



**Department of Veterans Affairs
Office of Inspector General**

Office of Healthcare Inspections

Report No. 14-02022-134

Healthcare Inspection

Alleged Lack of Training and Support for Interventional Radiology Procedures Salem VA Medical Center Salem, Virginia

February 18, 2015

Washington, DC 20420

To Report Suspected Wrongdoing in VA Programs and Operations:

Telephone: 1-800-488-8244

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Executive Summary

The VA Office of Inspector General (OIG) Office of Healthcare Inspections conducted an inspection at the request of Senator Tim Kaine in response to allegations that interventional radiology procedures at the Salem VA Medical Center (facility), Salem, VA, were being performed by a radiologist with inadequate training, that the facility lacked adequate medical and surgical support for patients who might develop complications after certain interventional radiology procedures (specifically, the creation of a shunt to decrease liver congestion and the placement of a stent in a blood vessel to the brain to improve blood flow), and that the facility has no formal training and competency program for interventional radiology nurses and technicians. The purpose of the review was to determine whether the allegations had merit.

We did not substantiate the allegation that radiology procedures at the facility were being performed by a radiologist with inadequate training. We found that facility credentialing staff properly verified all educational, training, and licensure credentials for the subject radiologist who was then granted initial privileges to perform procedures, including the two procedures named in the allegation.

We did not substantiate the allegation that the facility lacked adequate medical and surgical support for patients who might develop complications after certain interventional radiology procedures. The facility has a vascular surgeon and gastroenterologists who are on site during interventional procedures and available should a patient undergoing an interventional radiology procedure need further care. In addition, the facility has a fully equipped Post Anesthesia Care Unit and Intensive Care Unit.

We did not substantiate that the facility has no formal training and competency program for interventional radiology nurses and technicians. The facility requires all interventional radiology nurse and technician staff to undergo an annual competency assessment, which is completed by direct observation of the technician while performing his or her duties.

We made no recommendations.

Comments

The Veterans Integrated Service Network and Facility Directors concurred with the report (See Appendixes A and B, pages 6–7 for the Directors' comments.) No further action is required.



JOHN D. DAIGH, JR., M.D.
Assistant Inspector General for
Healthcare Inspections

Purpose

The VA Office of Inspector General (OIG) Office of Healthcare Inspections conducted an inspection at the request of Senator Tim Kaine in response to allegations that interventional radiology procedures at the Salem VA Medical Center (facility), Salem, VA, were being performed by a radiologist with inadequate training, that the facility lacked adequate medical and surgical support for patients who might develop complications after two interventional radiology procedures (the creation of a shunt to decrease liver congestion and the placement of a stent in a blood vessel to the brain to improve blood flow), and that the facility has no formal training and competency program for interventional radiology nurses and technicians. The purpose of the review was to determine whether the allegations had merit.

Background

The facility provides a broad range of inpatient and outpatient medical, surgical, mental health, and long-term care services. It has 182 hospital beds and includes 2 inpatient medical/surgical units and an Intensive Care Unit (ICU). The facility serves a veteran population of about 112,500 throughout southwest Virginia and is part of Veterans Integrated Service Network (VISN) 6. Other medical centers in VISN 6 refer patients to the facility for transjugular intrahepatic portosystemic shunt (TIPS) and carotid artery stent (CAS) procedures. The facility is affiliated with the University of Virginia Medical School, Edward Via College of Osteopathic Medicine, and Virginia Tech Carilion School of Medicine.

Allegations. On October 29, 2013, OIG received a confidential complaint alleging that:

- A radiologist is performing TIPS and CAS procedures even though he does not have the appropriate experience and training.
- The facility lacked adequate medical and surgical support for patients who had complications from TIPS and CAS procedures.
- The facility has no formal training and competency program for interventional radiology nurses and technicians.

