



# Department of Veterans Affairs Office of Inspector General

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## Review of Allegations Regarding Quality of Care, Professional Conduct, and Contractual Issues for Cardiothoracic Surgery and Perfusion Services at the VA North Texas Health Care System Provided by the University of Texas—Southwestern Medical Center

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## Executive Summary

### Introduction

In response to anonymous allegations, the Office of the Inspector General (OIG) conducted a review of cardiothoracic (CT) surgery and perfusion services provided by the University of Texas Southwestern Medical Center (UTSW) at the VA North Texas Health Care System (VANTHS) in Dallas, Texas. The allegations involved quality of care issues with regards to CT surgery, professional conduct of the CT surgeons, and contractual issues for CT surgery and perfusion services. The review was conducted by the OIG's Office of Contract Review and the Office of Healthcare Inspections. Review steps were established to review both the clinical aspects and contractual aspects of CT surgery and perfusion services provided by UTSW. Our review included a review of contracts and other documents and interviewing clinical, administrative, and procurement officials.

### Results and Conclusions

Our review did not substantiate any of the allegations of poor quality of care or unprofessional conduct by the UTSW CT surgeons. While we determined that scheduled CT surgeries are delayed because of the unavailability of a CT surgeon from UTSW, we did not substantiate any unreasonable delays or negative outcomes due to the delays. However, we substantiated four issues with regards to UTSW contract for CT surgery and perfusion services. We found that VANTHS has not had a long-term contract with UTSW for CT surgery since September 2010 and even lacked any contract for CT surgery during Fiscal Year (FY) 2011. We found that there has been no determination that prices paid to UTSW for CT surgery services are fair and reasonable. We found that VANTHS has not had a continuing recruitment effort for CT surgeons or perfusionists. Lastly, we found that VANTHS is not adequately tracking perfusionist duties at VANTHS.

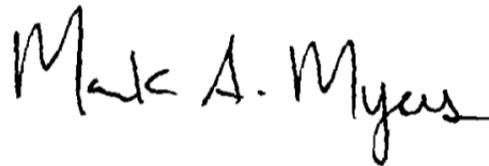
The contract related findings are similar to the findings reported in our review titled *Review of VHA Sole-Source Contracts with Affiliated Institutions*, dated July 21, 2011. VA Directive 1663 mandates policy which includes an OIG review for all sole-source proposals from affiliated institutions that are valued at \$500,000 or more. While the scope of our review was limited to CT Surgery services from UTSW, we note that our office has not conducted any pre-award reviews of services provided by UTSW at VANTHS since FY 2007 when our office conducted reviews of 13 separate proposals from UTSW. All of those long-term contracts would have expired during FY 2010.

## **Recommendations**

We recommend that the network and facility directors take immediate action to award a long-term contract for CT surgery and perfusion services with UTSW that is in full compliance with the policy set forth in VA Directive 1663. We recommend that VANTHS take steps to actively recruit for both a CT surgeon(s) and a perfusionist(s). We recommend that VANTHS also implement a process to accurately track and account for perfusionist duties at VA and the duties that they perform while at VANTHS. We also recommend that the facility director review and determine the status and compliance of all healthcare services procured from UTSW and ensure that all contracts are awarded in compliance with VA Directive 1663.

## **Management Comments and OIG Response**

We received comments from the facility and VISN directors on September 11, 2015. They concurred with our findings and recommendations. Management agreed to begin recruitment of a CT surgeon and perfusionist(s) to reduce the contract requirement. Management also agreed to fully track the duties being performed by the contracted perfusionists. Management also provided a list of other sole-source healthcare services procurements from UTSW and their related status. The proposed action plans are acceptable and we will follow up on the planned actions until they are completed.



