Department of Veterans Affairs

Office of Inspector General

Healthcare Inspection

Resident Credentialing and Supervision Central Arkansas Veterans Healthcare System Little Rock, Arkansas

Report No. 07-03379-110 April 4, 2008

VA Office of Inspector General
Washington, DC 20420

To Report Suspected Wrongdoing in VA Programs and Operations

Call the OIG Hotline – (800) 488-8244

Executive Summary

The Office of Inspector General, Office of Healthcare Inspections reviewed allegations regarding resident credentialing and supervision at the Central Arkansas Veterans Healthcare System (the system).

The purpose of the inspection was to determine the validity of allegations that cardiology fellows interpret electrocardiograms (EKGs) without supervision or review; cardiology fellows interpret EKGs and sign the supervisor's name on the report; cardiology fellows intentionally interpret EKGs incorrectly; treadmill tests are performed by cardiology fellows without supervision; the Acting Chief of Cardiology will not perform heart catheterizations; cardiology fellows perform heart catheterizations without supervision and sign the supervisor's name on the report; and the Acting Chief of Cardiology inflates the number of hours worked.

We concluded the original allegations reviewed were not substantiated. However, at the time of our inspection, the credentialing process for residents completing the cardiology fellowship program did not meet the requirements of VA Handbook 5005/12, Part II, Chapter 3, Section 21, *Credentials of Residents and Trainees*. In addition, a 2005 cardiac catheterization report had not been cosigned by a staff cardiologist. Therefore, we made two recommendations.

We recommended that the system maintain current Resident/Trainee Credentials Verification Letters in accordance with VA and local requirements. We also recommended that the system require cardiac catheterization reports to be cosigned by staff cardiologists.

The Veterans Integrated Service Network and System Directors agreed with our findings and recommendations and submitted appropriate action plans. We will follow up on proposed actions until they are completed.

DEPARTMENT OF VETERANS AFFAIRS
Office of Inspector General
Washington, DC 20420

TO: Director, Veterans Integrated Service Network 16 (10N16)

SUBJECT: Healthcare Inspection – Resident Credentialing and Supervision, Central Arkansas Veterans Healthcare System, Little Rock, Arkansas

Purpose

The VA Office of Inspector General (OIG), Office of Healthcare Inspections reviewed allegations regarding resident credentialing and supervision at the Central Arkansas Veterans Healthcare System (the system). The purpose of the inspection was to determine the validity of the allegations.

Background

The complainant specifically alleged the following:

- Cardiology fellows are allowed to interpret electrocardiograms (EKGs) without proper supervision.
- The Acting Chief of Cardiology never reviews EKGs that are performed on the patients.
- Cardiology fellows interpret EKGs and then sign the Acting Chief of Cardiology's name.
- Cardiology fellows intentionally interpret EKGs incorrectly to see if errors are caught.
- Treadmill tests are usually performed by cardiology fellows without supervision.
- The Acting Chief of Cardiology will not perform heart catheterizations.
- The Acting Chief of Cardiology orders the cardiology fellows to perform the catheterizations without proper supervision and allows the fellows to sign his name on the report.

- The Acting Chief of Cardiology inflates the number of hours he works and has the secretary provide that information to the timekeeper.

As part of the evaluation of these allegations, we reviewed the credentialing process of cardiology fellows to determine their qualifications to engage in these clinical activities. The system is affiliated with the University of Arkansas for Medical Sciences (UAMS) and all appointments to the UAMS residency programs are guided by the Arkansas Medical Practice Act. This act states:

> Nothing herein shall be construed to prohibit or to require a license with respect to any of the following acts: The rendering of services by students, interns, or residents in a licensed and approved hospital having an internship or residency training program approved by the American Medical Association or the State Board of Health or the United States Government.

Scope and Methodology

We conducted a site visit at the system on September 26–27, 2007. We interviewed administrative staff, interns, fellows, secretaries, an EKG technician, and the treadmill test registered nurse (RN). We reviewed relevant medical records and related documents such as VA and Veterans Health Administration (VHA) directives and manuals, medical student standard of practice, licensed independent practitioner clinical privileges, educational training records, medical staff bylaws, medical center memorandums, and local policies and procedures. We also toured the cardiac catheterization laboratory and communicated with the staff.

We conducted the review in accordance with the *Quality Standards for Inspections* published by the President's Council on Integrity and Efficiency.

