



**Department of Veterans Affairs
Office of Inspector General**

Office of Healthcare Inspections

Report No. 15-00223-196

**Healthcare Inspection
Peer Review for Quality Management
Concerns
Huntington VA Medical Center
Huntington, West Virginia**

April 11, 2017

Washington, DC 20420

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Executive Summary

The VA Office of Inspector General conducted a healthcare inspection of the peer review process for quality management at the Huntington VA Medical Center (facility), Huntington, WV. We identified concerns while conducting a Combined Assessment Program review of the facility, which included an evaluation of Peer Review Committee activities. We found that in cases we evaluated that were referred for peer review, peer reviewers did not consistently address and document a comprehensive exploration of possible event causes.

We also found (1) incomplete Peer Review Committee oversight of initial peer reviews; (2) an inappropriate but otherwise qualified individual conducted initial peer reviews; (3) that an individual was uncomfortable about conducting a peer review; and (4) that a peer reviewer conducting an initial review lacked qualifications required of a peer relative to the episode of care under review.

We recommended that the Facility Director:

- Ensure that peer reviewers identify and evaluate surgical and non-surgical clinical events [redacted pursuant to 38 U.S.C. § 5705].¹
- Maintain full compliance with the Veterans Health Administration peer review directive when service-level committees conduct initial peer reviews, and consider ensuring secondary reviews of all such cases [redacted pursuant to 38 U.S.C. § 5705].²
- Ensure that the Peer Review Committee provides final Level of Care assignments in writing for all cases brought before it.
- Ensure that service chiefs select peer reviewers to conduct initial peer reviews and that peer review processes provide means for peer reviewers to withdraw when uncomfortable about conducting reviews.
- Ensure that initial peer reviewers possess the qualifications required of peers relative to the episode of care under review.
- Review all cases [redacted pursuant to 38 U.S.C. § 5705]³ and repeat the initial peer review process for those cases not conducted in compliance with the Veterans Health Administration's peer review directive.

¹ 38 U.S.C §5705 prohibits the unauthorized disclosure of VA medical quality assurance records.

² Ibid.

³ Ibid.

Comments

The Veterans Integrated Service Network and Facility Directors concurred with our recommendations and provided acceptable action plans (see Appendixes A and B, pages 8-11). We will follow up on the planned actions until they are completed.

OIG January 2017 Update: Based on information received from the Facility Director in December 2016, we consider Recommendations 1-4 closed. We will follow up on the planned actions for Recommendations 5 and 6 until they are completed.



JOHN D. DAIGH, JR., M.D.
Assistant Inspector General for
Healthcare Inspections

Purpose

The VA Office of Inspector General (OIG) conducted a healthcare inspection to evaluate the Veterans Health Administration (VHA) peer review process performed as part of the quality management program at the Huntington VA Medical Center (facility), Huntington, WV.

Background

Facility Profile. The facility is part of Veterans Integrated Service Network (VISN) 5 and serves patients in southwestern West Virginia, southern Ohio, and eastern Kentucky. The facility consists of a medical center located in Huntington, WV; two community based outpatient clinics located in Charleston, WV, and Prestonsburg, KY; and two rural health outreach clinics in Lenore, WV, and Gallipolis, OH.

The facility has 80 beds and provides medical and surgical care.⁴ The facility has a surgical complexity rating of “complex” and offers vascular, orthopedic, bariatric, and other surgical services.⁵ In addition, the facility provides primary, specialty, and mental health care. The facility is the principal teaching facility for the Marshall University School of Medicine for undergraduate and postgraduate medical education.

VHA Peer Review for Quality Management. A peer review conducted as part of a facility’s quality management program is a confidential, non-punitive process for evaluating health care provided by an individual provider.⁶ This type of review is protected from disclosure outside of the quality management process;^{7,8} it differs from a management review in that the results cannot be used for personnel actions such as reassignment, changes in privileges, performance pay determinations, or disciplinary actions.

A peer review can also identify problems with systems at the facility that are independent of provider practices.

⁴ Facility website <http://vaww.va.gov/directory/guide/facility.asp?ID=749&dnum=All>

⁵ VHA Directive 2010-018, *Facility Infrastructure Requirements to Perform Standard, Intermediate, or Complex Surgical Procedures*, May 6, 2010. The Directive established infrastructure requirements for VHA facilities providing in-house surgical services in relationship to the complexity of surgical procedures being performed; it expired May 31, 2015, and has not yet been updated.

