



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

**Office of Healthcare Inspections**

**Report No. 14-05078-393**

## **Healthcare Inspection**

# **Credentialing and Privileging Concerns Wm. Jennings Bryan Dorn VA Medical Center Columbia, South Carolina**

**June 24, 2015**

**Washington, DC 20420**

**To Report Suspected Wrongdoing in VA Programs and Operations:**

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## Executive Summary

The VA Office of Inspector General Office of Healthcare Inspections conducted an inspection to assess the merit of allegations received from Senator Bernie Sanders, then-Chairman of the Senate Veterans' Affairs Committee, regarding provider credentialing and privileging concerns at the Wm. Jennings Bryan Dorn VA Medical Center (facility), Columbia, SC.

We substantiated that a cardiologist was interpreting non-invasive vascular studies without being granted privileges to do so by the facility; however, the cardiologist had the required education and training and was subsequently granted the required privileges.

We substantiated that the standards of the American College of Radiology and Intersocietal Accreditation Commission were not used for the interpretation and reporting of non-invasive vascular imaging studies. However, the Veterans Health Administration does not require adherence to these standards, and the facility was compliant with VA National Radiology Program Standard Operating Procedures.

We did not substantiate that a community based outpatient clinic ultrasound technician did not have the required training and competencies to perform non-invasive vascular studies.

We recommended that the Facility Director ensure that provider privileges reflect current practice.

### Comments

The Veterans Integrated Service Network and Facility Directors concurred with our recommendation and provided an acceptable action plan. (See Appendixes A and B, pages 5–7 for the Directors' comments.) We will follow up on the planned actions until they are completed.



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

## Purpose

The VA Office of Inspector General (OIG) Office of Healthcare Inspections conducted an inspection in response to allegations received from Senator Bernie Sanders, then-Chairman of the Senate Veterans' Affairs Committee, about credentialing and privileging concerns at the Wm. Jennings Bryan Dorn VA Medical Center (facility), Columbia, SC. The purpose of the review was to determine whether the allegations had merit.

## Background

The facility provides a broad range of inpatient and outpatient medical, surgical, mental health, and long-term care services. It has 95 operating hospital beds and 75 community living center beds. Outpatient care is also provided at seven community based outpatient clinics (CBOCs). The facility serves a veteran population of about 410,000 throughout South Carolina and is part of Veterans Integrated Service Network (VISN) 7.

### Credentialing and Privileging

Credentialing is a systematic process of screening and evaluating a practitioner's qualifications and other credentials including, but not limited to, licensure, required education, relevant training and experience, and current competence and health status.<sup>1</sup> Privileging refers to the process of approving the clinical skills, procedures, and services a practitioner can provide. A practitioner's clinical privileges are based on the individual's clinical competence as determined by peer references, professional experience, health status, education, training, and licensure. Clinical privileges must be facility, service, and practitioner specific.

### Non-Invasive Vascular Studies

Non-invasive vascular studies (the skin is not pierced) are procedures used to assess blood flow in arteries and veins (typically the carotid arteries, lower extremity arteries and veins, and aorta) using ultrasound technology that can detect abnormal blood flow within a vessel, an indicator of a blockage caused by a blood clot, a plaque, or inflammation.<sup>2</sup> The terms Doppler studies, vascular ultrasound, cardiovascular sonography, and vascular scans are frequently used interchangeably. Non-invasive vascular studies are often performed by a technician, and the results are interpreted by a physician with the required training, education, competence, and approved clinical privileges to do so.

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<sup>1</sup> VHA Handbook 1100.09, *Credentialing and Privileging*, October 15, 2012.

<sup>2</sup> [http://www.hopkinsmedicine.org/healthlibrary/test\\_procedures/cardiovascular/vascular\\_studies\\_92,p07991/](http://www.hopkinsmedicine.org/healthlibrary/test_procedures/cardiovascular/vascular_studies_92,p07991/)  
Accessed January 21, 2015.

## American College of Radiology and Intersocietal Accreditation Commission

The American College of Radiology<sup>3</sup> (ACR) is a non-profit professional medical association that provides education and guidelines for many radiology specialties. The Intersocietal Accreditation Commission (IAC) is an accreditation body for nuclear cardiovascular imaging programs.<sup>4</sup>

### Allegations

In October 2014, the OIG Office of Healthcare Inspections received allegations concerning provider privileging and the quality of non-invasive vascular studies at the facility. Specifically, the allegations stated that:

- Not all cardiologists interpreting non-invasive vascular studies had privileges to do so.
- Neither ACR nor IAC standards were met for the interpretation and reporting of vascular imaging study results. Specifically, some cardiologists' report documentation was missing essential elements.

An additional allegation received during the course of our review was:

- A CBOC ultra-sound technician did not have the required training and competencies to perform non-invasive vascular studies.

