Department of Veterans Affairs
Office of Inspector General

Healthcare Inspection

Anesthesia Management and Patient Care Issues, New Mexico VA Healthcare System, Albuquerque, New Mexico

Report No. 05-00720-108 **March 17, 2005**

VA Office of Inspector General
Washington, DC 20420

To Report Suspected Wrongdoing in VA Programs and Operations
Call the OIG Hotline – (800) 488-8244

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

TO: Veterans Integrated Service Network Director (10N18)

SUBJECT: **Final Report** – Healthcare Inspection - Anesthesia Management and Patient Care Issues, New Mexico VA Healthcare System, Albuquerque, New Mexico – Project number: 2005-00720-HI-0101

1. Summary

In response to a hotline complaint regarding anesthesia care at the New Mexico VA Healthcare System (system), the Office of Inspector General (OIG), Office of Healthcare Inspections made an unannounced follow up visit to ensure that all recommendations made in our previous report *Healthcare Inspection, Anesthesia Management and Patient Care Issues,* Report #03-01914-68 dated January 14, 2004, had been completed. We also reviewed orthopedic surgery waiting times, as it was alleged that there was a year's wait due to lack of anesthesia provider coverage.

2. Scope and Methodology

On January 3, 2005, we made an unannounced visit to the system and interviewed physicians, nurses, administrative managers, and quality management staff. We reviewed quality management records, credentialing and privileging files, policies and procedures, workload reports, and surgical consents and history and physicals (H&P) on all patients undergoing surgery on January 3, 2005.

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

3. Results

At the time of our visit, system managers were in full compliance with 12 of the 13 recommendations in the above referenced OIG report. While on site, the Chief of Staff gave us an acceptable action plan that, when implemented, would ensure full compliance with the remaining recommendation. Both the Anesthesia Service and Surgery Service had implemented processes and policies to ensure safe patient care. Interviews with staff

indicated a major improvement in morale in the operating room, especially among the nursing staff. The Director and Chief of Staff hired a Chief of Surgery Service in October 2004 and continued to search for a Chief of Anesthesia Service. However, the salary differential for anesthesiologists in the Veterans Health Administration (VHA) versus the private sector has hampered recruitment efforts. They are hopeful that the new physician pay bill will increase the applicant pool.

4. Findings

Follow up on previous recommendations:

Recommendation a: Establish controls for monitoring the administration of sedation and anesthetic medications and reversal agents by non-anesthesia providers in accordance with Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards.

Findings: **Partial compliance.** MCM 123-3 "Administration of Intravenous Procedural Sedation and Analgesia" was updated July 15, 2003, as reported.

The Chief of Anesthesia reported he had initiated performance improvement monitors for sedation and anesthetic medication usage and reversal agent usage by non-anesthesia providers, and anesthesia complications. We reviewed those monitors, and they were acceptable. However, he had not initiated a plan for monitoring etomidate usage because he had not received the information on etomidate usage he needed from Pharmacy Service. He showed us an electronic request for that information, dated August 5, 2004.

During our visit, the Chief of Staff developed a plan for monitoring etomidate usage in non-operating room settings. The plan was signed by the Chiefs of Anesthesia and Pharmacy and was to be initiated immediately. The plan was acceptable.

Recommendation b: Enforce or clarify restrictions in using anesthesia medication in other units of the system.

Findings: **Full compliance.** Pharmacy and Therapeutics (P&T) Committee defined the use of etomidate to an appropriate list of privileged providers and incorporated the medication into Accudose for tracking and control.

Recommendation c: Ensure etomidate found on medication carts on the acute care units and in the intensive care units are removed.

Findings: **Full compliance**. Etomidate had been removed from medication carts and incorporated into Accudose for tracking and control.

Recommendation d: Validate current Advanced Cardiac Life Support (ACLS) certification for all clinicians required by the system bylaws to have certification.

Findings: **Full compliance**. The credentialing and privileging clerk tracks ACLS certifications electronically using the VHA Program entitled VetPro. We requested verification that all anesthesia providers had current ACLS certifications. We were given documentation to support that 14 of the 17 providers had current ACLS certification. Two providers had voluntarily surrendered their privileges, and one provider showed us his current ACLS certification. While this physician has clinical privileges, he has not provided clinical services since March 14, 2001.

We suggested that managers remove the names of inactive providers from the tracking system so that it only reflects current providers. The Director and Chief of Staff concurred.