⁶ VHA Directive 2010-025, *Peer Review for Quality Management*, June 3, 2010. The requirements described in the background material are found within this VHA Directive, unless otherwise noted. The Directive expired June 30, 2015, and has not yet been updated.

⁷ Federal law provides confidentiality for records and documents created as part of VHA’s medical quality assurance program in 38 U.S.C. § 5705 *Confidentiality of Medical Quality-Assurance Records* and its implementing regulations 38 C.F.R. §§ 17.500-17.511. VHA’s medical quality assurance program includes systematic health care reviews carried out by or for VHA for the purposes of improving the quality of medical care. The protected peer review process is part of VHA’s medical quality assurance program and, as such, documents generated through its processes are confidential and privileged.

⁸ For this report, the term peer review(s) is used to designate the peer review that is protected and may not be disclosed outside of the quality management process.

A peer review is a critical review performed by a peer or group of peers. A peer is a health care professional who has similar or more advanced education, training, experience, licensure, or clinical privileges or scope of practice to the provider being reviewed.

Peer reviewers assess actions taken by another provider relative to an episode of care. Episodes of care are referred for peer review by providers or facility leaders with clinical or administrative concerns about the care. VHA also requires facilities to use objective screening criteria, for example, lack of concordance between the patient's pre-mortem and post-mortem diagnoses, lack of documentation indicating that the patient's death was expected, or a patient death within 30 days following a surgical procedure, to screen for additional cases that warrant peer review.⁹

The basic steps of the peer review process include:

1. Initial review: Evaluation of a provider's selected episode of care conducted by a peer reviewer who makes an initial Level of Care decision as described below.
 - Level 1 – the most experienced, competent providers would have managed the case in a similar manner;
 - Level 2 – the most experienced, competent providers might have managed the case differently; or
 - Level 3 – the most experienced, competent providers would have managed the case differently.
2. Secondary review: Reconsideration of a percentage of initial Level 1 reviews and all initial Level 2 and 3 reviews by the facility's multidisciplinary Peer Review Committee (PRC), which assigns the final Level of Care and determines the need to recommend specific actions to the individual provider.
3. Recommended actions: Confidential communication to the provider who was peer reviewed regarding the review results and any recommended actions to improve performance.¹⁰

Peer Reviewer Qualifications. VHA requires that a peer reviewer (a peer who is selected to conduct a review) has knowledge of current evidence based standards of care relevant to the case under review and possess similar or more advanced education, training, experience, licensure, or clinical privileges or scope of practice comparable to that of the provider being reviewed. For example, a general surgeon and

⁹ See VHA Directive 2010-025, *Peer Review for Quality Management*, June 3, 2010, Attachment A for the complete list of clinical events that require a peer review for quality management.

¹⁰ VHA Directive 2010-025, *Peer Review for Quality Management*, June 3, 2010, p.D3, states, "Since the peer review process for quality management is non-punitive, a formal appeal process following final level assignment by the PRC is not required. However, the local facility may determine if requests for an additional meeting(s) with an involved provider will be granted in special circumstances."

a neurosurgeon who perform the same procedure can peer review each other related to that procedure, and an orthopedic surgeon can peer review a physician's assistant assigned to the Orthopedic Clinic.

Peer reviewer responsibilities include abstaining or withdrawing from participation in a case review if:

- The reviewer had direct involvement with the care in question.
- The specialized knowledge required exceeds the reviewer's expertise or when the reviewer feels uncomfortable about evaluating the care.
- A conflict of interest exists, or for any other reason, the reviewer is unable to conduct an objective, impartial, accurate, and informed review.
- Confidentiality or anonymity of the reviewer cannot be achieved.

Program Directors and Service Chief Requirements. VHA requirements for clinical program directors and service chiefs include assisting in identifying qualified peer reviewers to conduct initial peer reviews and participating in the PRC. VHA's Office of Quality, Safety, and Value (OQSV) provides oversight of the peer review process.

OQSV staff clarified to us that individuals who are not at the staff level should not conduct initial peer review in order to preserve a separation between the processes for peer review for quality management and performance evaluation.

PRC Requirements. PRC responsibilities include reconsidering the initial peer review decisions to ensure the validity and reliability of the findings and to evaluate the peer review process itself. The PRC is responsible for ensuring that formal discussions regarding the peer reviews are recorded in meeting minutes.¹¹ The PRC assigns a final level for all cases brought before the PRC and must document the level in the minutes.¹²

External Peer Review. VHA has contracted with a national external peer reviewer to assist in improving the peer review process conducted by facilities. The external reviewer not only audits a sample of facility peer reviews but will also provide an initial peer review upon request, for example, when qualified peers are not available at a facility due to lack of expertise or anonymity.

