

Department of  
Veterans Affairs

# Memorandum

Date: SEP 11 2015

From: Under Secretary for Health (10)

Subj: Department of Veterans Affairs Supplemental Report to the Office of Special Council Report DI-14-1789, VA Greater Los Angeles Healthcare System, Los Angeles, California. (VAIQ 7637485)

To: Office of General Council (02)

1. I have reviewed the Facility Director's status update to OIG's recommendations in the report titled "Healthcare Inspection Alleged Magnetic Resonance Imaging Order Deletion and Record Destruction VA Greater Los Angeles Healthcare System, Los Angeles, CA".
2. The facility continues to take action on recommendations 1 and 2. The facility has provided documentation of ongoing work.
3. The facility completed work on recommendations 3, 4 and 5, and requests OIG consider closure of these recommendations.
4. Please direct any questions or concerns regarding the content of this memorandum to Gail Heiss, MSN Clinical Program Manager (10A) by email at VHA 10AAAction@va.gov.



David J. Shulkin, M.D.

Attachments

Cc: Director, Office of the Medical Inspector

**HCI Alleged Magnetic Resonance Imaging Order Deletion and Record Destruction  
VA Greater Los Angeles Healthcare System Los Angeles, CA (Report Number 14-02195-381, Issued June 11, 2015)**

**Recommendation 1:** We recommended that the Facility Director ensure that Radiology Department managers confirm that ordered magnetic resonance imaging exams are scheduled and completed within the VHA required timeframe.

**OIG Comment:** Please ensure your response contains documentation to verify the completion of the stated actions below.

**VHA Comment**

Concur

Facility response: GLA currently stands at 55-68% completion within the time frame. The following actions are currently in process:

- Medical Support Assistants (MSA) print pending lists daily and call patients to schedule appointments.
- MRI MSA's have been trained to use Veterans Choice List (VCL) when needed or requested.
- Chief of Imaging reviews consults for non-VA fee care and approves based on criteria.
- MR scheduling grids have been opened to CBOC's. MSA's instructed to schedule at point of care.
- Imaging scheduling SOP is under revision to reflect new VACO guidelines.

**VA Response:**

In Process      Target Completion Date: September 30, 2015

**VHA Status Update September 2015**

While VA Greater Los Angeles Healthcare System (GLA) has implemented the actions above, GLA Imaging Department continues working to schedule all outpatient MRIs within 30 days of the clinically indicated date. The number of MRI exams completed has increased, but the percentage completed within 30 days has decreased. We are receiving approximately 1,000 more requests per month than we have in capacity. GLA imaging is utilizing the clinically indicated date but clinicians (new house staff) frequently use the default day of "today" regardless of the urgency of the request. We are in the process of training/retraining the providers to select a true Clinically Indicated Date (CID).

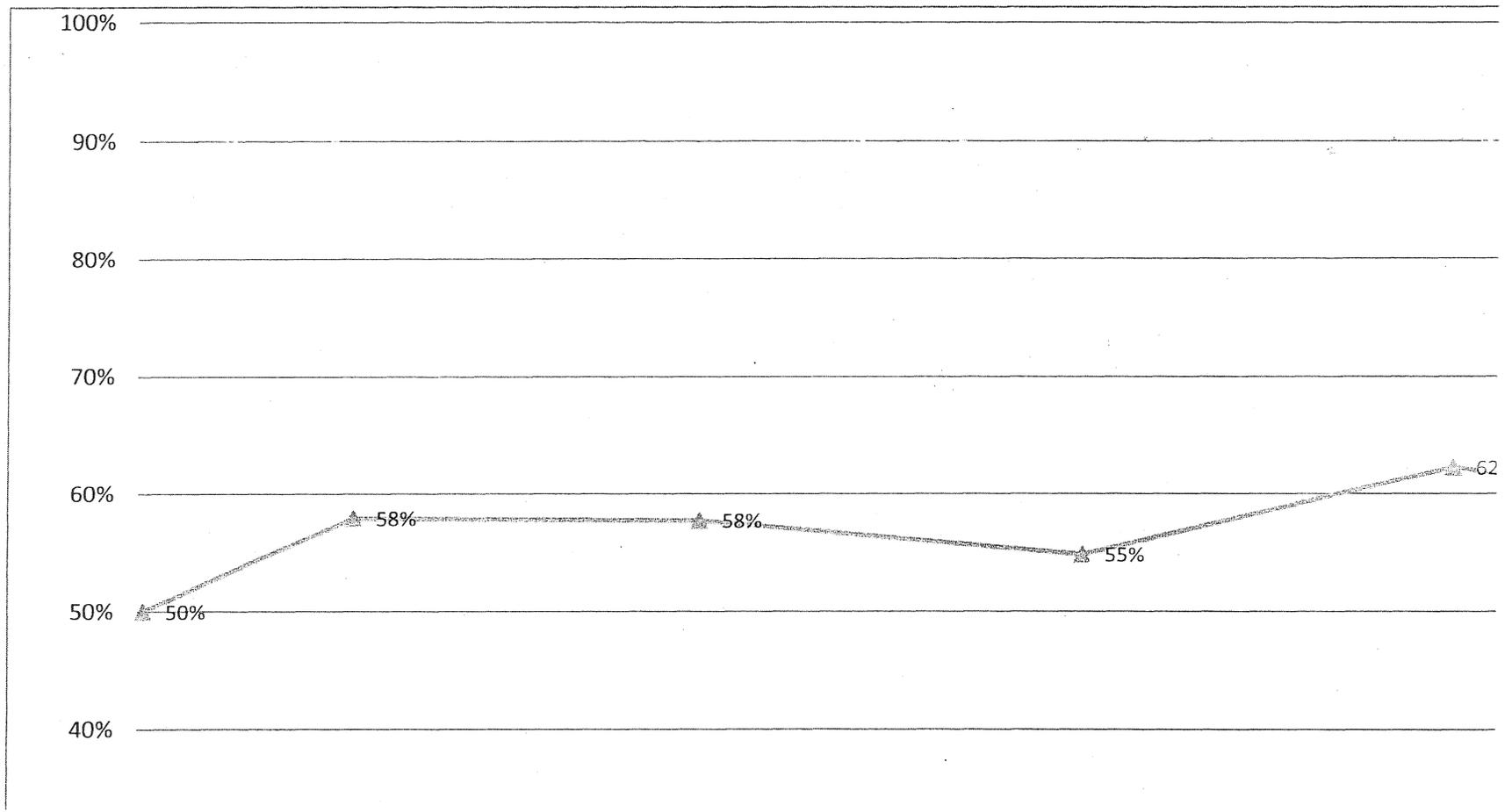
	<p>Given an increasing demand and when outpatient MRI appointments cannot be offered within 30 days of the CID, imaging Medical Support Assistants (MSAs) are notifying patients regarding potential eligibility for Choice Care Act and patients are placed on the Veterans Choice List (VCL). GLA will continue to monitor MRI wait times and work to increase access based on available resources.</p>
<p><b>Supporting Documentation:</b></p>	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>MRI 30 Day Wait Time</p> </div> <div style="text-align: center;">  <p>GLA MRI 3 Month Totals</p> </div> </div>
<p><b>Status:</b></p>	<p>Implementation of this recommendation is still in progress.</p>
<p><b>Recommendation 2:</b></p>	<p><b>We recommended that the Facility Director require Radiology Department managers to review pending lists of magnetic resonance imaging exams at designated intervals to ensure timely scheduling of these exams and that compliance be monitored.</b></p>
<p><b>OIG Comment:</b></p>	<p>Please ensure your response contains documentation to verify the completion of the stated actions below.</p>
<p><b>VA Response:</b></p>	<p><u>VHA Comment</u></p> <p>Concur</p> <p>Facility response: The pending lists are printed daily by MSA's at two hour intervals. Wait times are monitored monthly by Chief of Service for analysis and recommendations for improvement. Currently have approval for an additional 4 MSA's which should result in improvement in timeliness.</p> <p>In Process                      Target Completion Date: May 30, 2015</p> <p><b>VHA Status Update September 2015</b>  The Chief of Imaging monitors pending lists and reports the wait times routinely to the Inpatient Operations Council. At this time, 30-day wait times are not improving, but numbers of scans completed is increasing.</p> <p>Efforts to recruit additional MSAs have not been successful. One of two current MRI scheduling MSAs were reassigned to fill in for the departmental administrative assistant who is on extended sick leave (3 months so far). There has been only one MRI MSA scheduling in the last 3 months. GLA is reviewing the possibility of sharing resources (specifically the MSA certificates) between the Health Administration Services, Ambulatory Care, and Radiology.</p>

