthcare System, Alvin C. York (Murfreesboro) Campus in Murfreesboro, Tennessee. The whistleblower, [redacted] a Licensed Clinical Social Worker who consented to the release of her name, alleged that Social Work Service (SWS) leadership improperly denied access to non-skilled, in-home programs for eligible patients, and that they engaged in conduct that may constitute a substantial and specific danger to public health. We conducted a site visit to Murfreesboro on June 25–27, 2018.

II. Facility Profile

Murfreesboro provides primary care and subspecialty medical, surgical, and psychiatric services to Veterans. The campus provides long-term rehabilitation and nursing home care, and serves as a Veterans Integrated Service Network (VISN) 9 resource for the long-term inpatient care of psychiatric patients. It has a primary care program and provides subspecialty care in dermatology, gastroenterology, hematology/oncology, infectious diseases, neurology, pulmonology, nephrology, rheumatology, and sleep evaluation. It is affiliated with the graduate medical education programs of Vanderbilt University School of Medicine and Meharry Medical College.

The Murfreesboro SWS is a large service with over 100 employees serving Veterans throughout the facility; it has responsibility and accountability for the Homemaker and Home Health Aide (H/HHA) services that provide personal care and non-skilled services in the home to Veterans who would otherwise require nursing home care.

III. Specific Allegation of the Whistleblower

SWS Leadership improperly enacted a blanket policy denying all electronic waitlist (EWL) waiver requests for non-skilled, in-home patients.

IV. Conduct of Investigation

The VA team conducting the investigation consisted of the Medical Inspector, the Special Assistant to the Medical Inspector, and a Clinical Program Manager, all of OMI, a Social Work Executive, White River Junction VA Medical Center (VAMC), and an Employee and Labor Relations HR Specialist, Augusta VAMC.
We reviewed relevant policies, procedures, professional standards, reports, memorandums, and other documents listed in Attachment A. We initially interviewed the whistleblower via teleconference on June 14, 2018, and again at Murfreesboro on June 26, 2018. We toured SWS offices and held an entrance briefing with Murfreesboro leadership:

- Medical Center Director (MCD)
- Associate Director (AD)
- Chief of Staff (CoS)
- AD of Patient Care Services (ADPCS)
- Assistant Director
- Acting Accreditation Specialist

We also interviewed the following Murfreesboro employees:

- AD
- CoS
- Acting Chief, Business Office
- Chief, Compliance
- Program Assistant, Compliance
- Chief, SWS
- Assistant Chief, SWS
- Supervisor, Non-Institutional Care Program
- Social Work Coordinator, Home Health Aide
- SWS Community Based Care Program Manager
- Social Worker, Community Based Care Program
- Administrative Officer, Community Based Care Program
- Social Worker, Hospice/Palliative Care
- Social Work Manager, Patient-Aligned Care Team (PACT)
- Two Social Workers, PACT
- Social Worker, Transition and Care Management Program
- Nurse Manager, Community Based Care Program

We held an exit briefing with Murfreesboro and VISN 9 leadership:

- MCD
- AD
- CoS
- ADPCS
- Assistant Director
- Acting Accreditation Specialist
- VISN 9 Lead
- Executive Assistant to VISN 9 Director
- VISN 9 Quality Management Officer (QMO)
- VISN 9 Deputy QMO
- VISN 9 Patient Safety Officer
- Geriatrics and Extended Care Lead
- VISN 9 Business Implementation Manager

V. Findings, Conclusions, and Recommendations

Allegation

SWS Leadership improperly enacted a blanket policy denying all electronic waitlist (EWL) waiver requests for non-skilled, in-home patients.