Service-Level Committees Conducting Initial Peer Reviews. VHA policy allows facilities to modify the peer review process by having service-level committees function as the initial peer reviewers, providing that VHA requirements are otherwise met. For example, an individual who did not have direct involvement with the case must complete a review independent from the service-level committee discussion and make a Level of

¹¹ VHA Directive 2010-025 defined formal discussions as those occurring during PRC meetings.

¹² VHA Directive 2010-025. The PRC is responsible for providing a final level assignment, in writing, for all cases brought before the PRC.

Care decision.¹³ Facility policy states that service level committees that act as initial peer reviewers must fully comply with VHA Directive 2010-025 “including the review of its cases by the Peer Review Committee.”¹⁴ The PRC review of service level cases minimizes the possibility that a subset of cases is unavailable to the PRC or that relevant information is not shared with facility leadership.

A challenge with service level committees acting as the initial peer reviewer is the potential loss of anonymity between the provider being reviewed and the reviewing provider. VHA’s peer review process attempts to promote anonymity between the two providers to ensure that a peer reviewer maintains a sense of psychological safety in order to feel comfortable providing a comprehensive and candid review of another provider’s care. If both providers are present at the service level committee meeting during the discussion of the topic under review, it may be difficult to ensure anonymity of the peer reviewer.

Facility Processes. The facility used a service-level committee, the Surgical Morbidity and Mortality (M&M) Committee, to provide initial peer review of surgical episodes of care.

OIG Concerns. In August 2014, OIG conducted a Combined Assessment Program (CAP) review of the facility, which included an evaluation of PRC activities. We found that, in accordance with VHA requirements, the facility had conducted peer review¹⁵ [redacted pursuant to 38 U.S.C. § 5705].¹⁶ We reviewed the PRC documentation and selected patient electronic health records for an in-depth review and interviewed facility staff. We found the following process deficiencies and determined that an evaluation of the facility’s peer review process, separate from the CAP review, was indicated.

- Peer reviews did not consistently reflect and document a comprehensive exploration of possible event causes
- M&M Committee was conducting initial peer reviews and the PRC lacked complete oversight of the M&M Committee initial peer reviews.
- Peer reviewers did not abstain or withdraw when indicated. An inappropriate but otherwise qualified individual conducted initial peer reviews. An individual interviewed by OIG stated that he/she did not withdraw from a peer review when he/she felt uncomfortable about conducting the review.
- An initial peer reviewer lacked qualifications required of a peer relative to the episode of care under review.

¹³ Examples of service-level committees include Morbidity and Mortality, Pharmacy and Therapeutics, or Blood Usage committees.

¹⁴ Huntington VAMC MCM OOA-04-C, *Peer Review for Quality Management*, May 2013; VHA Directive 2010-025, *Peer Review for Quality Management*, June 3, 2010.

¹⁵ VHA Directive 2010-025, *Peer Review for Quality Management*, June 3, 2010.

¹⁶ 38 U.S.C §5705 prohibits the unauthorized disclosure of VA medical quality assurance records.

Scope and Methodology

We conducted our review from October 30, 2014 through December 17, 2015. We conducted a site visit May 18–20, 2015. We interviewed facility leaders and quality managers, facility and VHA risk managers, and facility staff surgeons. We reviewed relevant VHA and facility policies and procedures, committee meeting minutes, and other relevant facility records as well as Government Accountability Office reports, congressional reports, and previously published OIG hotline inspections related to the facility or regarding protected peer review processes.

We reviewed peer review documentation, PRC meeting minutes, and VHA EHRs for several patients. We selected and further reviewed a smaller sample of patients based on our reviews of the EHRs and the facility's internal processes to provide the facility with examples of our findings.