MARK A. MYERS  
Director, Healthcare Resources Division  
Office of Contract Review

## Introduction

### Purpose

In response to anonymous allegations, the Office of the Inspector General (OIG), Office of Contract Review (OCR) and Office of Healthcare Inspections (OHI) conducted a review of Cardiothoracic (CT) surgery and perfusion services provided by University of Texas Southwestern Medical Center (UTSW) at the VA North Texas Health Care System (VANTHS) in Dallas, Texas. The allegations involved quality of care issues with regards to CT surgery, professional conduct of the CT surgeons, and contractual issues for CT surgery and perfusion services.

### Background

VA has authority to enter into noncompetitive sharing contracts with affiliated institutions for healthcare resources under section 8153, title 38, United States Code (38 U.S.C. § 8153). In August 2006, VA adopted VA Directive 1663 which set forth policy for sole-source contracting under 38 U.S.C. § 8153. Prior to entering into a sole-source contract for healthcare resources, VA Directive 1663 requires VA to demonstrate that hiring a qualified clinician was not successful or feasible and that it was not feasible to send the patient to another VA facility. VA must also demonstrate the need for the services of a faculty member to justify a sole-source procurement. UTSW is an affiliate of VANTHS and VANTHS does participate in UTSW's CT surgery resident training program. The contract for CT surgery and perfusion with UTSW was awarded as a sole-source contract under the authority of 38 U.S.C. § 8153. Therefore, policy set forth in VA Directive 1663 was applicable.

Since October 2007, VA has entered in six separate contracts with UTSW for CT surgery and perfusion services totaling \$16,660,972. As summarized in Table 1, the duration of the contracts ranged from 9 months to 39 months. With exception of contract VA257-P-0129, which expired on September 30, 2010, none of the contracts have exceeded a 1-year period. All the contracts were valued at more than \$500,000 and should have been referred to the OIG Office of Contract Review for a pre-award review as required by VA Directive 1663.

**Table 1**  
**CT Surgery Contracts with UTSW**

	<b>Contract</b>	<b>Dates</b>	<b>Months</b>	<b>Amount</b>
1	VA257-P-0129	10/01/07-09/30/10	36	\$7,597,024
2	None/Interim	10/01/10-09/30/11	9	1,180,796
3	VA257-12-D-0013	10/01/11-09/30/12	12	2,280,170
4	VA257-13-C-0016	10/01/12-05/31/13	8	1,662,201
5	VA257-13-C-0109	06/01/13-06/30/14	12	2,440,784
6	VA257-14-C-0140	07/01/14-03/31/15	9	1,499,997
			<b>Total</b>	<b>\$16,660,972</b>

### **Scope and Methodology**

We reviewed contract files and other documents from the Electronic Contract Management System (eCMS) and documents provided by the Contracting Officer (CO). We reviewed the applicable requirements contained in 38 U.S.C. § 8153, the Federal Acquisition Regulation (FAR), the VA Acquisition Regulation (VAAR), and VA Directive 1663. OHI and OCR conducted on-site interviews with both VA and UTSW employees. We interviewed a total of 21 individuals that included:

- Chief of Staff, VANTHS
- Deputy Chief of Staff, VANTHS
- Chief of Surgery, VANTHS
- Chief of Cardiology, VANTHS
- Chair of Cardiothoracic Surgery, UTSW
- Chief Perfusionist, UTSW
- Administrative Officer for CT Surgery, VANTHS
- Chief of Human Resources, VANTHS
- Patient Care Coordinator, VANTHS
- Contract Specialist, VANTHS
- Chief of Quality Safety and Value, VANTHS
- Chief of Infectious Diseases, VANTHS
- Director of Infection Prevention, VANTHS

Additional clinicians were interviewed including an anesthesiologist, CT surgeon, technicians, nurses, and contracting personnel. We also interviewed additional procurement officials in the Veterans Integrated Service Network (VISN) 17 Contract Office.

