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RareBooksClub. Paperback. Book Condition: New. This item is printed on demand. Paperback. 36 pages. Original publisher: Washington, DC: U. S. Dept. of Veterans Affairs, Office of Inspector General, Office of Healthcare Inspections, 2009 OCLC Number: (OCoLC)501172368 Subject: Veterans -- Medical care -- Iowa --Evaluation. Excerpt: . . . Combined Assessment Program Review of the VA Central Iowa Health Care System, Des Moines, Iowa optimal patient outcomes. We identified three areas that needed improvement. Consultations. System policy requires that inpatient consults be seen by the specialty subspecialty service and that a consulttitled progress note be signed and available to the requesting party preferably within 24 hours but no longer than within 72 hours of the request. We reviewed the medical records of 12 inpatients who had routine consultations ordered and completed internally. Four (33 percent) of the 12 consultations did not meet this timeframe. Intra-Facility Transfers. System policy requires that progress note assessments be completed by registered nurses (RNs) from the sending and receiving units when patients are transferred. We reviewed the medical records of 12 patients who transferred between units. Four transfer notes were initiated by licensed practical nurses (LPNs) on the sending units with RN receipt acknowledged by signatures. Senior managers clarified that this was not meeting the intent of system policy and that RNs should have initiated the notes. Additionally, we identified that there was no transfer note initiated by the sending unit for one patient in our sample who transferred between units at the Knoxville division. 4 Discharges. VHA policy addresses information to be documented in the medical record when a patient is discharged from the facility. We reviewed the medical records of 12 inpatients who were discharged from the system. We identified two instances in which provider discharge...

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