Department of Veterans Affairs
Office of Inspector General

Healthcare Inspection

Allegations of Delayed Access to Care and Lack of Concern
Bay Pines VA Healthcare System
Bay Pines, Florida

Report No. 08-01863-08 **October 16, 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 purpose of the review was to evaluate allegations regarding a patient's experience with schedulers in the Primary Care Call Center (Call Center) and the Cardiology Clinic at the Bay Pines VA Healthcare System (the system). The complainant alleged that Call Center and Cardiology Clinic schedulers did not schedule appointments for him in a timely manner even though he reported medical symptoms. In addition, he alleged a lack of concern by the schedulers.

We did not substantiate the allegation of delayed access to care despite the complainant's reported symptoms. We could not verify that the complainant reported an emergent situation or symptoms warranting a nurse's intervention to schedule an urgent appointment. However, we determined that due to his service-connected status, the complainant should have been scheduled for a primary care appointment within 30 days of his request. We also found that the schedulers acted in accordance with system policy regarding the patient's request for a cardiology appointment.

We did not substantiate the allegation of a lack of concern. Although the patient perceived that schedulers did not demonstrate adequate concern for his condition, we were unable to confirm or refute that the patient reported emergent symptoms which were ignored by Call Center schedulers. We made no recommendations.

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

TO: Director, VA Sunshine Healthcare Network (10N8)

SUBJECT: Healthcare Inspection – Allegations of Delayed Access to Care and Lack of Concern, Bay Pines VA Healthcare System, Bay Pines, FL

Purpose

The VA Office of Inspector General (OIG), Office of Healthcare Inspections conducted an evaluation in response to complaints of a scheduling delay and lack of concern by appointment schedulers in the Primary Care Call Center (Call Center) and the Cardiology Clinic at the Bay Pines VA Healthcare System (the system). The purpose of the review was to determine whether the allegations had merit.

Background

The system serves veterans in 10 counties of southwestern and south central Florida. It provides a broad range of inpatient and outpatient health care services and operates a 469-bed tertiary care medical center, a large outpatient center, and 7 community based outpatient clinics. Since 2006, the system has utilized a Call Center for management of primary care appointment requests, pharmacy questions, and health related inquiries. The Call Center is staffed by nurses, pharmacists, and schedulers. The system is also in the process of implementing a separate Specialty Care Call Center.

On April 28, 2008, the OIG Hotline received a letter from the complainant. He alleged that Call Center and Cardiology Clinic schedulers did not schedule appointments in a timely manner despite his reported symptoms. He also alleged that these actions demonstrated a lack of concern by the schedulers.

Scope and Methodology

We conducted a site visit June 30–July 1, 2008. Prior to our visit, we interviewed the patient via telephone. During our site visit, we interviewed the patient's primary care provider (PCP); the patient advocate; and administrative, Call Center, and ancillary staff knowledgeable about scheduling processes. We reviewed the patient's Veterans Health

Administration (VHA) and private-sector medical records and relevant medical center policies and procedures. We also toured the Call Center.

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

Case History and Sequence of Alleged Events

The patient is a 60-percent service connected veteran in his 70s with a primary medical history of hypertension and a new diagnosis of coronary artery disease. He last saw his PCP at the system in April 2006. He stated that he contacted the Call Center on February 29, 2008, to report "shortness of breath and trouble breathing" and request a primary care appointment. He alleged that the Call Center scheduler told him to call back the following Monday (March 3) to make an appointment for April 14, though she knew the appointment was available at the time he called. The patient reported calling back on March 3, speaking to the same scheduler, explaining his symptoms, and receiving an April 14 appointment with his PCP.

The patient reported that he was concerned about still having symptoms and flew at his own expense to another state, where he saw his private physician on March 21 and completed a cardiac stress test[1] on March 26. He received a phone call from his private physician on March 28 advising him to consult with a cardiologist immediately, as the test results showed a silent myocardial infarction (MI).[2]

On March 31, the patient stated he called the Cardiology Clinic to request an urgent appointment. He alleged that the Cardiac Clinic scheduler told him he could not make the appointment and referred him back to his PCP. He reported that he contacted the Call Center again and "explained the severity" of his need for an appointment to another scheduler who offered him an appointment later than the original April 14 primary care appointment.