## Results and Conclusions

In August 2014, the OIG received allegations from an anonymous source regarding VA's contract with UTSW for CT surgery and perfusion services. The anonymous source made allegations concerning quality of care issues, the professional conduct of the CT surgeons, and improper contracting. After we received the allegations, OCR and OHI conducted a review of the contract documents and conducted initial interviews with clinical leadership at VANTHS. In October 2014, we conducted a site visit to VANTHS. During our site visit we reviewed additional clinical and other documentation related to the administration of the CT surgery contract. We conducted 21 interviews of administrative staff, clinical staff, and senior leadership at VANTHS. Our review did not substantiate the allegations regarding the quality of care or the professional conduct of the CT surgeons or perfusionists. However, we substantiated several issues related to improper contracting. The details and results of our review are discussed in this report.

### **I. Quality of Care Issues**

The anonymous complainant made several allegations regarding quality of care issues with the CT surgeons provided by UTSW. The specific allegations were:

1. CT surgeons perform surgery without first seeing the patients and do not write physician notes in Computerized Patient Record System (CPRS) as some surgeons do not even have access to CPRS.
2. There are many infections and surgeons sometimes change surgical infections to a lesser type of infection.
3. Surgeries are delayed at VA because UTSW CT surgeons have obligations at UTSW's University Hospital.

OHI established a work plan to evaluate each of these allegations. On October 1, 2014, OIG conducted a conference call with the Chief of Cardiology who expressed some concerns regarding CT surgery care in five recent cases. His concerns were specifically related to UTSW CT surgeons' delays in responding to consults and delays in performing cardiac surgery. The Chief of Cardiology provided the records for the five recent cases, three of whom had undergone CT surgery. He also provided the facility policy on consults and the service agreement between cardiology and CT surgery.

**CT surgeons perform surgery without first seeing the patients and do not write physician notes in CPRS and some surgeons do not even have access to CPRS.** This allegation was not substantiated. The records showed that the CT surgeons saw all three surgical patients pre-operatively. The records also documented that the CT surgeons wrote appropriate consult and progress notes in the health record, which also demonstrates they have access to CPRS. However, we observed consult requests to CT surgery that were sometimes initially answered by fellows and did not always contain the required co-signature of the attending staff surgeon.

**There are many infections and surgeons sometimes changed surgical infections to a lesser type of infection.** This allegation was not substantiated. We interviewed the Infection Prevention Nurse and the Chief of Infectious Diseases. They explained the process of surgical wound infection determination and stated that the CT surgeons do not have authority to unilaterally change the infection type. They stated that the attending surgeon is provided the opportunity to comment on infection type. They provided examples where the UTSW CT surgeon's suggested changes regarding an infection type were not accepted; therefore, the infection type remained as initially determined. We also reviewed pertinent infection data and noted that surgical site infections are closely monitored.

**Surgeries are delayed at VA because UTSW CT surgeons have obligations at other facilities.** Based on our interviews, we determined that there have been instances of cancelled CT surgeries at VA. We determined that the CT surgeons do have responsibilities regarding transplants at UTSW's hospital and that there have been cancellations due to CT surgeon's unavailability because of transplants at UTSW. According to interviews, it appears cancellations due to the unavailability of a CT surgeon occur once or twice a month. The Chief of CT Surgery and other interviewees were not aware of any negative outcomes because of delayed surgery. The Chief of CT Surgery stated there are additional cancellations and rescheduling of CT surgeries at VA because a higher priority VA patient needs to be operated on; therefore, a lower priority patient will have to be rescheduled. While our review found that CT surgeries are rescheduled at times because of CT surgeon unavailability due to transplant surgeries, we did not substantiate any unreasonable delays or any negative outcomes because of delays.

## **II. Professional Conduct Issues**

Our on-site interviews included interviewing 12 individuals who were not UTSW employees and who had direct clinical or administrative responsibilities in the area of CT surgery. We did not substantiate any pattern of professional misconduct or questionable behavior by the UTSW CT surgeons. Most spoke to the integrity and competence of the CT surgeons and that they remained calm under stressful situations. None of the employees we interviewed questioned the conduct of the UTSW CT surgeons. Therefore, we did not substantiate allegations regarding the professional conduct of the CT surgeons or perfusionists.