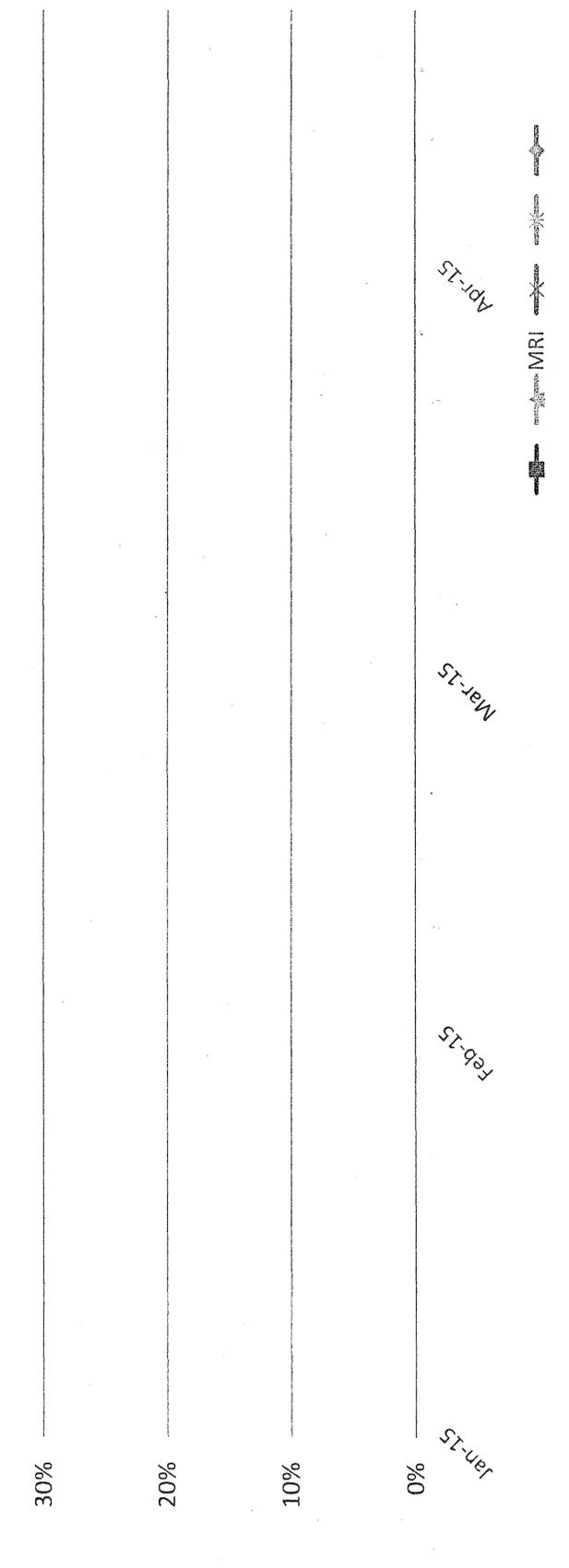
<b>Supporting Documentation:</b>	 MRI 30 Day Wait Time  IOC IMAGING REPORT 1-22-15  Copy of MRI 3 month Totals.xlsx  Copy of OPWT July 2015.xlsx   9-10-15- GLA_OIG Status Update _ HCI
<b>Status:</b>	Implementation of this recommendation is still in progress.
<b>Recommendation 3:</b>	<b>We recommended that the Facility Director ensure Radiology Department managers develop and implement a consistent procedure for canceling magnetic resonance imaging orders.</b>
<b>OIG Comment:</b>	Please ensure your response contains documentation to verify the completion of the stated actions below.
<b>VA Response:</b>	<u>VHA Comment</u>  Concur  Facility response: A written procedure for canceling magnetic resonance imaging orders will be developed. In Process Target Completion Date: March 30, 2015  <b>VHA Status Update September 2015</b> The Radiology Department managers have developed and implemented a consistent procedure for canceling magnetic resonance imaging orders (see attached).
<b>Supporting Documentation:</b>	 GLA Imaging Cancellation Policy
<b>Status:</b>	We request closure of this recommendation based on the evidence provided above.
<b>Recommendation 4:</b>	<b>We recommended that the Facility Director ensure that responsible providers are notified of canceled magnetic resonance imaging orders.</b>
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<b>VA Response:</b>	<u>VHA Comment</u>  Concur  Facility response: The review of pending orders that can be discontinued according to VA policy generates an alert for the ordering physician. In cases where the patient has been referred for non-VA fee care, that status is noted in CPRS as reason for discontinuing.

