Department of Veterans Affairs
Office of Inspector General

Healthcare Inspection

Alleged Quality of Care Issues
Martinsburg VA Medical Center
Martinsburg, West Virginia

Report No. 09-02931-36 **December 1, 2009**

VA Office of Inspector General
Washington, DC 20420

To Report Suspected Wrongdoing in VA Programs and Operations

Telephone: 1-800-488-8244 between 8:30AM and 4PM Eastern Time, Monday through Friday, excluding Federal holidays

E-Mail: vaoighotline@va.gov

Executive Summary

The VA Office of Inspector General, Office of Healthcare Inspections reviewed allegations regarding a patient's incomplete physical examinations and lack of digital rectal examinations (DREs) at the Harrisonburg, Virginia, Contracted Community Based Outpatient Clinic (CBOC). The CBOC is under the direct supervision of the Martinsburg VA Medical Center in Martinsburg, WV.

We did not substantiate that the patient's physicals at the CBOC in 2006, 2007, and 2008 were not thorough. Each physician followed a standardized, age-specific format including laboratory tests, an initial nursing assessment, and a physician exam. Physicians also conducted prostate-specific antigen (PSA) tests, with the scores within normal limits. The patient told CBOC physicians that he was followed by a private physician who performed his DREs each year. The patient told us that he received thorough and complete physicals at the CBOC in 2004 and 2005. We compared the patient's three physicals in 2006, 2007, and 2008 at the CBOC to those in 2004 and 2005 and were unable to validate significant differences.

Since we did not substantiate the allegations, we made no recommendations.

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

TO: Director , VA Capitol Health Care Network (10N5)

SUBJECT: Healthcare Inspection – Alleged Quality of Care Issues at the Martinsburg VA Medical Center, Martinsburg, West Virginia

Purpose

The VA Office of Inspector General (OIG), Office of Healthcare Inspections conducted an inspection to determine the validity of allegations that three annual physical examinations received at the Harrisonburg, Virginia, Contracted Community Based Outpatient Clinic (CBOC) were not thorough and lacked digital rectal examinations (DREs).

Background

The CBOC provides outpatient primary care services to approximately 3,500 veterans under the direct supervision of the Martinsburg VA Medical Center (medical center) in Martinsburg, WV.

The medical center is a 566 bed facility and provides a broad range of inpatient and outpatient health care services including medical, surgical, mental health, geriatric, rehabilitation services, and domiciliary care. It serves approximately 129,000 veterans in a primary service area that includes 23 counties in West Virginia, Maryland, Virginia, and Pennsylvania. Outpatient care is provided at six community based outpatient centers located in Maryland, Virginia, and West Virginia. The medical center is part of Veterans Integrated Service Network (VISN) 5.

The complainant (patient) is a male in his mid 60s with a history of hearing loss, depression, erectile dysfunction, and arthritis. In April 2009, he was diagnosed and surgically treated for prostate cancer. The patient was first examined at the CBOC in 2004. He told us that he receives physicals at the CBOC in order to maintain VA benefits such as prescriptions and hearing aids.

The patient told us that he received thorough and complete physicals at the CBOC in 2004 and 2005. He stated the physicals he received in 2006, 2007, and 2008 were not thorough and did not include DREs. The patient also told us that he pays for a physical from a private physician each year due to his lack of confidence in CBOC physicals. The patient brought his concerns regarding his dissatisfaction with the 2006 and 2007 physicals to CBOC management in December 2007. Management assigned a new physician after his complaint.

The patient was examined in 2008 by the new physician, and he again alleged that it lacked thoroughness and a DRE. The patient told us that in April 2009, 4 months after his December 2008 physical at the CBOC, his private physician identified a cancerous nodule on his prostate resulting in a prostatectomy at a private hospital.

Scope and Methodology

We interviewed the complainant on July 29, 2009. We interviewed clinical managers and physicians on August 18, 28, and October 14 by telephone. We reviewed reports of contact, clinical reminder reports, VHA and medical center policies and procedures, and the patient's electronic medical record.

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

Inspection Results

We did not substantiate that the patient's physicals at the CBOC in 2006, 2007, and 2008 were not thorough. We found that each physician followed a standardized format. All physicians conducted a prostate-specific antigen (PSA) test and addressed the DRE to screen for prostate cancer. As noted in the medical record, the patient told physicians each year that he was followed by a private physician who performed his DREs.

