



THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

June 14, 2007

The Honorable Patty Murray
United State Senate
Washington, DC 20510

Dear Senator Murray:

This is in response to your letter regarding the status of the Joint Commission's accreditation at the Department of Veterans Affairs Puget Sound Health Care System (VAPSHCS) in Seattle, Washington. Please let me assure you that VA takes the Joint Commission process with the utmost seriousness and approaches all identified areas of improvement as opportunities to ensure the best patient care, in the safest environment possible, for our Nation's veterans. Please also be assured that VAPSHCS is responding aggressively with the full support and resources of VA to the findings identified by Joint Commission during its recent survey.

A fact sheet addressing your concerns is enclosed. VAPSHCS continues to provide the high quality health care that veterans have come to expect and so richly deserve.

Thank you for your continued commitment to and support of our Nation's veterans. It is most appreciated.

Sincerely yours,

A handwritten signature in black ink, appearing to read "R. James Nicholson", is written over a large, stylized circular flourish.

R. James Nicholson

Enclosure

DEPARTMENT OF VETERANS AFFAIRS FACT SHEET
In response to the Honorable Patty Murray

1. Veterans who are at great risk of harm are specifically cited by the Joint Commission as receiving less than adequate care.

During the period May 14-17, 2007, the Joint Commission performed a routine unannounced triennial survey at the Department of Veterans Affairs Puget Sound Health Care System (VAPSHCS). At that time, both divisions of the facility, Seattle and American Lake, were reviewed. At the conclusion of the survey, the team issued an expedited Preliminary Denial of Accreditation decision due to its determination that an immediate threat-to-life existed on inpatient psychiatry wards. A Preliminary Denial of Accreditation means that there is justification to deny accreditation, but the decision is subject to appeal. Concerns centered on what the Joint Commission deemed to be inadequate identification of high-risk patients and risks in the patient room environment such as bathroom grab bars, handheld shower heads and pictures with breakable glass framing. No concerns regarding less than adequate medical care were identified. The outstanding care that the VAPSHCS consistently provides to veterans is not in question.

VAPSHCS is working diligently with the Joint Commission to implement recommendations, submit all required materials and request an unannounced survey per the established process. Once the unannounced visit is completed and the Joint Commission has determined that VAPSHCS has met the expectations, it will present its findings at the next Accreditation Committee meeting in August 2007.

2. The Joint Commission findings included that VAPSHCS suicide assessments are inadequate at a time when there is increased risk of suicide among veterans.

On the evening of May 17, 2007, immediately following the Joint Commission's routine end of survey oral exit briefing, VAPSHCS took the first steps in an on-going and aggressive action plan designed to assess at-risk patients and the patient care environment. Clinical reviews and reassessments of all inpatient psychiatry patients were conducted within the first 24 hours, with the express purpose of identifying suicide, homicide, fall and environmental risks. No inconsistencies were identified with suicidal or homicidal assessments, and no changes in care or treatment plans were identified as a result of the review.

3. [Provide] a listing of all the corrective steps the VAPSHCS has taken to date, and a time table of additional steps still needing to be taken to earn full re-accreditation.

On the evening of May 17, 2007, potential environmental risks were immediately removed, to include side rails on patient beds, bathroom grab bars, handheld shower heads, pictures with breakable glass framing, bulletin boards, etc. Window blind cords were cut and/or blinds were removed, and several common areas that could not be immediately modified were locked and are now available to patients only with a staff escort.

On May 31, 2007, a Joint Commission Special Survey Unit made a second unannounced visit to the American Lake division of VAPSHCS to assess the facility's progress. The Special Survey Unit team was very complimentary of the facility's efforts over the previous 2 weeks, acknowledging significant improvements within a complex health care environment, offering consultative suggestions and affirming that the facility is "on the right track" in making changes based upon its consultative guidance. The facility will continue to work diligently to make modifications to the patient care environment until all expectations are met. Within the next month, it will send all required materials to the Joint Commission and request an additional unannounced survey per the established process. Once the Joint Commission has completed the unannounced visit and determined that the facility has met the expectations, it will bring its findings to the next Accreditation Committee meeting, which occurs in August 2007.

4. [Provide] a detailed explanation of the causes of the problems the Joint Commission outlined, specifically addressing if inadequate staffing, increased demand for services, lack of training, funding, clear oversight or any other variables contributed to the Preliminary Denial of Accreditation.

The Joint Commission survey illuminated evolving expectations toward making all inpatient psychiatric care environments safe, even for low-risk patients, such as the majority served at VAPSHCS. The surveyors expressed concerns about clinical reviews and reassessments of all inpatient psychiatry patients and potential environmental risks such as side rails on patient beds, bathroom grab bars, and handheld shower heads. This clarification was helpful and insightful for VAPSHCS as there is an emerging change in philosophy regarding what is deemed an acceptable and safe physical environment on inpatient psychiatry wards. Staffing, workload demands, lack of training or funding were not contributing factors to the Joint Commission findings at VAPSHCS. Some process and communication issues contributed to the results, and those are being addressed.

5. [Provide] information on Joint Commission accreditation statistics from VA facilities across this country to ensure that our national facilities are measuring up to the standards veterans deserve.

Please be advised that all VA facilities are currently accredited by the Joint Commission. Despite the opportunities for improvement, VAPSHCS is also currently accredited by the Joint Commission.