Background

Veterans Health Administration (VHA) Handbook 1140.11 outlines the types of services that must be available to Veterans, including H/HHA.[1] VHA Handbook 1140.6 addresses the purchase and monitoring of Purchased Skilled Care and H/HHA services.[2] H/HHA services are personal care and related support services that enable frail or disabled Veterans to live at home. These services are not discretionary, as they are part of the medical benefits package available to enrolled Veterans. Homemaker services include assistance with activities of daily living (ADL) such as light housekeeping necessary to maintain a safe and sanitary environment in the areas of the home used by the patient. H/HHA services include assistance with ADL such as bathing, using the toilet, eating, dressing, walking, active and passive exercises, assistance with medical equipment, routine health monitoring, and specific household tasks. These services are offered to patients to provide in-home assistance as an alternative to nursing home care. They enable the Veteran to remain in the community, resulting in a higher quality of life. To determine eligibility for these services, a VHA team assesses the patient's clinical condition against qualifying criteria, such as three or more ADL dependencies or significant cognitive impairment.

EWL is the VHA waitlist used to manage appointment requests for services where supply and demand are not in balance, resulting in a delay or backlog of requests for care. The Geriatrics and Extended Care (GEC) EWL process for H/HHA is guided by VHA Memorandum, *Additional Guidance on the use of EWL for GEC Services*.[3] EWL is closely monitored and the patients removed if it is clinically inappropriate for them to remain on the list.

In April 2014, the VHA GEC Program Office sponsored training, entitled *Electronic Wait List,* to provide specific guidance to the field for "managing the backlog for Non-Institutional Purchased Home Care (NIC) services," to provide guidelines for the use of EWL for NIC programs. On July 22, 2014, the Assistant Deputy Under Secretary for Health (ADUSH) for Clinical Operations released the VHA Memorandum, *Additional Guidance on the use of EWL for GEC Services,* to VISN Directors to be used as guidance for all GEC programs, including H/HHA, until the GEC Program Office issued the national policy. Within this memorandum, ADUSH reminded the Directors and staff

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[1] VHA Handbook 1140.11, *Uniform Geriatrics and Extended Care Services in VA Medical Centers and Clinics*, November 4, 2015.
[2] VHA Handbook 1140.6, *Purchased Home Health Care Services and Procedures*, July 21, 2006.
[3] VHA Memorandum, *Additional Guidance on the use of EWL for GEC Services*, July 22, 2014.

that EWL is to be used for all NIC, both VA-provided and purchased. ADUSH also provided the April 2014 *Electronic Wait List* PowerPoint presentation to provide guidance to staff who were not able to attend the initial training. These materials cited EWL exceptions for those Veterans who should not be placed on a waitlist for H/HHA services: Urgent Care Patients, Hospice Care Patients, Patients flagged High-Risk for Suicide, Emergent Care Patients, Palliative Care Patients, and Patients deemed clinically inappropriate for EWL. Slide 6 of the PowerPoint states, "Any patient who falls into one of the above categories while on EWL is to be removed immediately." Additionally, slide 20 notes, "If any Veteran, regardless of service connection, deemed clinically inappropriate to be on a wait list, Veteran is to be removed and services provided." Veterans should be clinically reviewed while on EWL, and if their conditions deteriorate to a point that services are considered urgent, or without them the Veteran would need immediate placement in institutional care, then H/HHA services should be provided without delay based on clinical need.

Findings

H/HHA services are available for eligible Veterans who need these services and meet the clinical criteria. The facility initiated EWL when it believed that budget resources were not sufficient to meet all identified home health care needs of Veterans in accordance with VHA Handbook 1140.6. The H/HHA process was initiated by a social worker after the provider entered the referral for H/HHA. Another social worker then reviewed the consult and worked with the Business Office to determine Veteran eligibility in terms of administrative and clinical requirements, and to issue the authorization for services. After clinical need was determined, the social worker arranged for services, places the enrolled Veteran on EWL, if required, and notifies the Social Work Team through the computerized patient record system (CPRS) consultation notification.

