Administrative Closure
Care of a Dying Patient
South Texas Veterans Heath Care System (671/00)
San Antonio, TX
MCI# 2013-01685-HI-0403

The VA Office of Inspector General Office of Healthcare Inspections received allegations from Congressman Randy Neugebauer on behalf of (b)(3):38 U.S.C. 5701 (b)(3):5 U.S.C. App 3 (IG Act); (b)(6): who died at the South Texas Veterans Health Care System, San Antonio, TX (facility).

The complainant alleged that (b)(3):38 U.S.C. 5701 (b)(3):5 U.S.C. health deteriorated while in the Community Living Center (CLC) and that the CLC did not provide rehabilitation, overmedicated (b)(3):38 U.S.C. 5701 (b)(3):5 U.S.C. with morphine, was short-staffed, did not help or feed veterans, and did not treat veterans with dignity and respect.

We contacted the complainant, (b)(3):5 U.S.C. App 3 (IG Act); (b)(6): prior to our onsite visit. We reviewed VHA and facility policies and the electronic health record, including scanned documents from multiple community hospital emergency department visits/admissions. We reviewed all facility incident reports, CLC quality indicators, CLC staffing, and root case analyses (RCAs) completed for fiscal year 2012 through April 2013. We visited the facility on April 16–18, 2013; conducted interviews with key leadership, CLC staff, and staff involved in the care of (b)(3):38 U.S.C. 5701; and inspected the CLC.

(b)(3):38 U.S.C. 5701 man with dementia, hypertension, diabetes, chronic back pain, incomplete paraplegia, chronic kidney failure, recurring kidney stones, recurring urinary tract infections, chronic obstructive pulmonary disease, dysphagia, gout, depression, and deconditioning. He had a history of multiple aspiration pneumonias and urosepsis. In (b)(3):38 U.S.C. 5701, he was admitted to a community hospital from a community nursing home for urosepsis. He was subsequently transferred to the facility's inpatient spinal cord unit for continuation of treatment. At the family's request, discharge was delayed until a room was available in the facility CLC for ongoing skilled nursing care. Initially the transfer to CLC was for long-term care. Later, he briefly transferred back to the inpatient unit, then returned to the CLC on (b)(3):38 U.S.C. 5701 for hospice care.

(b)(3):38 U.S.C. 5701 multiple medical conditions and declining health precluded participation in post-hospitalization rehabilitation therapy. We found that CLC providers, the patient and his daughter developed a mutually agreed upon care plan focused on restorative aide care while in the CLC. We did not find misuse of morphine for pain management. Staff interviews and documentation supported ongoing assessments and readjustment of medications based on his pain assessments.

We did not find the CLC short-staffed. The nurse manager had vacant positions during the previous year but was always able to assign staff or worked the unit herself to cover the vacancies when needed. Further, one of the two CLC units is becoming an all hospice patient unit. Nursing leadership is currently reviewing the staffing methodology for that unit based on the population change.

We did not find that CLC staff did not assist with or feed patients. (b)(3):38 U.S.C. 5701 had a diagnosis of dysphagia. His family did not want a surgically-inserted feeding tube, and he consistently pulled out the nasal-gastric tube. At the request of the family, the tube was not re-inserted, and diet orders were for "pleasure" feedings only, consistent with hospice care goals. Documentation showed the he received meals and staff attempted to feed him.

We did not find that CLC patients were not treated with dignity and respect. We did not find incident reports related to poor care, medication errors, or overdoses. We did not find RCAs conducted on any aspect of care in the CLC. Further, during our onsite inspection, we observed nursing staff treating CLC patients with dignity and respect.

(b)(3):38 U.S.C. 5701 health did decline during the 3 months he was in the CLC; however, he continued to receive some medical interventions at the family's request despite his hospice status. The CLC team worked very hard to help the family understand that the father was actively dying.

Based on our review, we recommend administrative closure.

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Healthcare Inspection 4/25/13