



# DEPARTMENT OF VETERANS AFFAIRS OFFICE OF INSPECTOR GENERAL

## PODCAST TRANSCRIPT

### Deficiencies in Evaluation, Documentation, and Care Coordination for a Bariatric Surgery Patient at the VA Pittsburgh Healthcare System in Pennsylvania

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Dawn Woltemath:

Today we will discuss the OIG report, [\*Deficiencies in Evaluation, Documentation, and Care Coordination for a Bariatric Surgery Patient at the VA Pittsburgh Healthcare System in Pennsylvania\*](#).

This is Dawn Woltemath, nurse consultant within the VA Office of Inspector General. I am speaking today with Hanna Lin, a health systems specialist.

Ms. Lin, we are discussing an OIG report that focused on how the staff at the VA Pittsburgh Healthcare System in Pennsylvania evaluated, approved and coordinated care for a bariatric surgery patient. Can you provide some background on the report?

Hanna Lin:

The OIG received an allegation that the patient had not been appropriately evaluated for bariatric surgery, specifically to his mental health status. The allegation also stated the patient's mental health and medications were not properly monitored after a significant weight loss from bariatric surgery. The patient died by suicide approximately three months after surgery. While the OIG team did not substantiate these allegations, the team found that there was no policy for bariatric surgery, there was a documentation error in the medical record that needed to be corrected, and the bariatric surgery team needed to document their discussions in the medical record. The OIG team determined that these findings did not impact the patient's appropriateness for bariatric surgery.

Dawn Woltemath:

Can you tell us more about bariatric surgery and what the recovery involves, like lifestyle changes or things to watch out for?

Hanna Lin:

Patients unable to achieve their weight loss goals through lifestyle changes alone, like diet and exercise, may be considered for bariatric surgery. There are two types of bariatric surgical options: restrictive and malabsorptive. The patient underwent the most common bariatric surgery, a sleeve gastrectomy, which

is a restrictive procedure that removes a portion of the patient's stomach but leaves the rest of the gastrointestinal tract unchanged. The recovery from this type of surgery involves changes for the person physically, and psychologically when interacting in social situations, especially around food and alcohol. Depression is common after bariatric surgery when weight loss doesn't go as anticipated or if the lifestyle changes are harder than the person anticipated. VA and the Department of Defense recommend increased vigilance for suicidal ideation, and other risk factors, such as substance use disorders or social isolation. When following up with medical and psychiatric providers after surgery, the VA has no clear guidance for psychiatric medication adjustments following a sleeve gastrectomy.

Dawn Woltemath:

What were the major areas of concern the team reviewed and described in the report?

Hanna Lin:

The OIG team focused on the patient's pre-operative evaluation process and the post-operative care. The VA Pittsburgh Healthcare System had a bariatric surgery evaluation process at the time of the inspection. The pre-operative evaluation process included both medical and mental health evaluations to ensure a patient was physically and mentally prepared for the lifestyle changes after bariatric surgery. The pre-operative evaluation process included evaluations and meetings with a nutritionist, a mental health provider, a review of medical conditions, and required participation in the Managing Overweight and/or Obesity for Veterans Everywhere (MOVE!) program. The post-operative care focused on managing medications, nutrition and offered support in the patient's lifestyle adjustments.

Dawn Woltemath:

My understanding is that the MOVE! program provides additional resources and support for patients looking to lose weight and develop healthy lifestyles. Is that correct?

Hanna Lin:

Absolutely. The VA developed the MOVE! program in 2006 and the program's goals include encouraging healthy eating, increasing physical activity, promoting healthy weight loss, and improving the lives of the patients. The MOVE! Program aims to screen patients annually for obesity and provide referrals to those interested in weight management treatment interventions, which could include bariatric surgery.

Dawn Woltemath:

From the report, the team identified concerns for the pre-operative evaluation process. Can you tell us more about that?

Hanna Lin:

Sure. Let me give you a little more detail on the pre-operative evaluation process before I answer your question. Patients being considered for bariatric surgery at the VA Pittsburgh Healthcare System need to have a consult ordered by their primary care provider to the Bariatric Surgery Service. The bariatric surgery nurse practitioner reviews the consults and then requests that the primary care provider order the necessary blood tests, chest x-ray, and EKGs. The patient attends a two-hour educational session with the bariatric surgery nurse practitioner and a nutritionist to learn about bariatric surgery. The patient also meets with the MOVE! coordinator to review lifestyle factors and completes psychological testing. The patient must commit to losing a percentage of their total bodyweight before surgery. The entire evaluation process takes place over several months.