Recommendation e: Strengthen and remind all applicable employees to timely submit adverse incident reports to the Patient Safety Officer and other applicable oversight managers.

Findings: **Full compliance**. The electronic reporting system was implemented on October 1, 2004. The Patient Safety Officer reported that the system has improved incident reporting timeliness and provided a sample of an electronic report.

Recommendation f: Organizationally restructure the Surgical Care Line (SCL) to include clinical oversight and direction from the Office of the Chief of Staff.

Findings: **Full compliance**. The Director restructured the SCL under the Chief of Staff on September 29, 2003. On July 25, 2004, the SCL was dissolved and Surgery Service was reinstated.

Recommendation g: Provide written directives and policies pertaining to surgical and anesthesia activities.

Findings: **Full compliance**. Interviews with the Chief of Anesthesia and the operating room nurse manager confirmed that all policies and procedures were reviewed and restored on June 23, 2003.

Recommendation h: Strengthen informed consent procedures ensuring that all clinicians are aware of their responsibilities, and that sufficient time is provided for patients to fully understand the consent information and instruction prior to their scheduled surgeries.

Findings: **Full compliance**. A multi-disciplinary team reviewed and revised MCM 11-21, "Informed Consent," on August 13, 2004. Surgery Service now requires all providers to complete their own informed consents with a goal of completion by 5:00 p.m. on the day prior to surgery. The service also requires the perioperative coordinator to review all

patient medical records prior to surgery to ensure availability, accuracy, and completeness of the surgical consent form. Surgery Service employees monitor both of these actions for compliance and report the data in the Surgery Service Committee minutes. We reviewed the medical records for all patients who had surgery on January 3, 2005, and found timely and appropriate consent forms in all of the records.

Recommendation i: Ensure surgeons are documenting physicals, histories, and examinations in the medical records.

Findings: **Full compliance**. Our review of the medical records for all patients who had surgery on January 3, 2005 found appropriate H&Ps in all of the records. This is also a Surgery Service performance improvement monitor and is reported in the Surgery Service Committee minutes. The perioperative coordinator reviews all patients' medical records prior to surgery to ensure availability of a current H&P co-signed by an attending physician.

Recommendation j: Ensure the P&T and Cardiac Arrest Committees routinely meet.

Findings: **Full compliance**. The P&T Committee was re-established on February 20, 2003 (MCM 119-09) and the Cardiac Arrest Committee (Code Blue Team) was re-established on March 14, 2003 (MCM 11-46). We reviewed minutes of both committees for the last 12 months and found that they met on a regular basis and were tracking and trending performance improvement data as required by system policy.

Recommendation k: Determine whether the Acting Chief of Surgery needs to be a full time employee to provide adequate direction to surgery and anesthesia activities.

Findings: **Full compliance**. A full time Chief of Surgery was appointed in October 2004, and a full time Acting Chief of Anesthesia was appointed in August 2003. The facility has been actively recruiting for a full time permanent Chief of Anesthesia since August 2003 but has not found an acceptable candidate.

Recommendation l: Institute a peer review process or performance improvement program that addresses anesthesia activities.

Findings: **Full compliance**. On August 25, 2003, Anesthesiology Service initiated a performance improvement plan to monitor high-risk activities. The Acting Chief of Anesthesia provided data to support this monitoring activity and provided documentation of peer review monitors.

Recommendation m: Ensure contract anesthesia employees are adequately credentialed and privileged.

Findings: **Full compliance**. All contract anesthesiologists were entered into the electronic credentialing and privileging package. The credentialing and privileging clerk

verified all contract anesthesiologists' credentials and privileges were current. The Patient Safety Coordinator verified all of the contract nurse anesthetists were properly credentialed and privileged.

5. Orthopedic Surgery Backlog

The OIG received an allegation that orthopedic surgery waiting times were greater than one year because of insufficient anesthesia staff. We substantiated that a considerable backlog existed.

The Chief, Orthopedic Surgery stated the allegation was a "gross oversimplification" of the problem. He was on active military duty from November 2002 to February 2004, which left the department with only two orthopedic surgeons. He returned to find a surgical backload of 626 cases and immediately initiated a triage system for prioritizing surgical procedures: Level I – emergent surgeries; Level II – service-connected patients and veterans returning from the Iraq War; and Level III – non-service connected elective surgeries.