Inspections Results

Issue 1: Credentialing of Cardiology Fellows

To evaluate the appropriateness of the clinical activities of cardiology fellows in the system, we began by reviewing their credentials. A cardiology fellow is a physician who has completed both medical school and an internal medicine residency prior to entering specialized training known as a fellowship to become a cardiologist. As part of our review, we requested proof of primary source verification of education and training for all cardiology fellows. We found that verification of internal medicine residency training, in the form of a current Resident/Trainee Credentials Verification Letter (RCVL), was not available from the program director of the affiliate university for any of the residents.

The affiliate university provided copies of Educational Commission for Foreign Medical Graduates (ECFMG) certificates for 14 foreign medical graduates and 3 copies of medical school transcripts from UAMS. However, neither the system nor UAMS provided proof of primary source verification of completed internal medicine residency programs.

VA Handbook 5005/12, Part II, Chapter 3, Section 21, *Credentials of Residents and Trainees*[1] states medical residents and trainees appointed under 38 U.S.C. 7405 or 7406 must meet the licensure requirements for residents and trainees specified in the appropriate qualification standard for the occupation. The program director of the affiliate university must submit a RCVL through the system Chief of Staff for approval by the system director. The RCVL must certify that all documents needed for appointment of that particular individual into the program are in order. For medical residents, these documents must be in compliance with the requirements of the Accreditation Council for Graduate Medical Education and must also meet all requirements of the program. The program director must verify all credentials (diplomas, letters of reference, certificates of advanced training, and where applicable, ECFMG certification, Drug Enforcement Agency certification, and all state professional licenses held prior to the entry into the program or obtained during residency training) and affirm that the resident or trainee is physically and mentally fit to take care of the patients. We did not find evidence that the program director had verified trainee credentials in compliance with this requirement.

In an effort to respond immediately to the issue of resident credentials, the system obtained RCVLs from the affiliate university program director which were reviewed by the Chief of Staff and signed by the system director. While we were onsite, documents were forwarded to the inspection team which met the criteria of VA Handbook 5005/12. We found the action appropriate and consider this recommendation closed.

Issue 2: Interpreting EKGs Without Proper Supervision

We did not substantiate the allegation that cardiology fellows are interpreting EKGs without proper supervision. The cardiology fellows are assigned 50 to 100 EKGs for interpretation weekly. The attending cardiologist or the Acting Chief of Cardiology is available to assist them with interpretations as needed. The Acting Chief of Cardiology is available to discuss EKGs with the cardiology fellows on a weekly basis.

We also note that internal medicine residency programs typically include training in EKG interpretation. To be privileged to interpret EKGs, a licensed physician does not necessarily have to be a cardiologist if they have completed appropriate training in EKG interpretation.

[1] Note that this is a VA Office of Human Resources Management Handbook, dated August 12, 2005.

Issue 3: Acting Chief of Cardiology Never Reviews EKGs

We did not substantiate the allegation that the Acting Chief of Cardiology never reviews EKGs performed on patients. The Acting Chief of Cardiology does not routinely interpret EKGs; however, he is available to assist the cardiology fellows with difficult interpretations on a weekly basis. Final interpretation reports require a cosignature by the assigned cardiologist.

Issue 4: Signing the Acting Chief of Cardiology's Name

We did not substantiate the allegation that fellows are interpreting the EKGs and then signing the Acting Chief of Cardiology's name. The cardiology fellows interpret and sign their weekly EKG assignments, and the reports are then cosigned by a cardiologist. We received 2,988 EKG reports for the month of August 2007, reviewed a sample of 100, and found that all reports were cosigned by the Acting Chief of Cardiology.

Issue 5: Interpreting EKGs Incorrectly

We did not substantiate the allegation that fellows are intentionally interpreting EKGs incorrectly to see if errors would be caught. Throughout our inspection and document review, we found no evidence to support this allegation. The EKG technician who distributes the EKGs to the cardiology fellows for interpretation denied knowledge of this behavior.

Issue 6: Performing Treadmill Tests Without Supervision

We did not substantiate the allegation that cardiology fellows are performing treadmill tests without supervision. An RN is assigned to the noninvasive cardiac laboratory to prepare the patients for treadmill stress tests. The cardiology fellow explains the procedure to the patient, obtains the informed consent, and monitors the patient's response during the treadmill test. The cardiology fellow completes a preliminary report with the concurrence of the cardiologist assigned to the noninvasive cardiac laboratory. We reviewed 50 reports for treadmill tests performed in July and August 2007 and found that the attending cardiologist signed all 50 reports.

The internal medicine residents order treadmill tests with the approval of the attending physicians as part of their specialty training. Once the reports are received, the attending physicians discuss the results with the residents.