To answer your question, during the OIG review, the team determined the MOVE! Coordinator did not accurately document the interaction with Mental Health Service, and the OIG team made recommendations for developing a policy outlining the pre-operative process to ensure it is carried out consistently.

Dawn Woltemath:

Could you tell us about the psychological tests and why they are important?

Hanna Lin:

The VA Pittsburgh Healthcare System uses the Millon Behavioral Medicine Diagnostic and the Beck Depression Inventory for their psychological testing. The Millon Behavioral Medicine Diagnostic is used to identify psychosocial indicators that will either help or hinder a patient's medical outcome. In other words, what positive and negative indicators are present before surgery.

Dawn Woltemath:

So, would examples of positive indicators for good habits be finishing projects, adjusting to changes, and being comfortable asking for help? Whereas, negative indicators would be low self-esteem, history of suicidal thoughts, and social isolation.

Hanna Lin:

Yes, that's right. In addition, the Beck Depression Inventory is a standard depression test to help determine if or how severe a patient's depression may be. If the patient has good psychosocial indicators and low depression, then they are probably a good candidate for bariatric surgery.

Dawn Woltemath:

Let's look at the evaluation done on this patient. Were there any concerns there?

Hanna Lin:

Even though the patient did not have some of the required laboratory test completed, the OIG team believed that these missed tests did not impact the patient's appropriateness for bariatric surgery. The bigger concern that the OIG team had was that there was no required checklist to track what tests have been completed or not completed. The OIG team found that the patient attended the initial bariatric informational session, met with the MOVE! coordinator, completed psychological testing, and met with his previous mental health provider prior to approval for bariatric surgery. Although the patient had a history of suicidal thoughts in 2016, there was no indication that he had the same thoughts during the evaluation process. As I mentioned earlier, the OIG team found that the MOVE! coordinator incorrectly documented information about the patient's mental health care and that error remained uncorrected for some time. Although this misinformation was present in the patient's medical record, the OIG team found that it did not impact the patient's evaluation or acceptance for bariatric surgery.

Dawn Woltemath:

What about post-operative care with his medications, nutrition and his new lifestyle?

Hanna Lin:

The patient did attend a post-operative surgical appointment as well as ongoing sessions with a nutritionist and a mental health provider. The patient appeared happy, healthy, and was losing weight. The nutritionist and the mental health provider both documented that the patient was adjusting well to his new lifestyle and had no complaints with his medications.

Dawn Woltemath:

The report states the patient committed suicide, but you're telling me the post-operative care was going well and the patient was happy. Can you explain more about what happened?

Hanna Lin:

Yes, the post-operative care was appropriate and the patient self-reported that he was happy. The patient gave no indication to the facility staff that there was anything wrong. He was even seen in the emergency department for an unrelated issue a few days prior to his completed suicide and denied having any suicidal thoughts.

Dawn Woltemath:

Thank you for that information. What were the key take-aways from this report?

Hanna Lin:

Even though the VA Pittsburgh Healthcare System did not have a policy outlining pre- and post-operative care for bariatric surgery patients, the facility conducted a comprehensive pre-bariatric surgical evaluation. Having a policy in place would clearly define the steps to be taken in the process and would maintain consistency in the event of staff changes. Although a few laboratory tests were not done, these omissions did not impact this patient's appropriateness for surgery. However, this might not be the case for other bariatric surgical patients.

The OIG team did recommend that the VA Pittsburgh Healthcare System develop a policy to outline, and clearly define, the pre-operative evaluation and post-operative processes for bariatric surgery patients. The team also recommended that discussions about patients are documented in the patient's medical record. This is important so that actions are clearly outlined in the process, documentation requirements are standardized, it justifies the provider's actions, and ensures communication between all the healthcare providers involved in the patient's care.

Dawn Woltemath:

Thank You Ms. Lin for this discussion and information. You made a very good point about the importance of documentation and having a written standardized process. I see how this will provide clarity, confirmation of important decisions, and recordkeeping should a healthcare provider need to review the patient's evaluations and care after surgery. The information could be a useful lesson for other bariatric programs in the VA system.