Our preliminary review included PRC meeting minutes through 2014; after initiating the inspection, we reviewed PRC documentation in minutes for meetings held from 2013 to 2015 and identified patients.¹⁷

VHA Directive 2010-025, *Peer Review for Quality Management*, June 3, 2010 cited in this report expired June 30, 2015. We considered the policy to be in effect as it had not been superseded by more recent policy or guidance. In a June 29, 2016 memorandum to supplement policy provided by VHA Directive 6330(1),¹⁸ the VA Under Secretary for Health (USH) mandated the "...continued use of and adherence to VHA policy documents beyond their recertification date until the policy is rescinded, recertified, or superseded by a more recent policy or guidance."¹⁹ The USH also tasked the Principal Deputy Under Secretary for Health and Deputy Under Secretaries for Health with ensuring "...the timely rescission or recertification of policy documents over which their program offices have primary responsibility."²⁰

We **substantiate** allegations when the facts and findings support that the alleged events or actions took place. We **do not substantiate** allegations when the facts show the allegations are unfounded. We **cannot substantiate** allegations when there is no conclusive evidence to either sustain or refute the allegation.

We conducted the inspection in accordance with *Quality Standards for Inspection and Evaluation* published by the Council of the Inspectors General on Integrity and Efficiency.

¹⁷ Some reviews included more than one provider's care for a single patient. Providers are reviewed individually; thus, the number of peer reviews exceeded the number of patients.

¹⁸ VHA Directive 6330(1), *Controlled National Policy/Directives Management System*, June 24, 2016, amended January 11, 2017.

¹⁹ VA Under Secretary for Health Memorandum. *Validity of VHA Policy Document*, June 29, 2016.

²⁰ Ibid.

Case Summaries

Due to privacy concerns and to avoid discussion of protected information, we are unable to publish the case summaries provided to VISN and facility Directors as examples of our findings.

Inspection Results

Due to privacy concerns and to avoid discussion of protected information, we are unable to publish some of the specifics of our review of the facility's Peer Review processes.

Issue 1: Lack of In-Depth Review

For the patients reviewed, we identified clinical events or complications [redacted pursuant to 38 U.S.C. § 5705].²¹ We found that facility PPR processes did not ensure a comprehensive evaluation of possible event causes.

Issue 2: Incomplete PRC Oversight of Initial Peer Reviews

We found that the PRC processes did not ensure secondary reviews of all initial peer reviews by the M&M Committee or assign and document final levels for all cases brought before the PRC. Our review identified that some peer reviews lacked final level assignments after the M&M Committee forwarded the cases to PRC for secondary reviews.

Issue 3: Inappropriate Peer Reviewer Participation

We found that an inappropriate but otherwise qualified individual conducted initial peer reviews, and an individual interviewed stated he/she was required to participate in an initial peer review despite being uncomfortable about conducting the review.

Issue 4: Initial Peer Reviewer Lacked Required Qualifications

We found that a provider conducted initial peer reviews of care by another provider although the peer reviewer did not possess similar or more advanced education, training, experience, licensure, or clinical privileges as the provider being reviewed and did not meet the required qualifications of a peer.

Conclusions

We found that in the cases we evaluated that were referred for peer review, peer reviewers did not consistently identify and evaluate surgical and non-surgical events occurring in the postoperative period.

²¹ 38 U.S.C §5705 prohibits the unauthorized disclosure of VA medical quality assurance records.

We found incomplete PRC oversight of initial peer reviews. The PRC did not reconsider all of the M&M Committee's initial peer review decisions or document written final Level of Care assignments for all cases brought before the PRC.

We found that an inappropriate but otherwise qualified individual conducted initial peer reviews and that facility processes did not consistently provide means for peer reviewers to withdraw despite feeling uncomfortable when conducting a review.

We found that an initial peer reviewer did not possess the qualifications required of a peer.

Recommendations

1. We recommended that the Facility Director ensure that peer reviewers identify and evaluate surgical and non-surgical clinical events [redacted pursuant to 38 U.S.C. § 5705].²²
2. We recommended that the Facility Director maintain full compliance with the Veterans Health Administration's peer review directive when service-level committees conduct initial peer reviews and consider ensuring secondary review of all such cases [redacted pursuant to 38 U.S.C. § 5705].²³
3. We recommended that the Facility Director ensure that the Peer Review Committee provides final Level of Care assignments in writing for all cases brought before it.
4. We recommended that the Facility Director ensure that service chiefs select peer reviewers to conduct initial peer reviews and that protected peer review processes provide means for peer reviewers to withdraw when uncomfortable about conducting reviews.
5. We recommended that the Facility Director ensure that initial peer reviewers possess the qualifications required of peers relative to the episodes of care under review.
6. We recommended that the Facility Director review all cases [redacted pursuant to 38 U.S.C. § 5705].²⁴ and repeat the initial peer review process for those cases not conducted in compliance with the Veterans Health Administration's peer review directive.

