2008-17010

CLOSE CASE
CLIFF
20 Aug 2008

JJL. 8/20/08

Administrative Memorandum-Case Closure
Healthcare Inspection-Alleged Denial of Extended Care Services,
VA Maryland Health Care System
Hotline Number: 2008-01399-HL-0345

Purpose

The Department of Veterans Affairs (VA) Office of the Inspector General (OIG), Office of Healthcare Inspections (OHI), conducted an oversight inspection at the VA Maryland Health Care System (VAMHCS). The inspection was in response to allegations that on January 28, 2008, VAMHCS clinicians refused to admit a patient to the VAMHCS extended care program for long term rehabilitation. More specifically, the complainant ([b)(3):5 U.S.C. App 3 (IG Act);(b)(6)] alleges that a particular physician influenced the screening committee's decision not to have the patient admitted. The purpose of this inspection was to determine whether the allegations had merit.

Background

The Geriatric Long Term Care (GLTC) Service Line oversees and coordinates a full range of evaluative and extended care services in an environment that promotes restraint-free care. Inpatient and outpatient clinical services are provided through a variety of venues, including six Nursing Home Care Units, hospice and palliative care, geriatric evaluation and management, respite care, a Comprehensive Integrated Inpatient Rehabilitation Program, a full-range of community care programs, and a memory disorders outpatient clinic. [1]

The GLTC Centralized Screening Committee reviews all applications for veterans referred for admission to any of the GLTC extended care programs. The screening committee is multidisciplinary and includes providers (physicians and nurse practitioners), nurses, social workers, and other staff. The GLTC committee meets daily to review all applications for veterans referred for admission. There are administrative and medical factors that are taken into consideration when deciding whether a patient is a candidate for admission. For example, veterans with service connected disabilities take priority over veterans with non-service connected disabilities. (The subject patient does not have a service connected disability). Moreover; veterans must be medically stable, and if there is a need for acute rehabilitation, must be able to participate in therapy 3-4 hours per day.

[1] http://vaww.vamhcs.med.va.gov/Departments/GeriLTC/default.htm

Case Review

The patient's medical record shows that on January 30, 2008, a social worker was notified by the (b)(3):5 U.S.C. App 3 (IG Act);(b)(6); that he was scheduled to be discharged from a community hospital to a community nursing home. The (b)(3):5 U.S.C. App 3 (IG Act);(b)(6); requested the patient's transfer to the VAMHCS for continued rehabilitative care.

We found no evidence to support the allegation that the complainant was told by a social worker that the patient would be transferred to the VAMHCS GLTC service when he was released from the private hospital.

On January 30, 2008, the patient's application for admission consideration was reviewed. The subject physician was not assigned to the screening committee on that day and did not take part in the committee's discussion. A January 30, GLTC Screening note shows that: "The veteran was screened today from [private facility] for rehabilitation. Recommendation: Application Disapproved. Reason: Veteran is currently on telemetry secondary to atrial fibrillation, has a wound vac in place, hand has a subclavian triple lumen in place. He has persistent congestive heart failure on his most recent chest x-ray. Veteran is not medically stable to participate in acute rehabilitation."

Following the meeting the screening coordinator called the patient's social worker at the private facility and informed her of the committee's findings and recommendations. The patient was transferred to a community rehabilitation center.

On February 4, 2008, the GLTC screening committee received another application on behalf of the veteran for admission for long-term rehabilitation. GLTC committee members reviewed the patient's application. The patient's medical record showed that he was participating very little in therapy. A staff physiatrist, who is a rehabilitation specialist, reviewed his records and determined that he was not a rehabilitation candidate. Moreover, since the patient was already in a community rehabilitation facility, clinicians determined that he was receiving the appropriate level of care and he was again denied transfer to the VAMHCS.

Conclusion

We did not substantiate the allegation that the subject physician influenced the committee's decision to deny the patient admission to the VAMHCS extended care program. GLTC screening committee members denied the patient's transfer for extended care services based on medical concerns that were unresolved at the time of their review and because of the patient's lack of

progress in rehabilitation. We determined that clinicians acted appropriately in their decision making process and therefore consider this case closed.

Nelson Miranda