Given his symptoms, the patient did not feel the April 14 appointment was timely. The patient saw a nearby private-sector cardiologist on April 8 who documented that the patient reported recent onset shortness of breath on exertion but was in no apparent distress. He noted that the stress test completed on March 26 suggested an inferior infarct, and further noted that an electrocardiogram showed normal sinus rhythm. The patient underwent a cardiac catheterization[3] on April 10 and an angioplasty on April 17

[1] A test that shows whether heart muscle has adequate blood flow when the heart's demand for oxygen is increased by raising the heart rate through exercise or medication.
[2] Damage to heart muscle occurring without chest pain or any other symptoms; in this case, it is called a silent MI. It may be discovered days, weeks, or even months later during electrocardiogram or other heart testing.
[3] A medical procedure used to diagnose and treat certain heart conditions. A long, thin flexible catheter (tube) is put into a blood vessel in the arm, groin, or neck and threaded to the heart. Through the catheter, doctors can perform diagnostic tests and treatments to the arteries that supply blood to the heart.

at the private-sector facility. In the interim, the patient kept the April 14 appointment with his PCP. Upon the recommendation of his PCP, the patient presented to the patient advocate's office on April 14. Per the patient advocate's report, "He states that he called the VA and asked for an appointment in Cardiology but was told that he needed to be referred by his PCP. Since all he wanted was a Cardiology appt [appointment] he chose to see a Cardiologist in the private sector." The report also noted that the patient did not respond to an inquiry about why he did not present to the emergency room given his reported symptoms. After this meeting, the patient complained to the system Director about his experiences. In response, the system Director implemented a process whereby telephone call information is documented on worksheets that can later be tracked, trended, and audited.

Inspection Results

Issue 1: Delayed Access to Care

The patient specifically complained that:

(a) On February 29, he told a female Call Center scheduler that he was short of breath and needed a primary care appointment; however, he was told to call back on March 3 and then given an appointment for April 14.

(b) On March 31, he told a Cardiology Clinic scheduler that he needed to see a cardiologist immediately as his stress test results showed he had experienced a silent MI, yet he was [inappropriately] referred back to his PCP.

We could not confirm or refute complaint 1(a). The patient and the Call Center scheduler provided differing versions of the event. At issue is whether, and to what extent, the patient reported his medical symptoms to schedulers. If the patient had repeatedly reported his symptoms as alleged, then his call should have immediately been transferred to a Call Center nurse. Depending on the urgency of the situation, the nurse would schedule an appointment or refer the patient to the appropriate clinical setting. In this case, however, we were unable to confirm that the patient related his symptoms to schedulers during any of his calls. While he reported that he was concerned about his health, the patient chose not to go to the emergency room at any time between February 29 and March 21 and flew to another state for evaluation of his symptoms.

The Call Center scheduler reported, and VistA documentation confirmed, that she spoke with the patient on March 3 and scheduled his appointment for April 14. She told us that the patient did not report any shortness of breath or other emergent issue warranting referral to a nurse, and that he was satisfied with the April 14 appointment. While we cannot say with certainty what information was related during the call, we found that the Call Center has appropriate procedures in place to address emergent calls. The Call Center has protocols addressing transfer of symptom complaint calls to nurses for

appropriate scheduling and disposition, and all interviewed schedulers consistently verbalized the appropriate medical center guidelines for transfer of symptom complaint calls to a nurse. The Call Center houses nurses, pharmacists, and schedulers in the same room, which increases the likelihood of prompt clinical intervention for an emergent call.