	<p>If there are other specific reasons such as other testing being done, a note is generated to the ordering provider.</p> <p>In Process                      Target Completion Date: June 30, 2015</p> <p><b>VHA Status Update September 2015</b>  The Facility Director has ensured that the notification for cancelation of imaging requests is set to "mandatory" in CPRS. The ordering providers receive alerts when imaging orders are canceled (see attached).</p>
<b>Supporting Documentation:</b>	 <p>Mandatory Notification of Image</p>
<b>Status:</b>	We request closure of this recommendation based on the evidence provided above.
<b>Recommendation 5:</b>	<b>We recommended that the Facility Director ensure that radiology clerical staff accurately annotate reasons for canceling magnetic resonance imaging orders and appointments in the electronic health record.</b>
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<b>Supporting Documentation:</b>	 <p>Cancellation Options</p>
<b>Status:</b>	We request closure of this recommendation based on the evidence provided above.

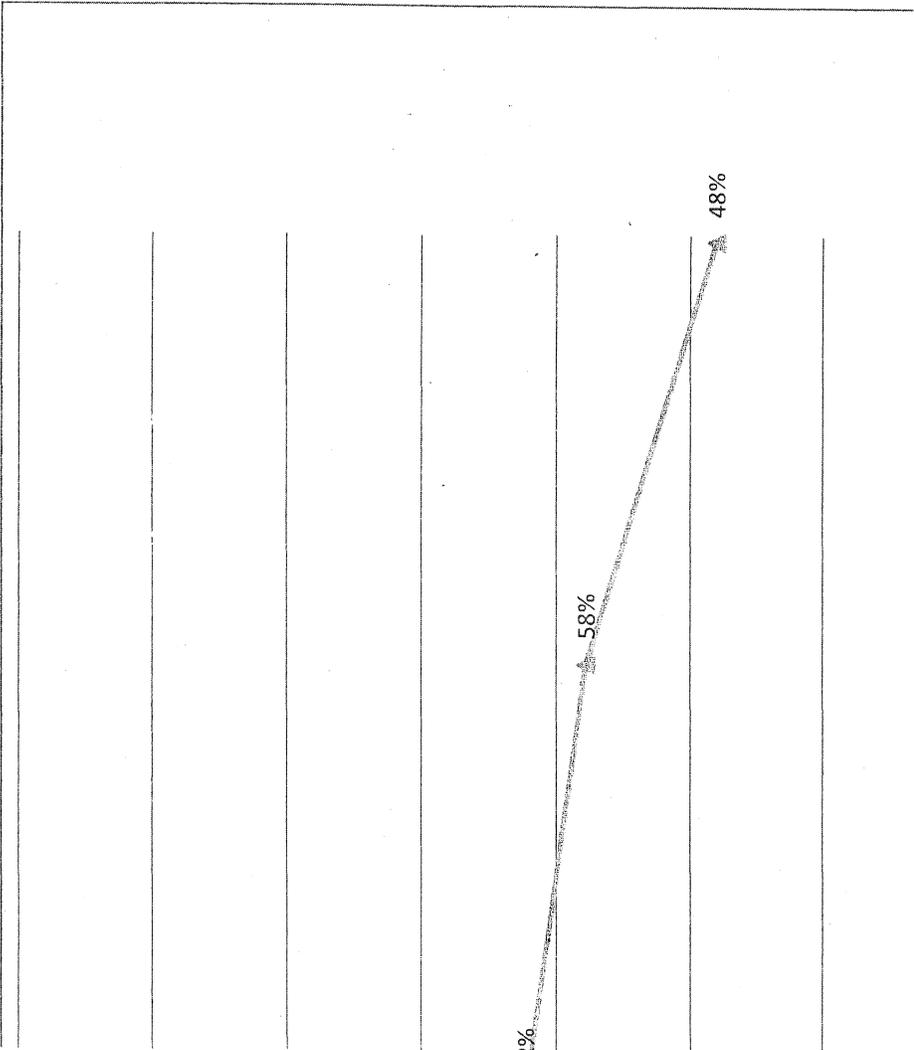
# Attachment # 1

	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15
MRI	50%	58%	58%	55%	62%	58%	48%