Credentialing and Privileging. Credentialing is the systematic process of screening and evaluating qualifications and other credentials of physicians, including licensure, required education, relevant training and experience, current competence, and health status. The credentialing process is completed prior to a medical provider's initial appointment in the Veterans Health Administration (VHA) and every 2 years thereafter.¹

¹ VHA Directive 1100.19, *Credentialing and Privileging*, October 15, 2012, p. 1.

Clinical privileging is the process by which a practitioner, licensed for independent practice (that is, without supervision, direction, required sponsor, preceptor, or mandatory collaboration), is permitted by law and the facility to practice independently, to provide specified medical or other patient care services within the scope of the individual's license, and is based on the individual's clinical competence as determined by peer references, professional experience, health status, education, training, and licensure. Clinical privileges must be facility- and practitioner-specific and within available resources.²

Interventional Radiology. Interventional radiology uses minimally invasive image guided procedures to diagnose and treat diseases. TIPS and CAS are two such procedures. A TIPS procedure reduces complications associated with liver failure, especially bleeding from enlarged esophageal veins, by managing portal hypertension (increased blood pressure in the veins that flow through the liver). Usually performed by a radiologist, the TIPS procedure entails placement of a small wire-mesh coil (stent) into a liver vein. The stent is then expanded using a small inflatable balloon to form a channel, or shunt, that bypasses the liver, thereby reducing pressure in the portal vein system so that enlarged esophageal veins are less likely to rupture and bleed. The procedure can also ameliorate other complications of liver failure, including ascites (fluid in the abdomen) and hepatic hydrothorax (fluid between the lungs and the chest wall).³

A CAS procedure is used to open narrowed blood vessels that supply blood to the brain known as carotid arteries. During the procedure a stent is placed into the carotid artery by threading a catheter through a large blood vessel in the groin up to the blocked artery in the neck. After a balloon is inflated to relieve the obstruction and expand the stent, it is deflated and removed, leaving the stent in place and the artery open.⁴

Scope and Methodology

We conducted a site visit on August 13, 2014, and interviewed the Chief of Interventional Radiology, the nurse manager of Interventional Radiology, the credentialing specialist, and the Chief of Staff. We also interviewed the VHA diagnostic radiology consultant and others knowledgeable about interventional radiology procedures, standards, and required facility resources. We reviewed relevant medical literature, electronic health records (EHRs) of patients who underwent TIPS and CAS procedures, relevant facility policies, VHA directives on Credentialing and Privileging and Surgical Complexity, relevant facility reports including surgical complication rates, credentialing and privileging documentation, quality assurance documents, and committee meeting minutes.

² VHA Directive 1100.19, p.1.

³Transjugular intrahepatic portosystemic shunt. <http://www.webmd.com/digestive-disorders/tc/transjugular-intrahepatic-portosystemic-shunt-tips-for-cirrhosis-topic> Accessed 12/22/2014

⁴ Carotid Artery Stenting. <http://www.webmd.com/heart-disease/carotid-artery-stenting> Accessed 11/13/2014

We conducted the inspection in accordance with *Quality Standards for Inspection and Evaluation* published by the Council of the Inspectors General on Integrity and Efficiency.

Inspection Results

Issue 1. Sufficiency of Clinical Privileges

We did not substantiate that a radiologist lacked appropriate experience or training; we found the radiologist was properly credentialed and had been granted privileges to perform TIPS and CAS procedures.

VHA policy requires that prior to granting a physician privileges to practice independently, facility staff must verify, through primary sources, a physician's professional education, training, and licensure and that the physician attended all educational programs, completed them in good standing, and had no restrictions on any licenses.⁵

We found that facility credentialing staff properly verified all educational, training, and licensure credentials for the radiologist who was then granted initial privileges, which included performing TIPS and CAS procedures. The facility based its decision to grant privileges on the completion of a diagnostic radiology residency that included training in interventional radiology, angiography, and TIPS. The radiologist completed additional training in the performance of CAS procedures soon after beginning employment.

Prior to renewing these privileges, the facility reviewed the numbers of procedures the radiologist completed and the complication rates for TIPS and CAS procedures. Every 2 years these privileges have been renewed after a complete evaluation of the radiologist's performed procedures and complication rates.