²² 38 U.S.C §5705 prohibits the unauthorized disclosure of VA medical quality assurance records.

²³ Ibid.

²⁴ Ibid.

VISN Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: April 27, 2016

From: Acting Director, VA Capitol Health Care Network, VISN 5 (10N5)

Subj: Healthcare Inspection—Peer Review for Quality Management,
Huntington VA Medical Center, Huntington, West Virginia

To: Director, Washington DC Office of Healthcare Inspections (54DC)
Director, Management Review Service (VHA 10AR MRS OIG Hotline)

1. I have reviewed the comments provided by the Medical Center Director, Huntington VA Medical Center, and concur with the responses and actions to the recommendations outlined in the memorandum.
2. Should you require any additional information, please contact Jeffery Lee, Quality Management Officer, VA Capitol Healthcare Network, VISN 5, at 954-541-7514.

(original signed by Gary B. Richards for:)
Joseph A. Williams, Jr.

Facility Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: April 22, 2016
From: Director, Huntington VA Medical Center (581/00)
Subj: Healthcare Inspection—Peer Review for Quality Management,
Huntington VA Medical Center, Huntington, West Virginia
To: Director, VA Capitol Health Care Network, VISN 5 (10N5)

I wish to extend my thanks to the Office of the Inspector General (OIG) for their review and feedback to the organization. The recommendations contained in the report have been reviewed and action has already been initiated to address areas of weakness. Attached are the facility responses addressing each recommendation with an action and monitoring plan. I am sure that these actions will strengthen our quality and peer review programs.

(original signed by Jeffery Breaux for:)
J. Brian Nimmo
Medical Center Director

Comments to OIG's Report

The Facility Director concurred with all recommendations and submitted appropriate action plans. The responses contained protected information that could not be published. Based on updated information provided to us in December 2016, we consider Recommendations 1-4 closed. The target date for completion of Recommendation 5 and 6 is April 2017.

OIG Recommendations

Recommendation 1. We recommended that the Facility Director ensure that peer reviewers identify and evaluate surgical and non-surgical clinical events [redacted pursuant to 38 U.S.C. § 5705].²⁵

Concur

Target date for completion: September 30, 2016

OIG Update: based on information received from the facility in December 2016, we consider this recommendation closed.

Recommendation 2. We recommended that the Facility Director maintain full compliance with the Veterans Health Administration's peer review directive when service-level committees conduct initial peer reviews and consider ensuring secondary review of all such cases [redacted pursuant to 38 U.S.C. § 5705].²⁶

Concur

Target date for completion: May 31, 2016

OIG Update: based on information received from the facility in December 2016, we consider this recommendation closed.

Recommendation 3. We recommended that the Facility Director ensure that the Peer Review Committee provides final Level of Care assignments in writing for all cases brought before it.

Concur

Target date for completion: September 30, 2016

OIG Update: based on information received from the facility in December 2016, we consider this recommendation closed.

²⁵ 38 U.S.C §5705 prohibits the unauthorized disclosure of VA medical quality assurance records.

²⁶ Ibid.

Recommendation 4. We recommended that the Facility Director ensure that service chiefs select peer reviewers to conduct initial peer reviews and that protected peer review processes provide means for peer reviewers to withdraw when uncomfortable about conducting reviews.

Concur

Target date for completion: May 31, 2016

OIG Update: based on information received from the facility in December 2016, we consider this recommendation closed.

Recommendation 5. We recommended that the Facility Director ensure that initial peer reviewers possess the qualifications required of peers relative to the episodes of care under review.

Concur

Target date for completion: May 31, 2016

OIG Update: based on information received from the facility in December 2016, the target date for completion of the action plan was updated to April 2017.

Recommendation 6. We recommended that the Facility Director review all cases [redacted pursuant to 38 U.S.C. § 5705]²⁷ and repeat the initial peer review process for those cases not conducted in compliance with the Veterans Health Administration's peer review directive.

Concur

Target date for completion: September 30, 2016

OIG Update: based on information received from the facility in December 2016, the target date for completion of the action plan was updated to April 2017.

²⁷ 38 U.S.C §5705 prohibits the unauthorized disclosure of VA medical quality assurance records.

OIG Contact and Staff Acknowledgments

Contact	For more information about this report, please contact the OIG at (202) 461-4720.
Contributors	Katharine Foster, RN, Team Leader Donna Giroux, RN Randall Snow, JD Thomas Wong, DO Natalie Sadow, MBA

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