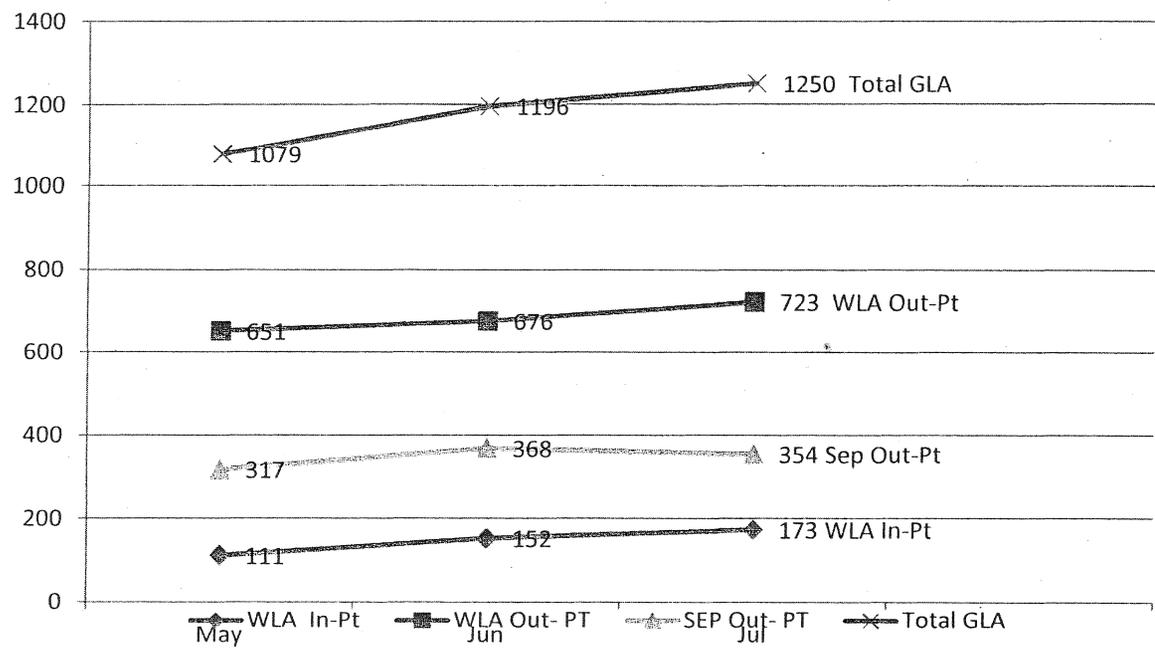
MRI





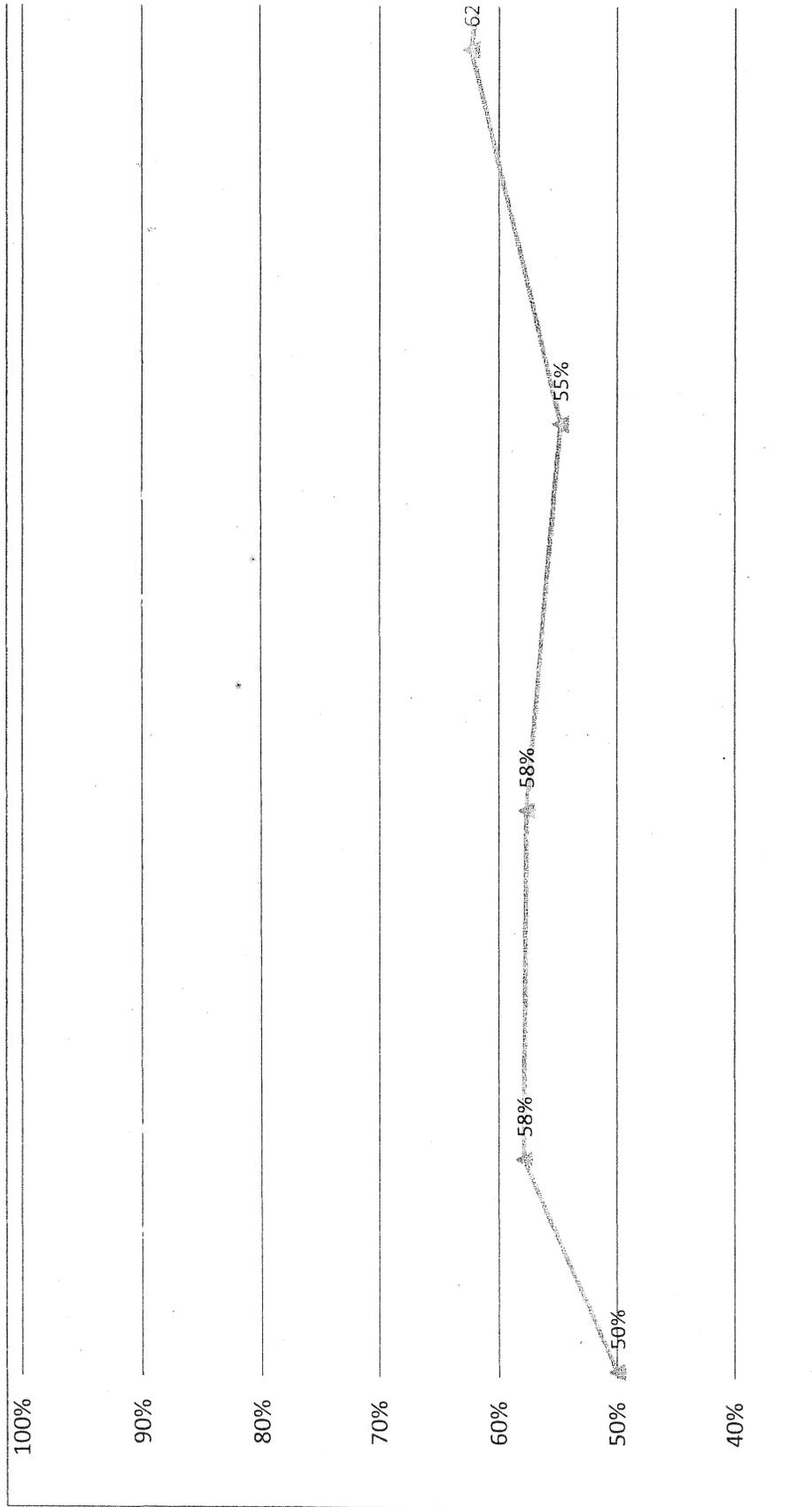
# Attachment # 2

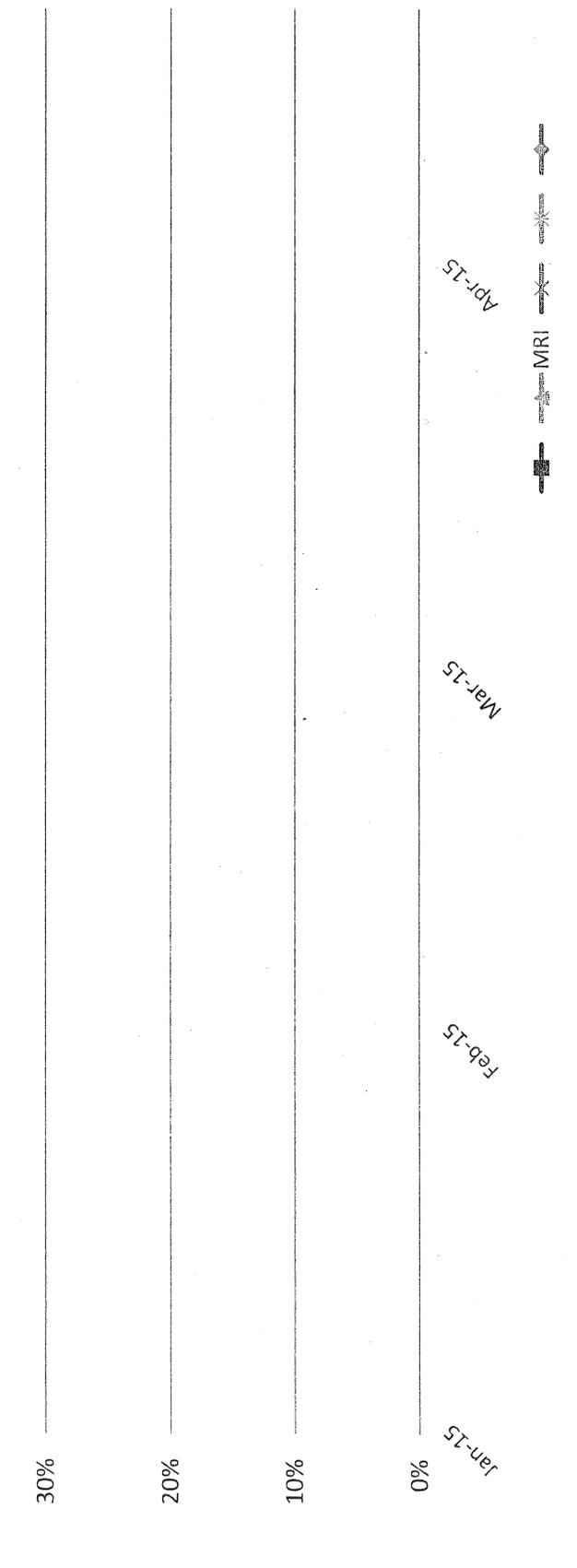
Ma  
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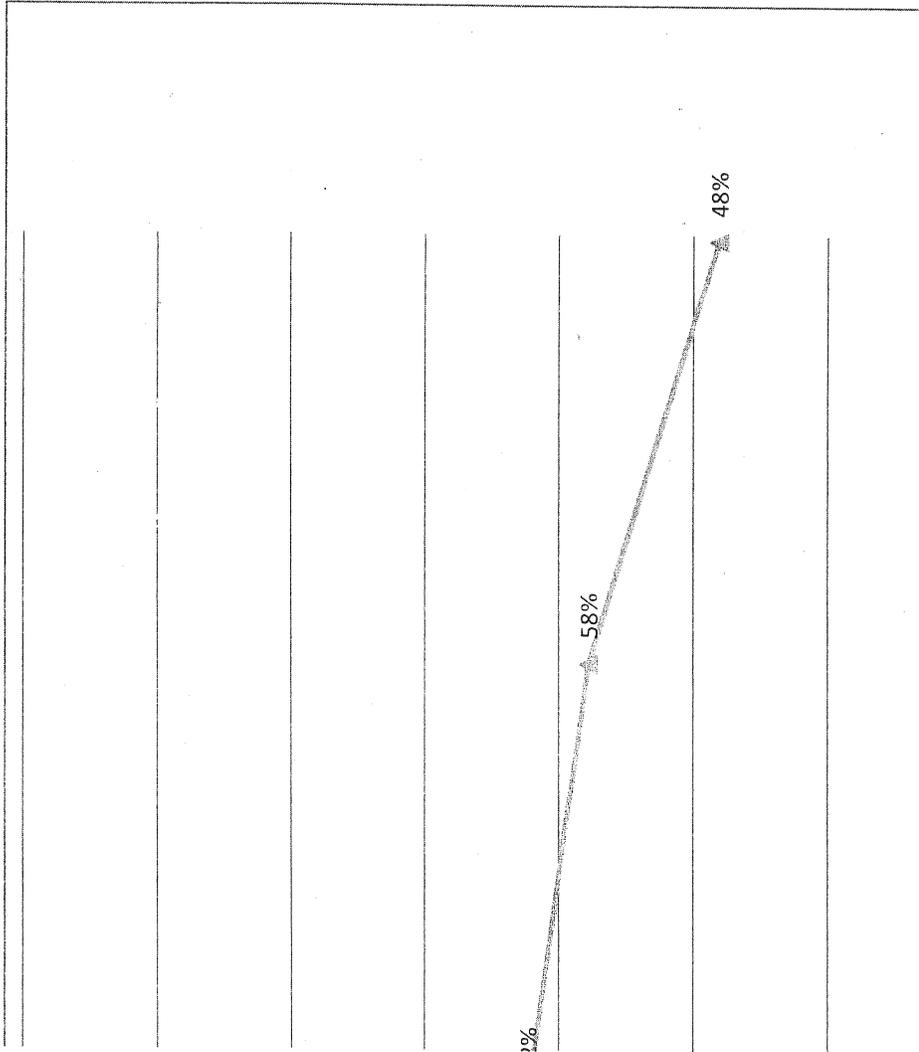
# Attachment # 3

	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15
MRI	50%	58%	58%	55%	62%	58%	48%





MRI





# Attachment # 4

## IMAGING REPORT 12-4-14

### I. OUT PATIENT WAIT TIMES (see attached graph)

#### A. Issue: outpatient performance CT, US, MR, Mammo

1. CT performance. 77% in 30 days. No change
  - a. CT lung CA screening by summer, anticipate marked increase in demand
  - b. Running Saturday clinics/taking walk ins
  - b. Requesting CT at SACC & ED
2. Nuc Med: performance measure dropped
  - a. Phoning patients twice causing delay in scheduling.
  - b. Continue to monitor; continue to encourage patients to call
3. US dropped but scanning over 100 more patients compared with January 2014:
  - a. Phoning patients twice causing delay in scheduling
  - b. Hiring more MSAs
  - c. Continue Sat. Clinics
  - b. Awaiting additional machines at SACC and LAOP for expanded services
3. MRI dropped but scanning more patients than last year
  - a. Have opened MRI scheduling to CBOC MSAs for POC scheduling
  - b. continue Saturday clinics and Walkins
  - c. monitor for VCL
  - d. approving non VA fee care for geographic inaccessibility
4. Mammo: improved slightly. Need to get mammo tech on board ASAP
  - a. working to implement new MRS tracking software
  - b. new mammo tech (selected 9 months ago still not here)
5. MSA shortage:
  - a. selected 4 new MSAs
  - b. utilizing OT
  - c. hoping to select 3 off of recent cert but ? FTE hiring freeze?

### II. INPATIENT THROUGHPUT

#### A. ED reads

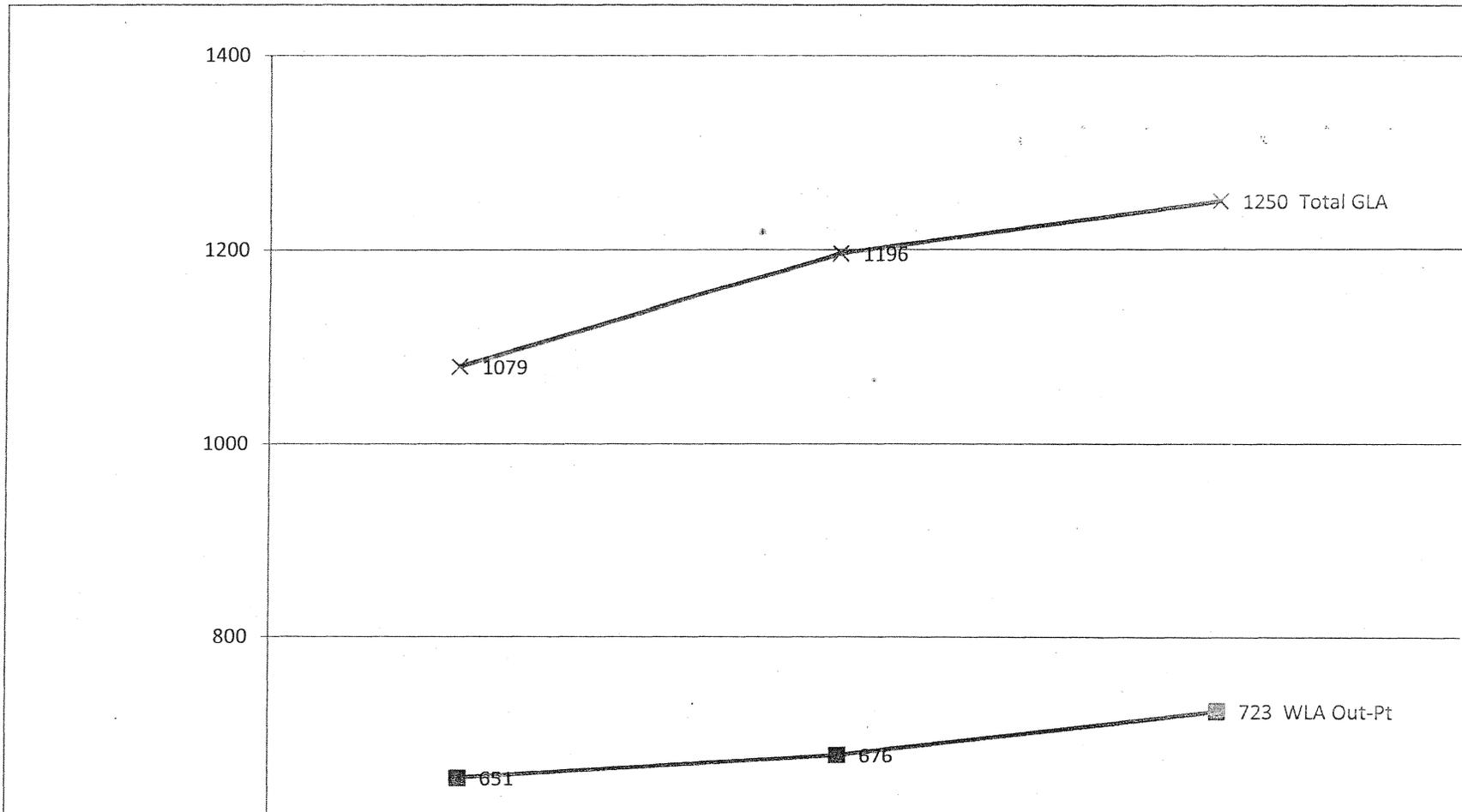
1. No update on in-house after hours radiologists for all V22
  - a. awaiting all V22 PACS to be on same software version—summer 2015?