Issue 7: Acting Chief of Cardiology Not Performing Heart Catheterizations

The Acting Chief of Cardiology does not perform heart catheterizations, but this is because he is not an interventional cardiologist. During the last 10 years, the Acting Chief of Cardiology has focused on heart failure as his area of expertise. There is no

VHA requirement that a Chief of Cardiology must be trained in interventional cardiology or perform heart catheterizations.

Issue 8: Performing Heart Catheterizations Without Proper Supervision

We did not substantiate the allegation that fellows are performing heart catheterizations without proper supervision and signing the Acting Chief of Cardiology's name. Heart catheterizations are performed by interventional cardiology fellows under the supervision of the interventional cardiologist. We reviewed a random sample of 50 cardiac catheterization reports conducted from October 1, 2006, through June 30, 2007, and found all reports were cosigned by a staff cardiologist. However, while reviewing cardiac catheterization reports that involved a different case, we identified a 2005 report that had not been cosigned by a staff cardiologist. This was the only such example noted in our review.

Issue 9: Inflating the Number of Hours Worked

We did not substantiate the allegation that the Acting Chief of Cardiology is inflating the number of hours worked and has the secretary provide that information to the timekeeper. We interviewed the timekeeper, who stated that the Acting Chief of Cardiology's part-time VA appointment requires him to work 30 hours per week. The timekeeper also stated the hours submitted were correct and verified by his supervisor. We reviewed the time sheets from April 1 through July 31, 2007, and found no discrepancies with the information provided.

Conclusions

The Acting Chief of Cardiology provides proper supervision for the interpretation of EKGs and final reports are accurate and appropriately cosigned. Cardiology fellows monitor the patient's response during treadmill tests and complete a preliminary report with the concurrence of the cardiologist which is the only signature that appears on the final report. The Acting Chief of Cardiology is not required to perform heart catheterizations in his position as a cardiologist. Heart catheterizations are performed by interventional cardiology fellows under the supervision of the interventional cardiologists. Interviews conducted and documents reviewed did not substantiate that the Acting Chief of Cardiology inflated the number of hours worked.

We concluded the original allegations reviewed were not substantiated; however, at the time of our inspection, the credentialing process for residents completing the cardiology fellowship program did not meet the requirements of VA Handbook 5005/12. In addition, a 2005 cardiac catheterization report had not been cosigned by a staff cardiologist. Therefore, we made the following recommendations.

Recommendations

Recommendation 1. We recommended that the VISN Director ensure the System Director maintains current Resident/Trainee Credentials Verification Letters in accordance with VHA and local requirements. (Closed)

Recommendation 2. We recommended that the VISN Director ensure the System Director requires that cardiac catheterization reports are cosigned by staff cardiologists.

Comments

The VISN and System Directors agreed with the findings and recommendations and provided acceptable improvement plans. (See Appendixes A and B, pages 7–12, for the full text of comments.) We will follow up on the planned actions until they are completed.

(original signed by:)
JOHN D. DAIGH, JR., M.D.
Assistant Inspector General for
Healthcare Inspections

Appendix A

VISN Director Comments

Department of Veterans Affairs **Memorandum**

Date: March 2, 2008

From: VISN Director

Subject: **Resident Credentialing and Supervision, Central Arkansas Veterans Healthcare System, Little Rock, Arkansas**

To: Assistant Inspector General for Healthcare Inspections

1. I have reviewed the draft report, and I concur with your recommendations.

2. As outlined in the following action plans, we have implemented changes within the system to ensure that the shortcomings identified by the OIG team have been corrected.

3. If you have any questions regarding the response, please contact Mary Jones at 601-364-7871.

(original signed by:)

GEORGE H. GRAY, JR.

Network Director

VISN Director's Comments to Office of Inspector General's Report

The following VISN Director's comments are submitted in response to the recommendations in the Office of Inspector General's report:

OIG Recommendations

Recommendation 1. We recommended that the VISN Director ensure the System Director maintains current Resident/Trainee Credentials Verification Letters in accordance with VHA and local requirements. (Closed)

Concur **Target Completion Date:** 2/25/08

I concur with the OIG recommendation. The System Director has validated that the Resident/Trainee Credentials Verification Letters (RCVLs) are current and maintained in accordance with VHA and local requirements. (Documentation submitted to the Network Director and OIG subsequent to on-site visit) A RCVL tracking mechanism has been designed and implemented within the System Director's Credentialing and Privileging office to ensure that resident/trainee RCVLs are quickly retrievable at all times, including RCVLs within the annual renewal process that are being circulated between the academic center and the system.

Recommendation 2. We recommended that the VISN Director ensure the System Director requires that cardiac catheterization reports are cosigned by staff cardiologists.