## **III. Contracting Issues**

Our review found that recent contracts awarded to UTSW for CT surgery and perfusion services were awarded improperly. The issues identified by our review parallel the findings reported in our review titled *Review of VHA Sole-Source Contracts with Affiliated Institutions*, dated July 21, 2011. Our review of the CT and perfusion services with UTSW found that that no long-term contract has been in place since 2010, that no determination of fair and reasonable pricing has been conducted since the last long-term contract was awarded in 2007, that VANTHS has not documented it has made any on-going good faith efforts to hire a CT surgeon(s) or perfusionists, and that the perfusionist hours are not adequately monitored.

### **a. No Long-Term Contract UTSW for Cardiothoracic Surgery Services since September 2010.**

Our review of the procurement history for CT surgery services at VANTHS found that the last long-term contract awarded was on October 1, 2007. The contract was for a 1 year base with two 1-year option periods. Both option periods were exercised and the contract terminated on September 30, 2010. Since then VANTHS has entered into multiple short-term contracts with UTSW as shown in Table 1 on page 1.

VA Directive 1663 requires a legal review, a technical review, and an OIG pre-award review for all sole-source healthcare contracts at or above \$500,000. The legal and technical reviews for sole-source healthcare contracts over \$500,000 are also mandated by VAAR 801.602-73. VA Directive 1663 provides for a class deviation from VAAR 801.602-73 for Interim Contract Authority for emergency situations. The Interim Contract Authority as outlined in VA Directive 1663 allows for a 6-month interim contract to a maximum of 12 months without the legal and technical reviews mandated by VAAR 801.602-73 and VA Directive 1663. The last long-term contract, VA257-P-0129, expired on September 30, 2010. The documentation in the contract file paints a picture of confusion. Beginning on October 1, 2010, there is no record of a contract in

place with UTSW for CT surgery and perfusion services. The CO appears to be establishing a new Purchase Order (PO), as needed, to fund the CT surgery services. Internal VANTHS memos in February and March 2011 indicate that CT surgery services were procured under an interim short-term contract. However, the contract files do not contain any evidence of an interim contract. On April 21, 2011, the Product Line Manager for Medical Services requested approval for a *second* interim contract for CT surgery from the Medical Sharing Office (MSO). The Director of MSO acknowledged the request and stated there is no record of a prior interim contract for CT Surgery at VANTHS. The Product Line Manager stated that the CO would provide the documentation for the prior/current interim contract. The CO e-mailed the MSO Director the following day and stated that there is no record of a prior interim contract. She further stated that this request is simply a resubmission of the initial interim requested that was submitted a year ago. MSO approved the request for a short-term interim contract on April 29, 2011. Regardless, there is no record of an interim contract being negotiated or executed between VANTHS and UTSW. Records in eCMS show that the CO was simply processing POs to fund the CT surgery services at VANTHS. Two modifications were prepared in eCMS to extend services through September 20, 2011; but there is no contract number listed on the modification forms nor do they appear to have been formally executed. There is no record of a contract award until October 1, 2011.

On October 1, 2011, VA and UTSW executed contract VA257-12-D-0013. This contract was valued at \$2.8 million for a 1-year period. There is no indication of compliance with VA Directive 1663 or VAAR 801.602-73. More specifically, our review of the contract file found no legal or technical review, and OIG pre-award review was not requested as required.

The next three contracts were all initially awarded for a period of three months or less. The estimated value at initial award for each of these was under the \$500,000 threshold to avoid the requirement for legal, technical, and OIG reviews. Table 2, on the following page, shows the contracts at initial award and the subsequent modifications to add time and funding which circumvented the legal, technical, and OIG pre-award reviews required by VA Directive 1663 by making an initial award just under the \$500,000 threshold and/or lack of appropriate and competent contract planning.