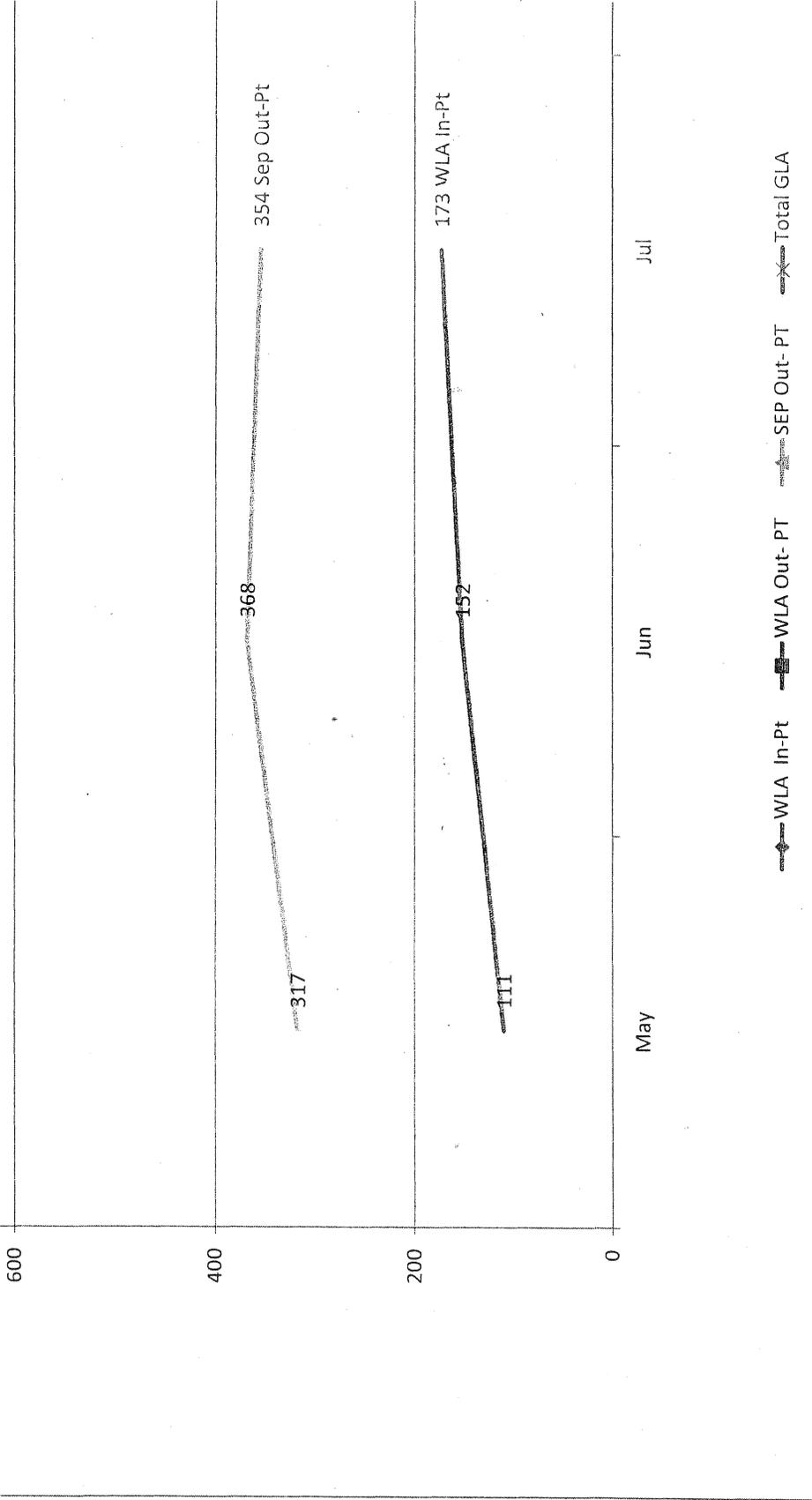
### III. IR demand:

- A. Still looking for space for second angiography room (equipment funded!)
- B. PA selected (should improve throughput by coordinating care)