Concur **Target Completion Date:** 2/25/08

I concur with this recommendation. At the time of the OIG site visit, the System Director had previously identified a problem with a specific cardiology attending not consistently co-signing the catheterization reports on the day of the procedure. The System Director has modified clinic practices as outlined below:

Action Plan:

- The Pre-cath and Pre-sedation note must be co-signed by the cardiology attending prior to the catheterization being allowed to proceed.

- For the Post-cath/procedure note the System Director re-enforced that the attending's day is not considered complete until all the Post procedure notes are signed. We have in place an electronic monitor which identifies all unsigned notes, un-cosigned notes, unsigned orders, incomplete discharge summaries. This report is run 2 times per week and we work with the Service Chiefs to have the incomplete records completed.

- The System Director's medicine service administrative officer has designed a detailed report specific for cardiac catheterizations which validates that all procedure notes have been completed in a timely fashion and are signed/cosigned appropriately (Attachment A). This is formally presented on a weekly basis to hospital leadership which includes the Medical Center Director, Associate Director, Chief of Staff, ACOS Patient Care Services (Nurse Executive) and ACOS of Education and Staff Development.

- Implementation has been completed and weekly reports are ongoing.

Appendix B

System Director Comments

Department of Veterans Affairs **Memorandum**

Date: February 22, 2008

From: System Director

Subject: **Resident Credentialing and Supervision, Central Arkansas Veterans Healthcare System, Little Rock, Arkansas**

To: **Assistant Inspector General for Healthcare Inspections**

Thru: **VISN 16 Network Director**

1. I have reviewed the draft report, and I concur with your recommendations. The findings outlined in the OIG inspection team review and the forthcoming recommendations reflect an objective and thorough evaluation. I appreciate the time commitment and professionalism of the inspection team that worked with my medical center staff.

2. As outlined in the following action plans, we have implemented changes within the system to ensure that the shortcomings identified by the OIG team have been corrected.

(original signed by:)

MICHAEL R. WINN

Medical Center Director, CAVHS, VISN 16

System Director's Comments
to Office of Inspector General's Report

The following System Director's comments are submitted in response to the recommendations in the Office of Inspector General's report:

OIG Recommendations

Recommendation 1. We recommended that the VISN Director ensure the System Director maintains current Resident/Trainee Credentials Verification Letters in accordance with VHA and local requirements. (Closed)

Concur **Target Completion Date:** 2/21/08

We concur with the OIG recommendation. The System Director has validated that the Resident/Trainee Credentials Verification Letters (RCVLs) are current and maintained in accordance with VHA and local requirements. (Documentation submitted to OIG subsequent to on-site visit) A RCVL tracking mechanism has been designed and implemented within the System Director's Credentialing and Privileging office to ensure that resident/trainee RCVLs are quickly retrievable, including RCVLs within the annual renewal process.

Recommendation 2. We recommended that the VISN Director ensure the System Director requires that cardiac catheterization reports are cosigned by staff cardiologists.

Concur **Target Completion Date:** 2/21/08

We concur with this recommendation. At the time of the OIG site visit, we had previously identified a problem with a specific cardiology attending not co-signing the catheterization reports on the day of the procedure. Our clinic practices have been modified as outlined below:

Action Plan:

- The Pre-cath and Pre-sedation note must be co-signed by the cardiology attending prior to the catheterization being allowed to proceed.

- For the Post-cath/procedure note, we re-enforce that the attending's day is not considered complete until all the Post procedure notes are signed. We have implemented an electronic monitor which identifies all unsigned notes, un-cosigned notes, unsigned order, incomplete discharge summaries. This report is run 2 times per week and we work with the Service Chiefs to have the incomplete records completed.

- The medicine service administrative officer has designed a detailed report specific for cardiac catheterizations which validates that all procedure notes have been completed and are signed (Attachment A). This is formally presented on a weekly basis to hospital leadership which includes the Medical Center Director, Associate Director, Chief of Staff, ACOS Patient Care Services (Nurse Executive) and ACOS of Education and Staff Development.

- Implementation has been accomplished and weekly reports are ongoing.

Appendix C

OIG Contact and Staff Acknowledgments

OIG Contact	Marilyn Walls, Healthcare Inspector Dallas Office of Healthcare Inspections (214) 253-3335

Acknowledgments	Andrea Buck, M.D., J.D., Medical Consultant Linda DeLong, Director Karen Moore, Associate Director Wilma Reyes, Healthcare Inspector Roxanna Osegueda, Management Analyst

Appendix D

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