**Table 2 - CT and Perfusion Contracts Awarded Under \$500,000**

<b>Contract</b>	<b>Modification</b>	<b>Duration</b>	<b>Term</b>	<b>Amount</b>
VA257-13-C-0016	AWARD	October 1 - November 30, 2012	2 mos.	\$415,550
	P00001	December 1, 2012 - May 31, 2013	6 mos.	1,246,651
<b>Contract Total</b>				<b>\$1,662,201</b>
VA257-13-C-0109	AWARD	June 1 - August 31, 2013	3 mos.	\$495,000
	P00001	June 1 - September 30, 2013	4 mos.	25,304
	P00002	Additional Funding		128,827
	P00003	October 1, 2013 - March 31, 2014	6 mos.	499,653
	P00004	Additional Funding		469,000
	P00005	April 1 - June 30, 2014	3 mos.	823,000
<b>Contract Total</b>				<b>\$2,440,784</b>
VA257-14-C-0140	AWARD	July 1 - September 30, 2014	3 mos.	\$499,999
	P00001	October 1 - December 31, 2014	3 mos.	499,000
	P00002	January 1 - March 31, 2015	3 mos.	499,000
<b>Contract Total</b>				<b>\$1,497,999</b>

The contract files do not contain any evidence that VISN 17 submitted requests to MSO for interim contract authority as required by VA policy except in April 2011. MSO indicated in April 2011 that VANTHS would be put on the watch list. However, there is no indication that MSO followed up on the issue or taken action regarding VISN 17's noncompliance with VA Directive 1663.

**b. No Determination of Fair and Reasonable Pricing.**

Under FAR 13.106-3, Award and Documentation, the CO must determine whether the proposed price is fair and reasonable before awarding the contract. In addition, FAR 15.406-3, documenting the negotiation, states that the contracting officer shall document in contract files Price Negotiation Memorandum (PNM) the principle elements of the negotiated agreement. The PNM should include a summary of the contractor's proposal, any field pricing assistance recommendations, the Government's negotiation objective and the negotiated position, determination of fair and reasonable on cost analysis by each major cost element.

The contract files did not contain any evidence that the contract specialist conducted any price analysis or made a determination that the awarded prices were fair and reasonable for any of the short-term contracts that were effective as of January 1, 2011. For example, there were no PNMs or any other documentation of a fair and reasonable contract price determination in the contract files. During our site visit interview with

the contract specialist and his supervisor, they stated that there were no documents related to these contracts other than what was in eCMS. The contract specialist confirmed that there are no PNMs or contract documents related to price reasonableness in eCMS.

**c. No Continuing Recruitment Effort Performed.**

**CT Surgeons.** VA Directive 1663 states that VA should only contract when a qualified clinician cannot be recruited. During our site visit interviews, several VA personnel expressed their opinion that VA should hire at least one full time CT surgeon of its own. We reviewed the contract records and found documentation that a recruitment effort was conducted during 2008 for a CT surgeon. Records show numerous CT surgeons applied and were interviewed for the position. However, none were selected. Several VA employees told us that UTSW was not supportive of VA hiring a CT surgeon. A VA CT surgeon would require a faculty appointment from UTSW because of VA's participation in UTSW's resident CT surgery training program. Specifically, the Chief of Staff told us that he was supportive of VA hiring its own CT surgeon and that he was part of the discussion with UTSW in 2008 regarding the CT surgeon applicants. The Chief of Staff further stated that VA believed they had identified a qualified CT surgeon in 2008; however, UTSW did not agree to grant a faculty appointment because they were not satisfied with the CT surgeon's credentials or skills. The Chief of Staff stated that VA could not hire the CT surgeon without a faculty appointment as it would jeopardize the academic program between VA and UTSW for CT surgery. No recruitment effort for CT surgeons has been attempted since 2008.