# Attachment # 5

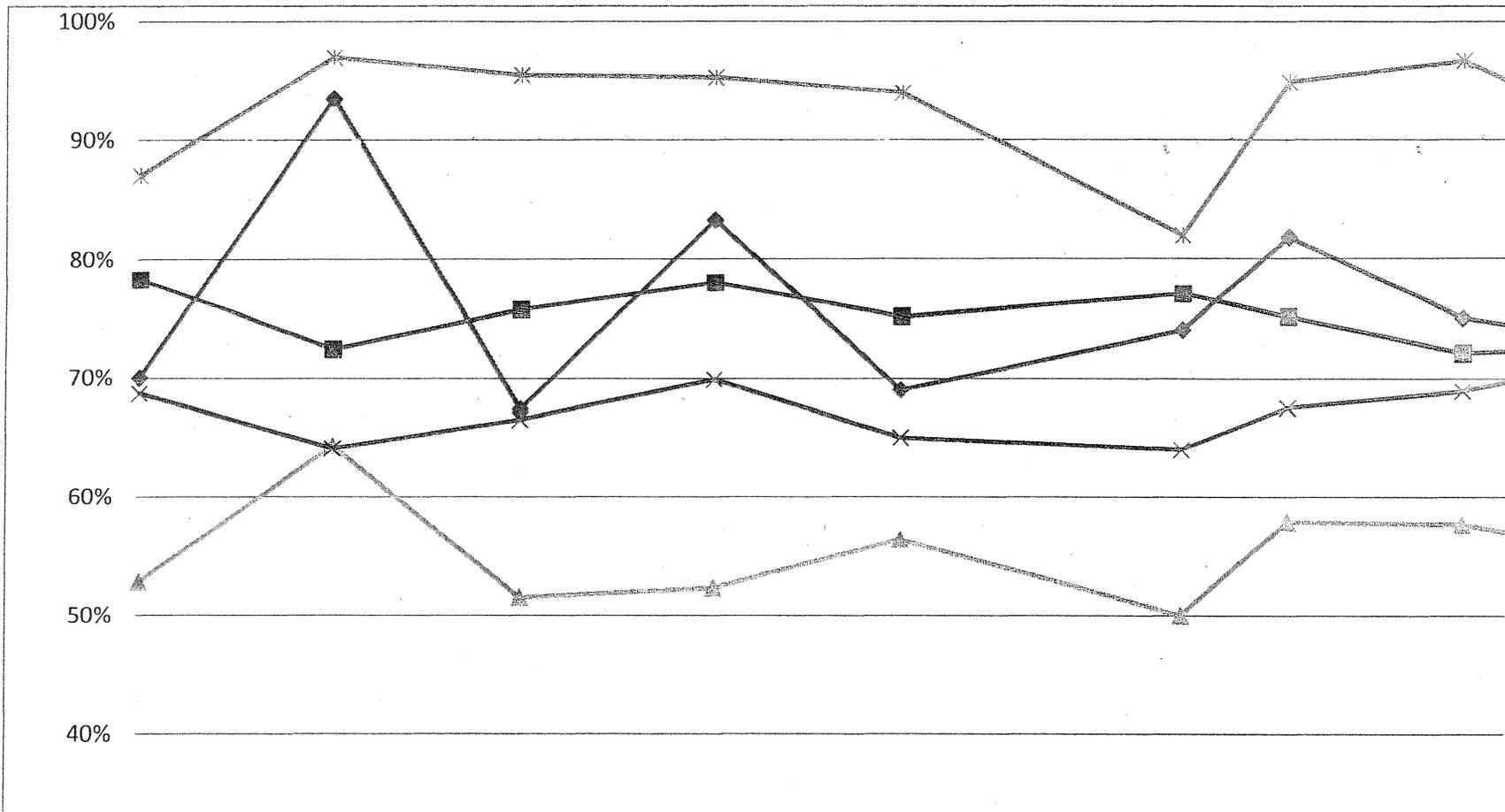
	WLA In-Pt	WLA Out- PT	WLA Total	SEP Out- PT	Total GLA
May	111	651	762	317	1079
Jun	152	676	828	368	1196
Jul	173	723	896	354	1250

