Administrative Closure
Emergency Department Falsification of Performance Measure Data
Michael E. DeBakey VA Medical Center (580/00)
Houston, Texas
MCI #2014-01422-HI-0427

The VA Office of Inspector General Office of Healthcare Inspections (OHI) received allegations from a confidential complainant related to the manipulation of Emergency Department (ED) data used to assess performance measure compliance at the Michael E. DeBakey VA Medical Center (VAMC), Houston, TX (facility).

We conducted an offsite review via video teleconference on February 12, 2014. We interviewed selected ED staff and reviewed pertinent documents, policies, and procedures related to the allegations.

We did not substantiate that it has become standard practice at the facility to intentionally misrepresent the patient's ED arrival time in order to meet specific performance measures related to the assessment and management of a particular type of acute myocardial infarction (where the electrocardiogram shows the ST segment of the tracing to be elevated, aka STEMI). The metrics alleged to be flawed are length of ED stay, the performance of an electrocardiogram within 10 minutes of arrival for any patient with a suspected myocardial infarction and, for STEMI patients, initiation of reperfusion therapy by fibrinolysis (within 30 minutes) or percutaneous coronary intervention (within 90 minutes). We determined that:

- The facility had chartered a performance improvement project in fiscal year (FY) 2013 to consolidate and improve facility triage processes and to decrease the facility's ED length of stay (time from ED arrival to ED departure for admitted patients). The facility implemented its current ED triage process in September 2013. A registered nurse (RN) now greets and initially triages all patients presenting to the ED rather than to a clerk in order to check in and/or complete paperwork. An RN rapidly assesses all patients and determines whether patients' needs are urgent or non-urgent. Regardless of urgency, an RN documents the patient's name and chief complaint. The triage RN provides this information to an ED clerk, who enters the patient's information into VistA and creates an ED visit. This action simultaneously creates an ED Integration Software entry, which is used for facility tracking and performance improvement. The triage RN then takes patients with urgent needs to a main ED treatment area based on suspected diagnosis. For patients with non-urgent or non-critical needs, the triage RN completes the assessment, notifies the clerk to check in the patient, and directs the patient to wait in the ED waiting area for further triage and/or care.
- Veterans Health Administration (VHA) has not collected data on electrocardiograms performed within 10 minutes of arrival since FY 2009. We found no facility data reported through VHA on fibrinolytic therapy within 30 minutes of arrival from FY 2011 to present. VHA data for FY 2013 and first quarter of FY 2014 shows facility compliance with percutaneous coronary intervention within 90 minutes to be 67 percent (N=6) and 50 percent (N=2), respectively. The most recent VHA data available regarding ED lengths of stay was for quarters 1 and 2 of FY 2012, where the average length of stay was over 6 hours.
- (b)(3):5 U.S.C. App 3 (IG Act);(b)(6);
  The facility had fully investigated the allegations and reported the findings to the JC.

On December 3, 2013, the JC notified the facility that no further action was required and that the incident was closed.

We found that the facility actively monitors ED data to identify opportunities for improvement, such as percutaneous coronary intervention within 90 minutes and ED length of stay, and takes actions to improve ED operations and practices. Improvements since September 2013 include eliminating paper to track patients and discussing ED activity, issues/concerns, and admission report data from ED Integration Software during morning huddles in addition to the RN assessment of patients on presentation.

Based on our review, I am administratively closing this case.

JOHN D. DAIGH, JR., M.D. 3/10/14
Assistant Inspector General for
Healthcare Inspections