



Administrative Closure
Alleged Non-Compliance with VHA Policy
Lexington VA Medical Center (596/00)
Lexington, Kentucky
MCI# 2014-01960-HI-0462

The VA Office of Information Technology received allegations from a complainant about the Lexington VA Medical Center, Lexington, KY (the facility). The allegations were forwarded to the Office of Healthcare Inspections through the Hotline Division. The complainant is [b](3);5 U.S.C. App 3 (IG Act);(b)(6)] at the facility and referenced a specific patient in his complaint. He alleged that while he was a [b](3);5 U.S.C. App 3 (IG Act);(b)(6)], he was not supervised appropriately (resulting in the patient's harm), and that the electronic health record (EHR) was altered inappropriately on the same patient.

We reviewed the EHR of the patient referenced in the complaint. [b](3);5 U.S.C. App 3 (IG Act);(b)(6)]

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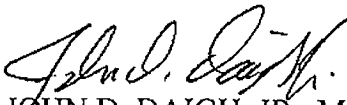
We spoke with the facility Director and her Administrative Officer.ⁱⁱⁱ Both told us that they were familiar with the events surrounding the complaint and that the case had been reviewed by the VA Office of Medical Inspector (OMI). [b](3);5 U.S.C. App 3 (IG Act);(b)(6)]

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We learned that the facility had taken action regarding the patient care issues,^{iv} which included conducting peer reviews on both [b](6)]^v and [b](6)]^{vi} and a Root Cause Analysis^{vii} (RCA) concerning the lack of communication regarding the patient's need for antibiotics post discharge. The RCA recommendations were tracked through completion. After these events, the facility developed a training program for residents and providers on how to handle institutional disclosure.

We spoke with the Clinical Program Manager at VA OMI assigned to this case. He confirmed that their office had inquired into these events but closed the inspection as there were two active tort claims.^{viii}

Based on our review, tort claims exist relating to both the cited patient's clinical case and the alleged inadequate supervision of the complainant. In addition, the facility's Ethics Committee has reviewed the allegation of altered EHRs. As the case involving the alteration of records is also the subject of a tort claim, it is not an appropriate topic for OHI review at this time. Therefore, I am administratively closing this case.

 5/6/14
JOHN D. DAIGH, JR., M.D.
Assistant Inspector General for
Healthcare Inspections

EndNotes:

- i (b)(6); (b)(6)
- ii (b)(6)
- iii (b)(6) -ROC
- iv (b)(6) -ROC
- v PRC
- vi PRC
- vii RCA
- viii (b)(6) OMI-ROC