The Chair of Cardiovascular and Thoracic Surgery at UTSW, who is also VA's Chief of CT Surgery, told us in an interview that he was supportive of exploring the possibility of VA hiring its own CT surgeon. He stated that he was a CT surgeon with UTSW in 2008 but was not the Department Chair who was making decisions back then. He stated that one option that has been briefly discussed as a possibility would be a CT surgeon with a 5/8<sup>th</sup>'s appointment at VA. We recommend that VA take steps to explore the feasibility of hiring a full time or part-time CT surgeon and coordinate with UTSW to find a qualified candidate who can receive a faculty appointment. While a part-time or even a full-time CT surgeon will not completely eliminate the need for a CT surgery contract with UTSW, it will reduce the contract requirement and reduce the risk of CT surgery cancellations because UTSW CT surgeons are unavailable.

**Perfusionists.** The pre-award review that we conducted in 2007 made recommendations that VANTHS take measures to hire perfusionists directly or compete the requirement. VA Directive 1663 states that VA should only contract when a qualified clinician cannot be recruited. We found a memo dated November 24, 2009, which stated a recruitment effort for perfusionists was unsuccessful because there were no applicants but there was no supporting documentation. However, based on our interviews with VA and UTSW

employees was not and does not appear to be any serious intent to hire perfusionists. Several interviewees stated that they believed using UTSW perfusionists was best because it promoted a strong team approach because the CT surgeons work with the same perfusionists at VA and UTSW. The merit of this rationale is not supported because there are other clinicians that are VA employees (nurses and tech scrubs) in CT surgery that are very much part of the team and regularly work with the UTSW CT surgeons at VA. The only other concern raised was the amount of Full Time Equivalent (FTE) needed to completely eliminate the need to contract for perfusionists. While this may be true to some extent, it does not justify contracting for all perfusionists. The workload is such that VANTHS could hire one or more perfusionists to reduce the contracted FTE requirement. Having at least one or more perfusionists on staff provides continuity and additional accountability regarding perfusion services for CT surgery.

#### **d. Perfusionist Hours Not Adequately Tracked.**

Our review of the sign-in sheets for perfusionists found many days where more than one perfusionist was signed in as on duty at the same time. During a 13 month period we also identified nine days where perfusionists were signed in days where no surgery had occurred. UTSW's chief perfusionists stated to us that overlap of perfusionists is normal as well as perfusionists being signed in on non-surgery days. She stated surgery days are Monday through Thursdays at VA and every other Monday is reserved for Transcatheter Aortic Valve Replacement (TAVR) procedures. A perfusionist is not needed for the TAVR procedure but the perfusion pump must be primed and ready and a perfusionist on stand-by in case the TAVR procedure is switched to a by-pass procedure. She stated that these days can be boring for a perfusionist as they simply are waiting around. She stated the perfusionists are permitted to wait in the nurse's lounge or other parts of the hospital.

Surgeries typically begin between 7:30 a.m. and 10:00 a.m. On surgery days, perfusionists arrive around 6:30 a.m. to prepare the pump. Bypass surgeries can last into late afternoon or early evening; therefore, another perfusionist is normally scheduled to come to VA around 2:00 p.m. to relieve the first perfusionist, which would account for some overlap of perfusionists. The chief perfusionist stated it is also the perfusionist's responsibility to clean and perform the basic maintenance of the perfusion pumps. This includes sanitizing the heater cooler(s) weekly and total stripping of the pump(s) on a monthly basis. She estimated it takes at least 4 hours to perform the thorough cleaning and normally requires 2 perfusionists because of the weight and lifting of the pumps. This cleaning has to be done when the perfusionist is not in surgery or on TAVR stand-by. She stated this would account for the days when perfusionists are signed in when no surgery was scheduled as well as days when 3 or more perfusionists were signed in simultaneous during a surgery day. She also stated that on some Thursdays there can be two bypass surgeries occurring.

The COR stated that he has no records or ability to know why there are multiple perfusionists signed-in or what they are doing at any given time. Both the COR and Chief Perfusionist stated there are no cleaning or maintenance records of the perfusion pumps that would indicate a perfusionist was performing cleaning and maintenance for a particular day. The COR stated he had received one complaint in the past about multiple perfusionists being signed in. He stated he reviewed the matter and did not find anything wrong but could not recall the specifics of his findings.