Since we could not confirm that the patient reported his medical symptoms, we could not conclude that the patient needed an immediate appointment. However, we did identify some discrepancies in how his April 14 appointment was scheduled. Records show that the patient was last seen in the primary care clinic in April 2006 but was still assigned to a PCP. Given the time lapse since his last contact, the Call Center scheduler told us that she gave him a 40-minute annual examination appointment to allow his PCP to fully assess the patient's current status. In the VistA scheduling package, appointments are categorized as Next Available[4] or Not Next Available. "A Not Next Available appointment requires manual entry of a specific desired date."[5] According to the *VHA Next Available Wait Time Reporting Guide* (November 2002) and the Chief of the system's Health Services Administration, the scheduler should have used the Next Available date prompt. However, we found that she scheduled the patient using a Desired Date[6] of April 10.

The Call Center scheduler could not recall the reason for the April 10 Desired Date selection. Only clinicians or patients can specify a desired date, and VHA Directive 2006-055 states "schedulers need to utilize the 'Other info' to document any scheduling changes, such as changes of 'desired date.'"[7] There was no documentation regarding this choice; thus, we were unable to determine why the April 10 desired date was chosen in lieu of a Next Available option.

System policy states that all 50-percent or greater service-connected veterans receive an appointment within 30 days for new patients and 7 days for established patients from the desired date. In the absence of a documented explanation for the April 10 Desired Date, we assumed that the patient wanted the Next Available appointment date. Therefore, it appears that the appointment was not scheduled in accordance with guidelines and timeliness standards were not met in this case.

In reference to complaint 1(b), we determined that while the Cardiology Clinic scheduler may have referred the patient back to his PCP, we could not substantiate the implied inappropriateness of this action. According to system policy, "patients may not self-refer to sub-specialty clinics but shall be referred by their Primary Care Provider (PCP) or another staff specialist."[8] The patient told us that he called the system's Cardiology Clinic and spoke to a scheduler who referred him back to his PCP. We were unable to

[4] The earliest appointment slot available for the assigned clinician.
[5] Outpatient Scheduling Processes and Procedures Training. http://vaww.vistau.med.va.gov.
[6] The earliest appointment date specified by the patient or clinician.
[7] VHA Directive 2006-055, *VHA Outpatient Scheduling Processes and Procedures*, October 11, 2006.
[8] VAMC Memorandum 516-04-11-40, *Consultations*, April 2004.

identify and interview the staff member involved in this reported call. Although it is clear that the patient's expectations related to scheduling were unmet, we determined that Cardiology Clinic staff communicated the appropriate information to the patient regarding appointments in specialty care.

Issue 2: Lack of Concern

We did not substantiate the allegation that schedulers demonstrated a lack of concern for the patient. The patient felt the schedulers did not view his requests as emergent, describing the schedulers as "lax, non-caring personnel." However, because "concern" is subjective by nature, this perception is difficult to validate. Due to the absence of VistA documentation regarding three of the four reported calls, we were unable to identify and interview two of the schedulers in question about the alleged phone calls. Our interviews with schedulers did not reveal a lack of concern for patients, and schedulers consistently verbalized the appropriate actions to take in the event they received symptom complaint calls.

Conclusion

We did not substantiate the allegation of delayed access to care despite the complainant's reported symptoms. We could not verify the complainant reported an emergent situation or symptoms warranting a nurse's intervention to schedule an urgent appointment. However, we determined that due to his service-connected status, the complainant should have been scheduled for a primary care appointment within 30 days of his request. In response to this complaint, the system Director has implemented a new system to track Call Center contacts and follow up when indicated. The Call Center manager randomly reviews the worksheets to validate that the calls were handled properly. We also found that the schedulers acted in accordance with system policy regarding the patient's request for a cardiology appointment.

We did not substantiate the allegation of a lack of concern. Although the patient perceived that schedulers did not demonstrate adequate concern for his condition, we were unable to confirm or refute that the patient reported emergent symptoms which were ignored by Call Center schedulers. We made no recommendations.

Comments

The VISN and Medical Center Directors agreed with our findings. No follow-up actions are planned.

(original signed by:)
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Assistant Inspector General for
Healthcare Inspections

Appendix A

OIG Contact and Staff Acknowledgments

OIG Contact	Victoria H. Coates Director, Atlanta Office of Healthcare Inspections (404) 929-5962
Acknowledgments	Tishanna McCutchen Carol Torzcon

Appendix B

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