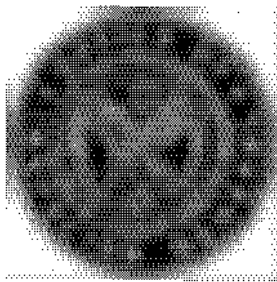


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**Administrative Closure  
Seattle Dermatology Quality of Care  
VA Puget Sound Health Care System  
Seattle, Washington  
MCI# 2013-01693-HI-0396**

## **Introduction and Background**

The VA Office of Inspector General Office of Healthcare Inspections (OHI) received allegations from [b)(3); 38 U.S.C. App. § 562(a)(2); (b)(6)] that after a biopsy indicated skin cancer, a delay in processing a referral for fee basis treatment with Mohs surgery<sup>1</sup> by the VA Puget Sound Healthcare System (the facility) contributed to significant progression of the disease and eventually culminated in the patient's death.

The facility is part of Veterans Integrated Service Network (VISN) 20. It provides primary and tertiary care services and is the largest referral medical center in VISN 20, serving the states of Washington, Oregon, Idaho, Alaska, and Montana.

We reviewed information provided by the complainant, the patient's VA electronic health record (EHR), facility management documents and policies, Veterans Health Administration policies, Dermatology Service records, and other pertinent documents. We conducted a site visit April 23–24, 2013.

## **Inspection Results**

**Case Review:** The patient was a man in his fifties with a history of receipt of an orthotopic liver transplant in [b)(3); 38 U.S.C. 5701; (b)(6)] due to hepatitis C caused cirrhosis and hepatocellular carcinoma. He was receiving immunosuppressive therapy to prevent rejection of his transplanted liver, and was followed by the facility's Hepatology (Liver) Clinic.

On [b)(3); 38 U.S.C. 5701; (b)(6)], the Hepatology Clinic sent a first time consult for the patient to be seen in the facility's Dermatology Clinic for evaluation of a skin lesion on his forehead. On

<sup>1</sup> "Mohs surgery is a precise surgical technique used to treat skin cancer. During Mohs surgery, layers of cancer-containing skin are progressively removed and examined until only cancer-free tissue remains. Mohs surgery is also known as Mohs micrographic surgery. The goal of Mohs surgery is to remove as much of the skin cancer as possible, while doing minimal damage to surrounding healthy tissue." From: <http://www.mayoclinic.com/health/mohs-surgery/MY01304> (accessed 6/9/2013)

(b)(7)(F), (b)(7)(G)

, the patient presented to the Dermatology Service with a lesion on his forehead that reportedly had been present for at least four months and had increased in size over time. A punch biopsy was performed that same day. Pathology examination of the biopsy tissue revealed both squamous cell carcinoma and morpheaform basal cell growth patterns.<sup>2</sup>

On (b)(7)(F), (b)(7)(G)

, the patient was seen in Primary Care for the removal of a stitch from his skin biopsy site. Documentation in the EHR indicated that the site was healing well. A (b)(7)(F), (b)(7)(G) Dermatology Telephone Contact Note stated a fee-basis consult was sent for Mohs surgery, and the surgical procedure was discussed with the patient. Due to both the histology of the patient's skin cancer (i.e., morpheaform basal cell carcinoma) as well as the patient's chronic immunosuppressed state, his skin lesion(s) carried a high risk for aggressive growth and spread.

The facility did not offer Mohs surgery. Thus, the patient was recommended for this surgery via fee basis to the (b)(7)(F), (b)(7)(G).

We could not locate documentation in the patient's EHR that the fee basis consult for Mohs surgery was indeed sent on or around (b)(7)(F), (b)(7)(G). We found that it was sent to (b)(7)(F), (b)(7)(G) two months later on (b)(7)(F), (b)(7)(G). The consult was approved that same day and the Mohs surgery was completed in early (b)(7)(F), (b)(7)(G).

(b)(7)(F), (b)(7)(G)

On (b)(7)(F), (b)(7)(G), the patient began radiation treatments at the facility. These treatments concluded on (b)(7)(F), (b)(7)(G). On (b)(7)(F), (b)(7)(G), the patient was seen in the facility's Dermatology Clinic after he discovered a lump near his Mohs surgery scar. On (b)(7)(F), (b)(7)(G) a biopsy of this lump was performed. Because the pathology report was suspicious for squamous cell carcinoma (which could indicate a recurrence of the patient's skin cancer or a new focus of cancer), on (b)(7)(F), (b)(7)(G) a second biopsy of the region was performed. The results of the pathology report from that biopsy indicated squamous metaplasia of eccrine ducts (sweat gland ducts) with rare atypical squamous nests, suspicious for invasive squamous cell carcinoma. A third biopsy was recommended.