While we were unable to substantiate the allegation that UTSW inappropriately billed VANTHS, the COR's inability to verify and validate the perfusionists hours and the work that they performed while at VANTHS represents a weakness in contract administration. Additional steps and policy should be developed so that the COR or other oversight activity can readily verify and validate the perfusionist hours. Examples would be cleaning and maintenance logs of the perfusion pumps, having each perfusionist identify duties performed on the sign-in log, or require an end-of-shift report from the perfusionist identify surgeries and other duties performed during the day.

#### **IV. Conclusions**

Our review of allegations substandard clinical care and unprofessional conduct of the UTSW CT Surgeons determined that they were unsubstantiated. However, we substantiated allegations regarding improper contracting. We found that there has been no long-term contract for CT surgery and perfusion services with UTSW since 2010 and that there was no evidence or documentation that prices paid were fair and reasonable. The records show that for the last three years there was a deliberate attempt to shield the CT surgery contract from review by making awards using modifications for only a few months at a time to keep the award amount below the review threshold of \$500,000. We found that VANTHS has not conducted a continued recruitment effort for CT surgeon(s) or perfusionist(s). Records indicate VANTHS did attempt to recruit and hire a CT surgeon in 2008; however, UTSW did not support VANTHS in hiring a CT surgeon and essentially blocked VANTHS from hiring. We also determined that VANTHS was not adequately monitoring the hours of the perfusionist.

## Recommendations

We recommend that the Director, VA Heart of Texas Health Care Network (VISN 17) and the Director, VANTHS take immediate steps to:

1. Prioritize awarding a long-term contract for CT surgery and perfusion services that is fully compliant with VA Directive 1663;
2. Recruit a full-time or part-time CT surgeon(s);
3. Recruit a VA perfusionist(s);
4. Fully track the duties of contracted perfusionists that are performed while at VANTHS; and,
5. Determine status and compliance related to all healthcare contracts and services provided by UTSW at VANTHS.

## Acronyms

CO .....	Contracting Officer
COR .....	Contracting Officer’s Representative
CPRS .....	Computerized Patient Record System
CT .....	Cardiothoracic
eCMS .....	Electronic Contract Management System
FAR .....	Federal Acquisition Regulation
FTE .....	Full Time Equivalent
FY .....	Fiscal Year
MSO .....	Medical Sharing Office
OCR .....	Office of Contract Review
OHI .....	Office of Healthcare Inspections
OIG .....	Office of Inspector General
PNM .....	Price Negotiation Memorandum
PO .....	Purchase Orders
PWS .....	Performance Work Statement
TAVR.....	Transcatheter Aortic Valve Replacement
U.S.C.....	United States Code
UTSW .....	University of Texas Southwestern Medical Center
VA.....	US Department of Veterans Affairs
VAAR .....	VA Acquisition Regulation
VANTHS .....	VA North Texas Health Care System
VHA.....	Veterans Health Administration
VISN .....	Veterans Integrated Service Network

## Management Comments

**Department of  
Veterans Affairs**

## Memorandum

**Date:** September 11, 2015

**From:** Director, VA North Texas Health Care System (549/00)

**Subject:** **OIG Review of UTSW for Cardiothoracic Surgery and Perfusion Services at the VA North Texas Health Care System, Dallas, TX**

**To:** Scott Coker, DVAOIG – Contract

**Thru:** Acting Network Director, VISN 17 (10N17)

1. I have reviewed and concur with the findings in this report. Specific corrective actions have been provided for the recommendations.