CBOC physicians and managers told us that after a standard review of systems,[1] physicals are "problem-focused." Physicals were comprised of three main components: laboratory tests, an initial nursing assessment, and a physician exam.

Laboratory tests drawn approximately 2 weeks prior to the physical consisted of routine chemistry, hematology, and PSA screening. The initial nursing assessment included vital signs,[2] new medical complaints or updates, pain screens, influenza vaccine, depression, problem drinking, tobacco use, activities of daily living, nutritional issues, learning needs, and additional education regarding exercise and seat belt use. The physician's exam included new medical complaints, review of systems, the initial nursing

[1] A review of systems includes head, eyes, ear, nose, throat, neck, nodes, cardiovascular systems, lungs, abdomen, extremities, neurosystems, and skin.
[2] Vital signs include temperature, pulse rate, blood pressure, height, weight, body mass index, and pain score.

assessment, medications, labs, past medical history, allergies, family and social history, outside surgeries, alcohol and tobacco history, and advance directives.

Additionally, nurses and physicians were guided by computer-generated clinical reminders that appear in the medical record based on a patient's history. For example, a DRE reminder appeared for any male patient between 45 and 75 years old.

Each year, physicians conducted a PSA test. Scores ranged from 1.87 to 2.92, all within normal limits. In addition, physicians addressed the DRE reminder and documented what was told to them by the patient. In 2006 and 2007, the physician documented that the patient had a DRE performed by his private physician within the previous six months noting the date and results. In 2008, the physician noted that the patient was being followed by a private physician, but did not document the date or results of his DRE.

We compared the patient's last three physicals at the CBOC to those in 2004 and 2005 and were unable to validate significant differences. During the patient's first visit to the CBOC in December 2004, the physician addressed the DRE, documented that the patient saw a private physician regularly and that the patient had a DRE done in March 2004 with normal results. At the patient's 6 month follow-up in 2005, a DRE was performed. In December 2005, another DRE was performed at the request of the patient. CBOC physicians told us that if the patient had requested a duplicate DRE in 2006, 2007, or 2008, it would have been performed.

Conclusions and Comments

The patient received a thorough, age-specific physical at the CBOC in 2006, 2007, and 2008. DREs were addressed and documented as having been done by the patient's private physician. We did not substantiate that the patient's physicals were not thorough and that DREs were not addressed.

The VISN and system Directors concurred with our findings (see Appendixes A–B, pages 4–5 for the full text of their comments). Because we did not substantiate the allegations in this hotline, we made no recommendations.

(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: 11/9/09

From: VISN Director, VA Capitol Health Care Network (10N5)

Subject: **Healthcare Inspection – Alleged Quality of Care Issues, Martinsburg VA Medical Center, Martinsburg, West Virginia**

To: Director, Denver Office of Healthcare Inspections (54DV)

Director, Management Review Service (10B5)

1. I have reviewed the draft report for the Healthcare Inspection – Alleged Quality of Care Issues, Martinsburg VA Medical Center, Martinsburg, West Virginia and concur with the findings.
2. There are no recommendations to address.
3. I appreciate the Office of Inspector General's efforts to ensure high quality of care to Veterans at the Martinsburg VA Medical Center.

(original signed by:)

Sanford M. Garfunkel, FACHE

Appendix B

System Director Comments

Department of Veterans Affairs **Memorandum**

Date: 11/2/09

From: Director, Martinsburg VA Medical Center (613/00)

Subject: **Healthcare Inspection – Alleged Quality of Care Issues, Martinsburg VA Medical Center, Martinsburg, West Virginia**

To: Director, VA Capitol Health Care Network (10N5)

1. I have reviewed the draft report and concur with the finding from the review of an alleged quality of care issue at the Harrisonburg, Virginia Contracted Community Based Outpatient Clinic (CBOC).

2. There are no recommendations to address.

3. If further information is required, please contact Jonathan Fierer, MD, Chief of Staff, Martinsburg VA Medical Center at (304) 263-0811 extension 4007.

(original signed by:)

Ann R. Brown, FACHE

Appendix C

OIG Contact and Staff Acknowledgments

OIG Contact	Virginia L. Solana, RN, MA, Director Director, Denver and LA Offices of Healthcare Inspections (303) 270-6500
Acknowledgments	Clarissa B. Reynolds, CNHA, Team Leader Barry L. Simon, VMD Laura L. Dulcie, BSEE

Appendix D

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