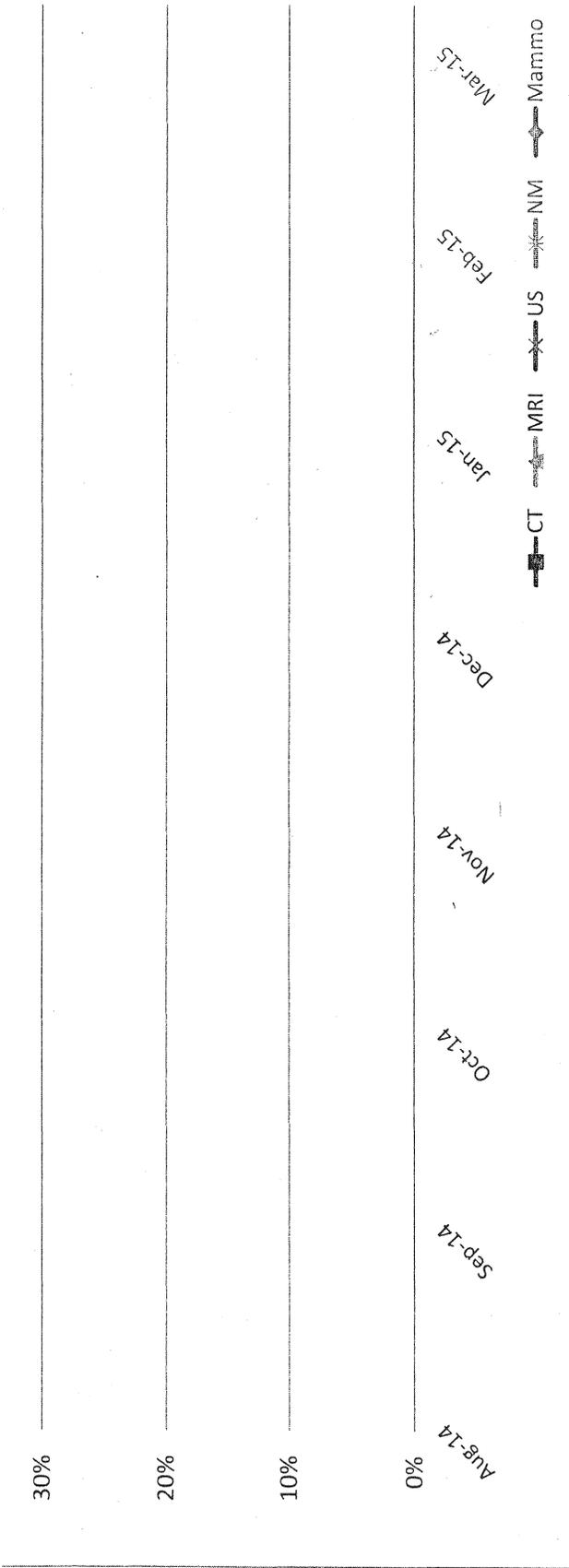




# Attachment # 6

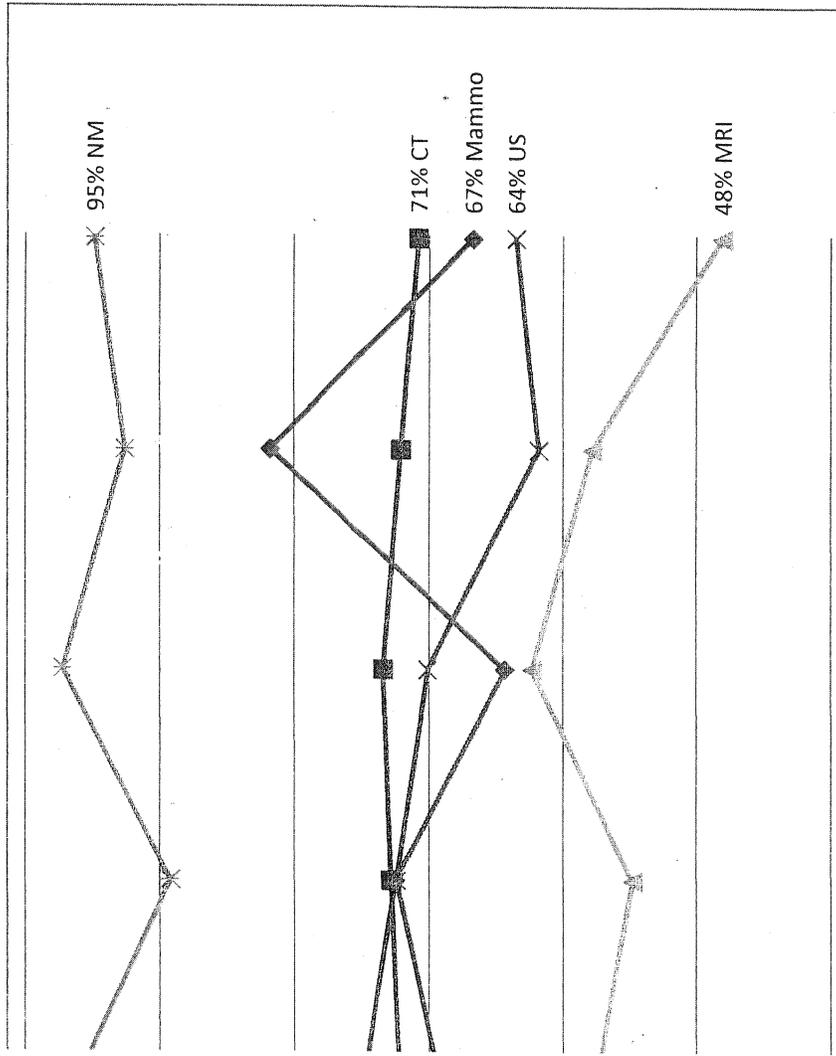
	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
CT	78%	72%	76%	78%	75%	77%	75%	72%	73%	73%
MRI	53%	64%	52%	52%	56%	50%	58%	58%	55%	62%
US	69%	64%	67%	70%	65%	64%	68%	69%	72%	70%
NM	87%	97%	96%	95%	94%	82%	95%	97%	89%	97%
Mammo	70%	94%	67%	83%	69%	74%	82%	75%	73%	64%





Jun-15	72%
71% CT	
58%	48% MRI
62%	64% US
93%	95% NM
82%	67% Mammo

Jul-15



Apr-15	May-15	Jun-15	Jul-15

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# Attachment # 8

**I. PURPOSE:** To provide a mechanism for processing of No Shows in the Imaging Service at.

**II. SCOPE:**

- A. Locations: Imaging Service
- B. Personnel: All Imaging service personnel
- C. Patient population: Patients referred to Imaging Service for consults/orders.

**III. EXCEPTIONS or LIMITATIONS OF APPLICABILITY:** None.

**IV. DEFINITIONS:**

- A. **No-Shows**: If a patient does not appear for a scheduled study, the patient has not contacted the Radiology Service requesting an alternative date, and the failure to appear cannot be explained by inclement weather or other circumstance.

**V. POLICY COMPONENTS:**

- A. All patients will be scheduled according to the processes established for Imaging Service and will be informed of the cancellation/No Show policy provisions during the scheduling process.
- B. Cancellation of a consult/order
  - 1. If a patient fails to show for two consecutive appointments without contacting the Imaging department, the exam will be cancelled.
  - 2. The requesting provider will be notified electronically of the order cancellation allowing a review to determine if the clinical need for the study still exist.
  - 3. Patients will not be rescheduled until another consult/order for services is entered by the requesting clinician.
- C. Imaging Service consults/orders will also be canceled or discontinued:
  - 1. At the patient's request.
  - 2. If the patient refuses, or is unable to complete the exam.
  - 3. If there is no response by the patient to scheduling requests made by Imaging Services on two separate phone attempts plus a letter follow-up.
  - 4. If the patient does not appear within 60 days for an unscheduled exam such as radiographs and there is no indication in the system that the study has been requested for a later date.

References: VACO Radiology Guide 3.1 Standard Operating Procedures

# Attachment # 9



Mandatory  
Notification of Image

# Attachment # 10

Choose from:

1	ANESTHESIA CONSULT NEEDED	Synonym: ANES
6	CONFLICT OF EXAMINATIONS	Synonym: CON
7	DUPLICATE REQUESTS	Synonym: DUP
8	INADEQUATE CLINICAL HISTORY	Synonym: INAD
13	PATIENT CONSENT DENIED	Synonym: PCD
14	PATIENT EXPIRED	Synonym: EXP
15	PATIENT TOO ILL FOR STUDY	Synonym: ILL
17	REQUESTING PHYSICIAN CANCELLED	Synonym: REQ
19	WRONG EXAM REQUESTED	Synonym: WRN
20	EXAM CANCELLED	Synonym: CAN
21	EXAM DELETED	Synonym: DEL
22	CALLED-WARD DID NOT SEND	Synonym:
23	NO SHOW - CANCEL REQUEST	Synonym:
25	UNABLE TO CONTACT (CANCEL)	Synonym:
27	PHYSICIAN REQUEST	Synonym:
28	PATIENT REQUEST	Synonym:
29	SERVICE REQUEST	Synonym:
30	PATIENT LEFT	Synonym: LEFT
31	REQUEST NOT APPROVED	Synonym: NOT APPROVED
32	ORDER TOO OLD	Synonym: OLD
34	PATIENT CANNOT FIT IN SCANNER	Synonym:
35	MRI CONTRAINDICATED: METAL	Synonym: METAL
36	PATIENT REFUSED STUDY - other reason	Synonym: REFUSED
37	PATIENT REFUSED STUDY - claustrophobic & refuses sedation	Synonym: claustrophobic
38	DOES NOT MEET APPROPRIATENESS CRITERIA	Synonym: APPROPRIATE
40	PATIENT MOVED	Synonym: MOV
41	PRIVATE CLINIC	Synonym: PRI
42	MISSED APPT.	Synonym: MISS