2. Should you have any questions, please contact Deanna Boyer, Chief, Quality, Safety & Value at (214) 857-0200.

  
Jeffrey L. Milligan

Approved / Disapproved:  Date   
Wendell Jones, M.D.  
Acting Network Director

### Comments to OIG's Report

**OIG Recommendations:** We recommend that the Director, VA Heart of Texas Health Care Network (VISN 17) and the Director, VA North Texas Health Care System take immediate steps to:

**Recommendation 1:** Prioritize awarding a long-term contract for CT Surgery and Perfusion Services that is fully compliant with VA Directive 1663;

Concur

Target date for completion: September 18, 2015

Facility response: An announcement to recruit for the full time Cardiothoracic Surgeon and the full time Perfusionist will be posted on 9/11/2015. The acquisition package for the medical sharing agreement (1663) was signed by the Chief of Human Resources on 9/9/2015 and routed for Medical Center and VISN 17 required signatures. The acquisition package will be sent to Contracting for processing by September 18, 2015.

**Recommendation 2:** Recruit a full-time or part-time CT Surgeon(s);

Concur

Target date for completion: September 30, 2016

Facility response: We will begin recruitment of a CVTS surgeon in an attempt to reduce the reliance on contract services.

**Recommendations 3:** Recruit a VA perfusionist(s);

Concur

Target date for completion: September 30, 2016

Facility response: We will begin recruitment in an attempt to reduce the reliance on contract services.

**Recommendation 4:** Fully track the duties of contracted perfusionists that are performed while at VANTHS;

Concur

Target date for completion: September 30, 2015

Facility response: Surgical service will begin the tracking process immediately. Tracking will be reviewed by Dr. Sasha Webb, Chief of Surgical Services.

**Recommendation 5:** Determine status and compliance related to all healthcare contracts and services provided by UTSW at VANTHS.

Concur

Target date for completion: September 18, 2015

Facility response: Contracting has accepted the acquisition package for the medical sharing agreement for Ophthalmology and Orthopedics.

An announcement to recruit for the Plastic Surgeons (general plastic surgeon and hand surgeon) was placed on 8/27/2015 and closes 9/30/2015. The acquisition package for the medical sharing agreement (1663) was signed by the Chief of Human Resources on 9/9/2015 and routed for Medical Center and



VISN 17 required signatures. The acquisition package will be sent to Contracting for processing by September 18, 2015.

An announcement to recruit for the part-time Otolaryngologist Services, which includes the ENT specialties of Neurotologist, Rhinologist, Laryngologist, and Otolaryngologist will be posted on 9/11/2015. The acquisition package for the medical sharing agreement (1663) was signed by the Chief of Human Resources on 9/9/2015 and routed for Medical Center and VISN 17 required signatures. The acquisition package will be sent to Contracting for processing by September 18, 2015.

An announcement to recruit for the part-time surgery sub-specialties General Surgery of Oncology Surgeon, Endocrine Surgeon, and Colorectal Surgeon will be posted on 9/11/2015. The acquisition package for the medical sharing agreement (1663) was signed by the Chief of Human Resources on 9/10/2015 and routed for Medical Center and VISN 17 required signatures. The acquisition package will be sent to Contracting for processing by September 18, 2015.

An announcement for the full time Neurosurgeon was placed on 4/20/2015 and closes on 9/30/2015. An announcement for the part-time Neurosurgeon was placed on 4/20/2015 and closes on 9/30/2015. The acquisition package for the medical sharing agreement (1663) was signed by the Chief of Human Resources on 9/10/2015 and routed for Medical Center and VISN 17 required signatures. The acquisition package will be sent to Contracting for processing by September 18, 2015.

An announcement for the full time Urologist was placed on 5/5/2015 and closed on 5/19/2015. A selection has not been made. An announcement for the part-time Urologist was placed on 5/5/2015 and closes on 9/30/2015. The acquisition package for the medical sharing agreement (1663) was signed by the Chief of Human Resources on 9/10/2015 and routed for Medical Center and VISN 17 required signatures. The acquisition package will be sent to Contracting for processing by September 18, 2015.



## **OIG Contact and Staff Acknowledgements**

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