We reviewed facility data for TIPS and CAS procedures completed in fiscal years (FYs) 2013 and 2014. The radiologist completed 32 carotid angiograms, with 2 CAS procedures, and no complications were reported. He completed two TIPS procedures without complications. We also requested facility data regarding peer reviews and incident reports for TIPS and CAS procedures performed by this radiologist and found none.

This radiologist is also privileged to perform these procedures at a non-VA hospital, where the granted privileges are in good standing with no reported complications for TIPS or CAS procedures.

Issue 2. Facility Medical and Surgical Support for Interventional Radiology Procedures

We did not substantiate the allegation that the facility lacked sufficient medical and surgical support for patients who had or might develop complications after TIPS or CAS procedures.

⁵ VHA Directive 1100.19, p. 8.

The facility has a vascular surgeon and gastroenterologists who are on site during interventional procedures and available should a patient undergoing an interventional radiology procedure need further care. In addition, the facility has a fully equipped Post Anesthesia Care Unit and Intensive Care Unit. We reviewed interventional radiology competency documentation for nurses in the Post Anesthesia Care and Intensive Care unit and found it to be current for FY 2014.

We reviewed the EHRs of the four patients who had TIPS or CAS procedures performed by the radiologist in FYs 2013 and 2014. None of the patients developed complications related to the procedures. Additionally, we found that all four patients were appropriately evaluated by medical and/or surgical specialists prior to and after their procedures. The indications for the procedures were reasonable, and follow-up care was well documented.

Issue 3. Training and Competency Program for Interventional Radiology Nurses and Technicians

We did not substantiate the allegation that the facility has no formal training or competency program for the interventional radiology nurses and technicians.

The facility requires all interventional radiology nurse and technician staff to undergo an annual competency assessment, which is completed by direct observation of the technician while performing his or her duties. Interventional radiology support staff also completed one hour courses on TIPS and CAS procedures during FY 2014. We reviewed competency documentation for all interventional radiology nurses and technicians and found it to be current for FY 2013 and FY 2014.

Conclusions

We found that the facility appropriately credentialed and privileged the radiologist to perform TIPS and CAPS procedures, that none of the patients undergoing these procedures developed complications, that patients were monitored pre- and post-procedure by medical or surgical specialists, and that the facility had sufficiently trained support staff. We found that all interventional radiology support staff had annual competency assessments.

We made no recommendations.

VISN Director Comments

Department of Veterans Affairs

Memorandum

Date: January 13, 2015

From: Director, VA Mid-Atlantic Health Care Network (10N6)

Subj: **Draft Report**—Healthcare Inspection – Alleged Lack of Training and Support for Interventional Radiology Procedures Salem VA Medical Center, Salem, Virginia

To: Director, Washington DC Office of Healthcare Inspections (54DC)
Director, Management Review Service (VHA 10AR MRS OIG Hotline)

1. The attached subject report is forwarded for your review and further action. I appreciate the opportunity to review and concur on the healthcare inspection report.
2. If you have further questions, please contact Miguel H. Lapuz, MD, MBA, Director, Salem VAMC, at (540) 982-2463, extension 2100.

(original signed by:)

DANIEL F. HOFFMANN, FACHE

Facility Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: January 9, 2015

From: Director, Salem VA Medical Center (658)

Subj: **Draft Report**—Healthcare Inspection – Alleged Lack of Training and Support for Interventional Radiology Procedures, Salem VA Medical Center, Salem, Virginia

To: Director, VA Mid-Atlantic Health Care Network (10N6)

1. Thank you for the opportunity to review and concur on the healthcare inspection report concerning an alleged lack of training and support for interventional radiology procedures at the Salem VAMC.
2. The thorough review of this issue is greatly appreciated.

(original signed by:)

MIGUEL H. LAPUZ, MD, MBA

OIG Contact and Staff Acknowledgements

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