<sup>2</sup> Morpheaform basal cell carcinoma (BCC) is an aggressive subtype of BCC. See: Basal Cell Carcinoma, Yalçın Tüzün, Zekayi Kutubay, Burhan Engin and Server Serdaroglu, Istanbul University, Cerrahpaşa Medical Faculty, Department of Dermatology, Turkey. [http://cdn.intechopen.com/pdfs/25260/InTech-Basal\\_cell\\_carcinoma.pdf](http://cdn.intechopen.com/pdfs/25260/InTech-Basal_cell_carcinoma.pdf) (accessed 6/9/2013)

On [REDACTED], the patient's case was reviewed at the facility's Pathology Conference. On [REDACTED] the patient was seen again in the Dermatology Clinic. He consented to a third biopsy which was scheduled for [REDACTED].

On [REDACTED], the patient was seen again in the Dermatology Clinic and at that time he reported that the bump previously biopsied had been removed as a result of the two earlier biopsies and that it had not returned. Since the bump had not returned, the patient indicated great reluctance to undergo the scheduled [REDACTED] biopsy. After much discussion, it was determined his condition would be monitored and he would return to the Dermatology Clinic in six weeks.

On [REDACTED] the patient returned to the Dermatology Clinic. He had fullness and tenderness of the right side of his face. A magnetic resonance imaging (MRI) scan was performed that same day, and it revealed an intraparotid nodule (a nodule in the parotid gland).

The patient was referred to the facility's Otolaryngology (Ear, Nose, and Throat) Clinic for evaluation, and he was seen there on [REDACTED]. At that time he requested to have his care transferred to [REDACTED]. On [REDACTED] the patient underwent parotidectomy (resection of the parotid gland), neck dissection, and surgical treatment of facial paralysis. This was followed by a six week course of radiation therapy from [REDACTED].

On [REDACTED] the patient returned to the facility's Hepatology Clinic with the results of a recent computed tomography (CT) scan obtained [REDACTED] that revealed multiple enhancing arterial lesions in his liver. On [REDACTED] the patient was admitted to the facility due to right-sided abdominal pain and concern for transplant rejection. He was found to have moderate right pleural effusion, and, ultimately, acute rejection was not felt to be the cause of his pain. He had allodynia (pain occurring with light touch of the skin) and herpes zoster was considered. The patient was treated empirically with acyclovir for herpes zoster, as well as Dilaudid and oxycodone. Also, a thoracentesis of his pleural effusion appeared to help. He was discharged on [REDACTED].

On [REDACTED], the patient was seen by Primary Care. The assessment noted squamous cell cancer of the scalp with locoregional metastases, with two excisions and radiation therapy; probable recurrent hepatitis C cirrhosis following liver transplantation; right-sided pleural effusion ("probably hepatic hydrothorax"); all in the face of orthotopic

liver transplantation in [b)(3);38 U.S.C. 5705]. His primary care provider noted the patient was under the care of multiple physicians and clinics including the facility, Portland VA Transplant Hepatology, the facility's Dermatology Clinic, [b)(3);38 U.S.C. 5705].

[b)(3);38 U.S.C. 5705] and noted that he would have a coordinating role in the patient's care.

The patient was hospitalized soon thereafter at [b)(3);38 U.S.C. 5705]. He subsequently died on [b)(3);38 U.S.C. 5705].

Facility's Reviews: On December 20, 2012, after notification of the patient's death, the facility initiated several reviews of the patient's care.

#### A Peer Review

[b)(3);38 U.S.C. 5705]

The facility performed a Root Cause Analysis (RCA) [b)(3);38 U.S.C. 5705]

[b)(3);38 U.S.C. 5705]

The facility's Morbidity and Mortality review was thorough [b)(3);38 U.S.C. 5705]

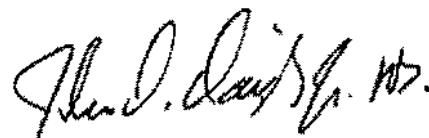
[b)(3);38 U.S.C. 5705]

[b)(3);38 U.S.C. 5705]

#### Conclusions

OHI substantiated the allegation that a provider delayed by two months the processing of a referral for fee basis Mohs surgery. However, in view of the patient's extensive comorbidities, namely a clearly failing liver, we cannot substantiate that the Mohs

surgery delay affected either the overall progression of the patient's illnesses or contributed to his death.



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6/12/13