

Memorandum to the File - Administrative Closure Report

**Alleged Credentialing and Privileging Irregularities and Background Issues
at the VA Illiana Health Care System
Danville, IL
MCI# 2008-00411-HI-0038**

Purpose

The Department of Veterans Affairs, Office of Inspector General, Office of Healthcare Inspections (OHI) received allegations from a Congressional Inquiry that an anonymous complainant(s) wrote regarding a physician selected as the (b)(6) at the VA Illiana Health Care System (HCS). It was alleged that the physician was given the position "despite [being] known as [providing] poor quality [care] and [being an] incompetent surgeon in [the] Private Sector." He was given the promotion over another excellent surgeon with years of good work.

Background

The physician submitted an application for the (b)(6) position (b)(6) and was appointed to this position with continuous service by the VA Illiana HCS beginning (b)(6). The (b)(6) is currently licensed in the State of Illinois, and had prior active licensure in the States of New York, Pennsylvania, and New Jersey. The (b)(6) also holds current Board Certification in Surgery through the year 2011.

Scope and Methodology

We reviewed VA and local policies and procedures, Executive Leadership Council and Clinical Executive Board, various other committee minutes, and Quality Management documents detailing the VA Illiana HCS's overall administrative operations and practices. We conducted detailed inspections of the following:

- Credentialing and Privileging Files - containing
 1. Application and Reappraisal Information
 2. Clinical Privileges
 3. Professional Education and Training, Verification of Board Certifications
 4. Licenses
 5. Professional Experiences and Peer Recommendations
 6. Other Practice Information such as National Practitioner Data Bank, Quality Management or Performance Improvement data, and Pre-Employment References
- Official Personnel Folders - containing
 1. Background and Security Clearances
 2. Applications for Employment
 3. State Licensure Verification and Currency
 4. Performance Appraisals
- Education and Training Records - containing

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1. Cardiopulmonary Resuscitation and Advanced Cardiopulmonary Life Support Certifications
2. Mandatory and Health Care Continuing Education
- Patient Adverse Event Disclosure¹ Records - containing
 1. Unexpected Patient Complications
 2. Unanticipated Deaths
 3. Therapeutic Medical Misadventures
 4. Errors in Patient Care
 5. Documentation to Patients and Families
 6. Peer Reviews²
- Professional Standards Board Proceedings - regarding
 1. Minutes of Meetings
 2. Discussions Surrounding Potential Conflict of Interest Among Peers and Supervisors
 3. Posting of VA Intranet-based information regarding credential reviews and approval of privileges in Clinical Executive Board minutes

Additionally, we interviewed various managers and staff about current practices and past procedures for verification of Background and Security Clearances, ensuring valid and clear State Board licensure, handling of Professional Standards Board information, determining competency, tracking currency of mandatory certifications such as, Cardiopulmonary Resuscitation (CPR) and Advanced Life Support Certification (ACLS), and the overall credentialing and privileging process for Licensed Independent Practitioners.

We took the opportunity to conduct this review by including other practitioners, who were not subjects of this complaint to ensure that the HCS's managers were following VA and their own local policies. Therefore, we included various physicians who were regularly employed by the HCS, contracted employees, residents, and consultants. Additionally, we reviewed the files of Certified Registered Nurse Anesthetists, Nurse Practitioners, Physician Assistants, and Dentists. All of the five categories of health care professionals require similar review processes to ensure staff are competent, safe to practice, and appropriately privileged to provide patient care.

Results

Our review showed no deficiencies in the historical employment data, credentialing and privileging processes, peer reviews, and provider profiles for (b)(6). Reappraisal and renewal of clinical privileges were appropriately requested, selected, and reviewed for approval. Credentials and licensure are current, ACLS is current, and

¹ An adverse event is any untoward incident, therapeutic misadventure, physician-introduced therapy or injury, or other undesirable occurrence directly associated with care or services provided within the jurisdiction of a medical center, outpatient clinic, or other VHA facility.

² Peer Reviews are assigned an individual rating: level 1 most practitioners would have managed the case similarly; level 2 most practitioners might have managed the case differently; and level 3 most practitioners would have managed the case differently.

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there is evidence for licensure verification of no past or pending issues with the various States. National Practitioner Data Bank and Healthcare Integrity, Protection Data Bank, and Federation of State Medical Boards information shows one report which was previously disclosed by the (b)(6) upon application for employment and appropriately reviewed by HCS managers and the Professional Standards Board. The Professional Standards Board's recent review validated the HCS's appropriate processes for review and approval.

The (b)(6) previous three annual Executive Career Field Performance Appraisals shows

Core Competencies, Performance Measure Results, and other areas of special interest related to clinical, education, and administrative competence, personal qualities, and academic affiliations, along with a host of committee, task force, and collateral duties.

The (b)(3); 5 U.S.C. App 3 (IG Act); (b)(6) informed us about their recent Veteran Integrated Service Network concerns regarding all of medical facilities in their network and a local proactive review of clinical privileges for all providers. According to managers, this detailed review began in October 2007 as a result of heightened awareness in the VA and focused primarily on every aspect as required by VA policy, but much more intense with ensuring the following:

- Provider involvement in their own privileges to conduct particular procedures and skills
- Verification of competencies and supervision
- Peer review
- Verification of licensure

Additionally, they started their review with Surgical Service and planned to conduct Medical Service, and others following an order of most critical procedures that are done there. Preliminary results and changes have enhanced the accuracy of their Credentialing and Privileging documents and included eliminating procedures and skills that were not current, no longer needed, or practices that would not be done at this facility.

In our review of 35 Official Personnel Folders and Credentialing and Privileging Files, we found that information is well organized, detailed, and thoroughly showing evidence of the reappraisal process and professional experience. Listings of privileges that providers can do were completed per VA policy. We further found that once the providers are privileged to perform certain procedures, that nursing staff and others are kept informed through privileging document binders showing who is approved to perform tasks. This is located on the various patient care areas such as the Intensive Care Unit and the Urgent Care.

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We found the following discrepancies for employees involved in patient care:

- Three Consultants did not have Background and Security Clearances.
- Four Resident Physicians did not have Background and Security Clearances.
- Three Consultants did not have CPR certification.
- Two Physician Assistants' CPR certification expired in 2007.

Additionally, we found that supervisory physicians credentials and privileges, including the Chief of Staff and Associate Chief of Staff, were reviewed and recommended for approval by their staff, rather than actual peer supervisory physicians. This is not unique to the VA Illiana HCS, but perhaps throughout Veterans Health Administration. In this respect, others could view this as a conflict of interest, staff might be reluctant to disapprove privileges of supervisors, or give one the impression of a biased review.

Recommendations

We made no recommendations.

We did share minor discrepancies that we found in our review with the Acting HCS Director, the Chief of Staff, the Associate Chief of Staff, the Chief of Human Resources Management Service, and other managers. They reported that immediate actions and corrections would be made.

Prepared by: //es// //es// Date: 12/11/2007
Verena Briley-Hudson Wachita Haywood
Director (54CH) Associate Director (54CH)

Recommend Approval/Disapproval

Dana Moore
Dana L. Moore, PhD
Deputy Assistant Inspector General
For Healthcare Inspections (54A)
VA Office of Inspector General

Date: 1/4/08

Approved/Disapproved

John D. Daigh, Jr., MD
John D. Daigh, Jr., MD
Assistant Inspector General
For Healthcare Inspections (54)
VA Office of Inspector General

Date: 1/4/08