In June 2017, SWS leadership sent an email to all social workers, outlining an informal "waiver" process where Veterans, previously placed on EWL, who met one of the exception categories, could be provided services and removed from EWL. In this process, social workers were instructed to provide information using a structured email template that included: the Veteran's identifying information (full name, social security number), as well as his/her diagnosis and a description of the clinical background, the types of services needed, and a brief statement about the consequences if these services are not provided, along with the social worker's recommendation. This email request is submitted to the Social Work Executive (SWE) as a waiver request to remove the Veteran from EWL to provide services. Subsequently, once approved, the SWE documented that EWL waiver request was approved by CoS. Any authorizations approved in this manner were then sent to the Business Office to be forwarded to the appropriate agency. In the past, when a social worker sent the email waiver request to SWE, Veterans were generally removed from EWL, based on the social worker's assessment. Upon review of VHA Handbook 1140.6, the VHA Memorandum, *Additional Guidance on the use of EWL for GEC Services*, and the 2014 EWL PowerPoint education, we found inconsistencies regarding exclusionary criteria for

H/HHA. The Handbook and memorandum specifically states that Veterans needing hospice care are not to be on EWL, and do not address the additional exclusions outlined in the 2014 PowerPoint.

Patients Denied EWL Exceptions
H/HHA services are available for eligible Veterans in need of these services who meet the clinical criteria; Murfreesboro initiated EWL when it believed that budget resources were not sufficient to meet all identified home health care needs of Veterans, in accordance with VHA Handbook 1140.6. After clinical need is determined, the social worker arranges for services or places the enrolled Veteran on EWL, if required, and notifies the Social Work Team through CPRS consultation notification.

The whistleblower and Murfreesboro SWS staff use the term "waiver" when requesting that Veterans be removed from EWL based on one of the exceptions. In December 2017, a social worker was assigned to a formerly homeless Veteran and [redacted] who received a Housing and Urban Development/VA Supportive Housing (HUD/VASH) apartment, contingent upon [redacted] paying [redacted] rent and keeping it clean.[4] The Veteran required an EWL exception to receive non-skilled, in-home program assistance because [redacted] physical limitations prevented [redacted] from maintaining a clean apartment, which placed [redacted] in jeopardy of losing it and returning to homelessness. On Friday, December 15, the social worker submitted a waiver request to the SWE asking that the Veteran be removed from EWL to obtain immediate non-skilled, in-home program assistance. The social worker recommended H/HHA services for the Veteran to assist with cleaning, cooking, and bathing, and noted in the request that, "expediting provision of these services will assist in maintaining the Veteran's health, well-being, promote an improved quality of life, and ensure permanent housing for this Veteran who is at high risk for being homeless." There was no reply to the request.

On January 5, 2018, the SWS Community-Based Program Manager sent out an email message titled *EWL Waiver Requests for Homemaker/Home Health Aide/In-Home Respite*, to the Murfreesboro general SWS email group that said, "effective immediately and until further notice from SWS management, no EWL 'waiver' requests for the H/HHA/In-Home Respite program will be processed. Any waiver requests that were submitted, but are still pending in any way, will not be processed. No further waiver requests should be submitted until/unless we notify you otherwise." Murfreesboro SWS leadership reported that there was no authorization allowing them to process waivers for EWL. The social worker who attempted to get a waiver for the above Veteran was unable to have the Veteran removed from EWL so that [redacted] could receive H/HHA services.

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[4] It is VHA policy for HUD/VASH to provide clinical case management and supportive services to Veterans in HUD-VASH by utilizing the principles of Housing First, a team-based model of care, comprised of multi-disciplinary staff, and shared caseloads. Chronically homeless and other vulnerable homeless Veterans, based on the HUD Prioritization Notice, are admitted to case management to support the ongoing effort to end Veteran homelessness. VHA Directive 1162.05, *Housing and Urban Development Department of Veterans Affairs Supportive Housing Program*, June 29, 2017.

