Memorandum to the File
Case Closure

12/2/09

Lack of Cardiology and Vascular Services
Manchester VA Medical Center
Manchester, NH

MCI 2010-00126-HI-0228

The Department of Veterans Affairs (VA) Office of Inspector General's (OIG) Office of Healthcare Inspections (OHI) conducted an inspection to determine the validity of allegations about a lack of cardiology and vascular services at the Manchester VA Medical Center (the medical center), Manchester, NH.

On October 8, 2009, the OIG's Hotline Division received a report from a complainant, who wishes to remain anonymous, alleging that after cardiology and vascular consultant contracts expired on September 30, the medical center did not have a system in place to care for patients with non-critical cardiology or vascular issues. The complainant indicated that the medical center was providing fee basis services to patients with critical cardiology and vascular problems, that local leadership was attempting to contract for cardiology and vascular services, and that there had been no adverse patient events. The complaint was forwarded to the OHI on October 26.

We contacted the medical center's Director on November 13 by phone to inform him about the complaint. We were unable to interview the complainant. He did not respond to emails that were sent on November 16 and November 19.

On November 18, we conducted an on-site meeting with the Chief of Staff (COS), the Associate Director, the Chief Medical Officer, and staff from the contracting office, Quality Management (QM), vascular services and cardiology services. We were told that prior to September 30, the medical center contracted with the New England Heart Institute (NEHI) to provide on-site and off-site cardiology services four hours per day. After a routine reassessment of the contract, medical center managers determined that it would be more cost-effective to hire a cardiologist and began a search for qualified applicants in the spring of 2009. It became apparent during the hiring process that none of the applicants who were under consideration would be available before the NEHI contract expired on September 30. Medical center managers made arrangements with NEHI to extend their contract until December 31. NEHI unexpectedly declined to extend the contract 12 days before it expired.

Medical center managers quickly made other arrangements. They had an existing contract with a local group for acute care who agreed to provide short-term cardiology services (mainly diagnostic interpretation) in addition to acute care one day per week. The medical center's cardiology nurse practitioner reviewed all the pending

10-7

appointments and consults and prioritized the patients according to acuity. Patients who could not be seen by the contracted acute care group were referred to the Boston VA facility in Massachusetts or to the White River Junction VA facility in Vermont. Patients who qualified were seen by local cardiologists on a fee basis.

Additionally, medical center managers made an offer to one of the qualified cardiologist applicants. The candidate accepted and will begin to provide full-time cardiology services at the Manchester facility on December 7, 2009 (a 50 per cent increase in services previously provided by NEHI).

We also learned that the medical center had previously contracted with the Surgical Care Group to provide on-site outpatient vascular services two days per week. However, medical center managers decided it would not renew the contract when it expired on September 30 as the contract was very costly. Before the contract expired, clinical managers devised an action plan to make alternate arrangements for the provision of vascular services. The action plan included establishing contacts with vascular surgery staff at the Boston and White River Junction VA facilities as well as a local non-VA facility in Concord, New Hampshire for fee basis patients. Medical center managers are also exploring the possibility of primary care physicians providing follow up for vascular patients and the development of an algorithm to assist decision-making (including the ordering of appropriate tests) prior to making referrals. We were told that currently, the White River Junction VA facility has an excess of vascular surgery resources and was particularly receptive to the Manchester managers' request to provide services.

The COS, cardiology nurse practitioner and QM representative at the November 18 meeting further stated that they were not aware of any complaints or adverse events after September 30 related to a delay in or failure to provide cardiology or vascular services.

Conclusions.

We found that cardiology and vascular services contracts had expired or were terminated on September 30. However, medical center managers were able to make arrangements to provide cardiology services until a newly hired full-time cardiologist begins work on December 7. Similarly, medical center managers have implemented an action plan for the provision of vascular services to Manchester VA patients either at VA facilities in neighboring states or at a local non-VA facility. The facility reported that no adverse events or formal complaints have been documented related to a failure to provide services to non-critical cardiology or vascular patients since the contracts ended on September 30.

Further review of this case was not warranted, and we made no recommendations. The case can be closed without the issuance of a formal report.

Prepared by: //S// Date: December 2, 2009

Kathy Gudgell, RN, BSN, JD
Health System Specialist, Boston Office of
Healthcare Inspections

Approved by: //S// Date:

Patricia Christ
Director, Health Systems Development

Concurrence: Date: 12/2/09

JOHN DAVID DAIGH, JR, MD
Assistant Inspector General for
Healthcare Inspections