The system is the tertiary orthopedic surgery referral center for the West Texas/New Mexico area, receiving approximately 300 consults per month. As of January 4, 2005, the backlog for elective orthopedic surgery was 186 cases. The Chief, Orthopedic Surgery could not reliably estimate how long patients needing elective surgeries would remain on the waiting list. In order to significantly reduce this backlog, he stated that he would need more operating time. We concluded that the Chief, Orthopedic Surgery was actively working to reduce surgery waiting times and should continue to decrease backlog.

6. Conclusion

The system had taken appropriate actions to correct the deficiencies noted in our original hotline report. The System Director and the Chief of Staff restructured the SCL management structure to a service structure, organizationally reporting to the Chief of Staff. Policies and procedures are in place to guide clinicians treating veterans. The committees that provided oversight for surgery and anesthesia processes have been re-established and are fully functional. Credentialing and privileging of contract clinicians is being monitored. Etomidate had been removed from medication carts and the policy clearly states who is permitted to administer it. While a process for monitoring etomidate use in non-operating room settings had not been established, the Chief of Staff initiated an acceptable monitoring process while we were on site.

7. Recommendations

Recommended Improvement Action. We recommended that the System Director develop a plan to decrease the orthopedic surgery backlog to an acceptable level.

8. VISN and System Director Comments

The VISN Director and System Director concurred with the results of this inspection and have reduced the orthopedic backlog.

9. Assistant Inspector General for Healthcare Inspections Comments

The Assistant Inspector General for Healthcare Inspections agrees with the response of the VISN Director and System Director of the New Mexico VA Healthcare System to the issue raised in this inspection report.

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

Appendix A

System Director Comments

Department of Veterans Affairs **Memorandum**

Date: February 28, 2005

From: Medical Center Director (501/00), New Mexico VA Health Care Systems, Albuquerque, NM

Subject: **Anesthesia Management and Patient Care Issues, New Mexico VA Healthcare System, Albuquerque, NM**

To: Director, VHA Management Review Service (10B5), VA Central Office, Washington, DC
Thru: Network Director, VA Southwest Health Care Network (10N18), Mesa, AZ

1. We appreciate the opportunity to review the subject report and concur with the resulting recommendation. The Recommended Improvement Action requested from the New Mexico VA Health Care System, Albuquerque, NM, is attached.

2. If you have any questions regarding this report, please contact Curtis O. Kapsner, MD, Acting Chief of Staff, at 505-256-2702.

(original signed by:)

MARY A. DOWLING

Attachment

CONCUR:

Patricia A McKlem

PATRICIA A. MCKLEM

Network Director, VISN 18

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

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

OIG Recommendation

Recommended Improvement Action. We recommended that the System Director develop a plan to decrease the orthopedic surgery backlog to an acceptable level.

Concur **Target Completion Date:** 2/11/05

Facility 2/15/05 Comments: CONCUR: The NMVAHCS has continued to implement the Triage System for prioritizing surgical procedures that was previously outlined. This Triage System involved the daily review of consults by the Chief of Orthopedic Surgery in classifying the veterans as: Level I emergent surgeries; Level II service-connected patients and veterans returning from the Iraq War; Level III non-service connected elective surgeries. With the exclusion of all urgent/emergent cases, all service connected veterans are given first priority.

This Triage System has resulted in a current next available surgery date for elective orthopedic surgery of May 15, 2005, which is 90 days. This is an acceptable level within the Albuquerque community standard, which is presently from 45 to 180 days for elective orthopedic surgery. Of the present 175 veterans on the Orthopedic Surgery Wait List, 90 veterans have scheduled surgery dates before May 15, 2005 and 21 veterans are waiting medical clearance. The remaining veterans will be given tentative surgery dates as the orthopedic operating room scheduling blocks are made available.

In lieu of additional operating time, which is presently not available, we instituted a standby surgery program which allows us to fill late surgical cancellations with day surgery patients. This has allowed us to maximize utilization of both surgeon and OR time resulting in the completion of more orthopedic cases.

VISN 2/18/05 Comments: CONCUR. The facility has developed and continues to implement and monitor an acceptable plan to decrease the orthopedic surgery backlog.

Appendix B

OIG Contact and Staff Acknowledgments

OIG Contact	Virginia Solana, Associate Director, Dallas Regional Office of Healthcare Inspections (214) 253-3332
Acknowledgments	Linda Delong, Director, Dallas Regional Office of Healthcare Inspections Shirley Carlile Marnette Dhooghe Dorothy Duncan Roxanna Osegueda Marilyn Walls

Appendix C

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