On February 14, 2018, after a Community-Based Care Program Team meeting, a social worker representing SWS leadership distributed an informational summary sheet, titled, *What's Going on with Non-Skilled/In-Home Care Services*, to all SWS staff that indicated all Veterans will be placed on EWL, and that there will be no exceptions to placement on the wait list or for removal. The guidance and documents distributed in January and February 2018 are inconsistent with, and in violation of, the 2014 Office of GEC Training and ADUSH guidance regarding EWL exceptions.

Additionally, a few social workers reported inconsistencies in the EWL process, and that SWS approved some exception requests for patients to be removed from EWL based solely on their relationship with the social worker who submitted the request. After the removal of the waiver process, they were concerned that there was no process in place that allowed a patient to be removed from EWL or later reconsidered for an exception from EWL based on a compelling need or one of the EWL exceptions allowed per GEC and VHA guidance. Most social workers indicated that they had never received GEC EWL training and none were aware of the VHA Memorandum, *Additional Guidance on the use of EWL for GEC Services.* We found no local policy, standard operating procedure (SOP), or written guidance on EWL exceptions.

We reviewed the above Veteran's electronic health record in CPRS and found that SWS did not contact the Veteran to remove [redacted] from EWL until May 18, 2018; they sent a letter to [redacted] on May 21, 2018. On Wednesday, May 30, a social worker completed an evaluation regarding a need for NIC non-skilled services based on the referral to community based care, a review of documentation in CPRS, and the H/HHA referral. SWS completed an assessment using the H/HHA Case Mix tool; it was documented in CPRS that the Veteran did not meet the clinical criteria for H/HHA services. We found a [redacted] note in CPRS indicating that the Veteran received notice to vacate [redacted] apartment due to violations of [redacted] rental agreement. [redacted] was evicted from the apartment for allowing several people to stay there. The Veteran admitted to being afraid to ask them to leave. Following [redacted] eviction, [redacted] became homeless again and was living in a park in East Nashville. The Homeless Program Case Managers, who are currently managing this Veteran's care, reached the Veteran by phone on August 2, 2018; [redacted] was homeless at that time. On August 6, 2018, the Veteran was again reached and [redacted] informed the Case Manager that [redacted] could pay for a 1-week stay in a hotel. The Veteran continued to have frequent case management with Murfreesboro's Healthcare for Homeless Program staff. This Veteran was deemed clinically eligible for H/HHA services when [redacted] case was finally reviewed 8 months after the social worker initially requested these services. [redacted] was taken off EWL due to [redacted] clinical needs.

In addition to the above Veteran, the whistleblower provided the names of 12 other Veterans who were referred for H/HHA services. We reviewed each referral to determine whether the lack of H/HHA services led to any Veteran being denied services that might have contributed to an adverse event or outcome. The date for the referrals ranged from September 2017 to May 2018. Of the 12, there were 2 Veterans whose inability to be removed from EWL might have affected their clinical outcomes.

The first of these 2 referrals indicated that when H/HHA services were requested on September 8, 2017, the Veteran was placed on EWL. On February 23, 2018, the Veteran was referred to hospice, and the progress notes in CPRS indicated that the services would come through H/HHA and hospice, as needed. On May 12, 2018, the Veteran's family was contacted during a stand-down event that was organized to eliminate the EWL backlog. This review indicated that the Veteran should have been removed from EWL when the need for hospice services was identified on February 23, 2018. Per the VHA outpatient scheduling policy and hospice program requirements, hospice care is a reason for exclusion from EWL. This represents a delay of 4 1/2 months between the time the patient qualified for removal from EWL and the time he was removed from the list.

The second of these 2 referrals indicated a referral for GEC Respite in-home services on April 12, 2018, and noted an expedited review due to the hospice care requested. The Veteran was placed on EWL for H/HHA on April 19, 2018, but this should not have happened, as [redacted] was on a hospice level of care. On June 5, 2018, H/HHA services were provided.

Overall, we found that referrals for H/HHA do not indicate that social workers reviewed them for any exceptions prior to placing Veterans on EWL. We also found that SWS was not compliant with GEC or VHA guidance.

Additional Findings

SWS Staffing Turnover, Poor Communication, and a Lack of Training
There has been high turnover of significant SWS positions and increased turmoil among the SWS leadership within the past year, including a newly assigned Chief and Assistant Chief, as well of some of the other leadership positions. Many social workers were dissatisfied with communication channels, saying that they were not involved in processes that directly affect them, and reported low morale in SWS. They also reported a lack of training and poor understanding of the recently implemented Case Mix tool. This national tool determines the level of care required in number of hours, after a Veteran's eligibility has been established. SWS leadership claims that they have provided training on the Case Mix tool to some of the social workers.

The SWS Chief is newly assigned after being detailed for almost a year, and was not familiar with the national guidance regarding the GEC EWL exceptions, stating that there was no official policy about them, which was the reason they stopped the informal waiver process for H/HHA EWL.

There have been two site visits with multiple recommendations for improvement of the Murfreesboro SWS; VISN 9 GEC Lead conducted one on December 21, 2016, and the VHA Social Work Program Office conducted a consultative visit on April 3-6, 2017. Some of the recommendations have not been completed. The VHA GEC Office requested full funding for H/HHA to ensure appropriate funding is provided to all Veterans eligible for such care.

Conclusions

- We **substantiate** that SWS leadership issued a blanket statement by email, face-to-face meetings, and an informational pamphlet, indicating that patients previously placed on EWL would no longer be taken off the list, based on "waiver" requests. Specifically, the email, which was sent to all SWS staff, prohibited the waiver process and did not include any alternative mechanism to raise clinical concerns regarding Veteran care.

- We found a lack of adherence to national guidance, and that the decision to end the exception process without a standard replacement contradicts the VHA Memorandum from the ADUSH for Clinical Operations of July 22, 2014, and the corresponding GEC PowerPoint training. There were no aligned local SOPs, policies, or guidelines that provided guidance for SWS staff on EWL exceptions.

- There are inconsistencies regarding exclusionary criteria for H/HHA EWL between VHA Handbook 1140.6, VHA Memorandum, *Additional Guidance on the use of EWL for GEC Services*, and the 2014 EWL PowerPoint Training.

- There is poor communication within SWS. The communication of the policy change regarding the waiver process did not include input, discussion, and understanding from all process owners, or provide a forum to discuss an alternative for providing H/HHA or other NIC services to patients in need.

- There is insufficient training on the referral process for H/HHA. In addition, there is not a clearly defined clinical process to ensure that a patient's clinical situation is reconsidered in a timely manner to see whether it merits an exclusion from EWL.

- SWS has recently implemented the national Case Mix tool for H/HHA consults to determine Veteran complexity of care levels. Some social workers indicated that they do not have a clear understanding of this process.

- With so much change and new development in SWS, we are concerned that there is a lack of leadership training and mentoring for key positions in SWS NIC services.

Recommendations to Murfreesboro

1. Ensure that all involved staff members are educated and trained in EWL process for GEC Services to include the H/HHA process; verify that this has been completed.

2. Review consults and the CPRS corresponding records of patients with H/HHA referrals for the past year, including the 13 Veterans whose names were provided during the site visit, to determine whether they received appropriate and timely services. Specifically, follow up on the homeless Veteran to ensure [redacted] homeless

state is not due to a delay in assessment for receiving H/HHA services, and conduct a review to see if there are any identified services available that might have helped stabilize the Veteran's housing. This Veteran's situation is clearly complicated: several factors have impacted his ability to maintain housing, and a review might provide an opportunity for process improvement across VA programs and services. This review should include the Health Care for Homeless Veterans Program.

3. Review the April 2017 VHA SWS Program Office site visit recommendations, develop an action plan, and ensure the completion of the corrective actions.

Recommendations to VISN 9

1. Review and develop processes for exclusions that align with the 2014 national guidance, the 2014 GEC Electronic Wait List PowerPoint, and the VHA Memorandum, reviewing the current method of processing H/HHA exceptions and restructuring the process to allow exceptions to be easily requested: review, process, and develop a clearly defined clinical reconsideration process for determining if eligible Veterans qualify for an exclusion from EWL. In addition:
   a. Write a NIC EWL exceptions SOP for use throughout the Tennessee Valley Healthcare System.
   b. When completed, develop a systematic training plan to educate key staff, including systems redesign, quality, social workers, nursing and medicine staff, to effectively implement this process throughout the System.
   c. Create a method to consistently monitor the accuracy, timeliness, and effectiveness of the process.

2. Provide guidance aligned with national guidance regarding use of EWL for GEC Services, and provide education.

3. Follow-up on the April 2017 VHA SWS Program Office site visit recommendations, ensure the action plan is developed, and that corrective and process improvement actions are implemented.

4. Assist with the development of mentoring relationships for SWS and NIC leadership.

Recommendations to VHA National GEC Program Office

1. Conduct a consultative site visit to assess the provision of H/HHA and NIC services throughout Murfreesboro, including assessment of the appropriateness of these EWLs, and ensuring that there is a plan in place for providing care to enrolled Veterans who need H/HHA services.

2. Follow up with the appropriate VA official to ensure that VHA leaders understand that VHA is required to provide H/HHA services to enrolled Veterans who need these services.

3. Update VHA Handbook 1140.6 regarding use of EWL.

VI. Summary Statement

We have developed this report in consultation with other VHA and VA offices to address OSC's concerns that Murfreesboro engaged in conduct that may constitute a substantial and specific danger to public health. VHA HR has examined personnel issues to establish accountability and the National Center for Ethics in Health Care has provided a health care ethics review. We have also consulted with the VHA Social Work Service Program Office leadership and the VISN GEC Program Director. We found violations of VHA policy, but did not identify a substantial and specific danger to public health at Murfreesboro.

Attachment A

Documents reviewed:

VA Handbook 5005/50 Part II, Appendix G39, *Social Worker Qualification Standard GS-185 Veterans Health Administration*, February 29, 2012.

VHA Directive 1230, *Outpatient Scheduling Processes and Procedures*, July 15, 2016.

VHA Directive 1162.05 Housing and Urban Development Department of Veterans Affair Supportive Housing Program, June 29, 2017.

VHA Handbook 1140.11, Uniform Geriatrics and Extended Care Services in VA Medical Centers and Clinics, November 4, 2015.

VHA Handbook 1140.6, *Purchased Home Health Care Services and Procedures*, July 21, 2006.

VHA Handbook 1110.02, *Social Work Professional Practice*, January 15, 2014.

VHA Memorandum, Assistant Deputy Under Secretary for Health for Clinical Operations (10NC), *Additional Guidance on Use of the Electronic Wait List (EWL) for Geriatrics & Extended Care Services*, July 22, 2014.

Tennessee Valley VA Healthcare System Memorandum 626-18-122-13, *Non-Institutional Extended Care*, January 8, 2018.

Tennessee Valley VA Healthcare System, SWS 626-122-2018-02-B, Standard Operating Procedure, *Home Maker/Home Health Aide/Outpatient Respite Program*, Revised January 31, 2018.

Tennessee Valley VA Healthcare System, Social Work Services (SWS) Organization Chart, October 2017.

Tennessee Valley VA Healthcare System, Social Work Site Visit Final Report, April 3–6, 2017.

Tennessee Valley VA Healthcare System, Social Work Services (SWS) Organization Chart, October 2017.

PowerPoint Electronic Wait List (EWL), *Managing Backlog for Non-Institutional Purchased Home Care Services*, Office of Geriatrics and Extended Care Operations, April 2014.

TVHS SWS Site Visit GEC Visit 9 Lead, December 21, 2016.

TVHS SWS Site Visit Report for GEC VISN Lead Social Work Service, March 15, 2017.

EWL Reports 2017-2018.

Murfreesboro AIB 1504 on SWS.

Emails from interviewees, 2014-2018.