## Scope and Methodology

We conducted telephone interviews with facility leadership, a Radiology Services supervisor, and the complainant. We reviewed cardiology and radiology provider credentialing and privileging files as well as Cardiology and Radiology Service policies and procedures. We reviewed the electronic health records (EHR) of 460 patients who had non-invasive carotid and lower extremity vascular studies completed between August 1, 2014, and November 30, 2014, to establish whether interpretations were done by providers with appropriate privileges. We conducted seven EHR reviews of patients, identified by the complainant, who had carotid and lower extremity non-invasive vascular studies completed from May 15, 2014, through July 14, 2014, for evidence that appropriate clinical detail was included in the study interpretations. We reviewed Veterans Health Administration (VHA) and local policies, physician peer reviews and focused professional practice evaluations, and other relevant documents that could address the allegations.

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.

<sup>3</sup> American College of Radiology, <http://www.acr.org/>, Accessed January 21, 2015.

<sup>4</sup> Intersocietal Accreditation Commission, <http://www.intersocietal.org/>, Accessed January 21, 2015.

## Inspection Results

### Issue 1: Physician Credentialing and Privileging

We substantiated that one of four cardiologists interpreting non-invasive vascular studies was not appropriately privileged to do so.

VHA Handbook 1100.19 requires that all practitioners must be fully credentialed and privileged prior to their initial appointment or reappointment.<sup>5</sup> The privileges granted are authorized by the facility Director and are based on the practitioner's education, training, credentials, and performance and are to be accurate, detailed, and specific to that practitioner's scope of practice.

Our review of 460 EHRs of patients who underwent non-invasive vascular studies between August 1, 2014, and November 30, 2014, revealed that 21 non-invasive vascular studies were interpreted by a cardiologist who had the requisite education and training but did not have the required privileges to do so. It was not until early November 2014, during the cardiologist's 2-year renewal cycle for re-privileging, that privileges for non-invasive vascular studies interpretation were added to the cardiologist's privileges and approved by the facility Director.

### Issue 2: Adherence to Standards

We substantiated that ACR or IAC standards were not used for the interpretation and reporting of results; however, VHA did not require adherence to these standards. The facility followed VA National Radiology Program Standard Operating Procedures for non-invasive vascular studies interpretation documentation and reporting.<sup>6</sup>

We did not substantiate that some cardiologists' interpretation reports lacked essential elements. We reviewed reports of non-invasive vascular studies for seven patients identified by the complainant and found that all seven reports included sufficient details for clinical management.

### Issue 3. Ultrasound Technician Training

We did not substantiate the allegation that a CBOC ultrasound technician did not have the required training and competencies to perform non-invasive vascular studies.

During our review of the ultrasound technician's competency and training records, we found that the ultrasound technician had the appropriate certification, training, and competency validation required to perform non-invasive vascular studies. However, at the time of our inspection, vascular ultrasound studies were no longer being performed at the CBOC.

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<sup>5</sup>VHA Handbook 1100.19, *Credentialing and Privileging*, October 15, 2012.

<sup>6</sup>VA National Radiology Program, Standard Operating Procedures, 2. *Interpretation and Reports*, November 2, 2007.

## Conclusions

We substantiated that one of four cardiologists interpreting non-invasive vascular studies was not appropriately privileged to do so; however, this was corrected when the cardiologist's credentials and privileges were reviewed and renewed in early November 2014.

We substantiated that neither ACR nor IAC standards were used for the interpretation and reporting of vascular imaging studies. However, we found that VHA did not require adherence to these standards, and the facility was compliant with VA National Radiology Program Standard Operating Procedures.

We did not substantiate that a CBOC ultrasound technician was conducting non-invasive vascular studies without having the required training and competencies required to perform them. The ultrasound technician in question had the appropriate certification, training, and competency validation required to perform non-invasive vascular studies, however, at the time of our inspection vascular ultrasound studies were no longer being performed at the CBOC.

## Recommendation

1. We recommended that the Facility Director ensure that provider privileges reflect current practice.

## VISN Director Comments

**Department of  
Veterans Affairs**

## **Memorandum**

**Date:** April 22, 2015

**From:** Director, VA Southeast Health Care Network (10N7)

**Subj:** **Draft Report—Healthcare Inspection — Credentialing and Privileging Concerns, WJB Dorn VA Medical Center, Columbia, South Carolina**

**To:** Director, Bay Pines Regional Office of Healthcare Inspections (54SP)  
Director, Management Review Service (VHA 10AR MRS OIG Hotline)

1. This is in reference to Healthcare Inspection, Credentialing and Privileging Concerns, William Jennings Bryan Dorn VA Medical Center, Columbia, South Carolina.
2. I have reviewed the OIG draft report and recommendation. I concur with the Columbia VAMC's response.
3. I appreciate the opportunity to provide continuing improvements in support of caring for our Veterans.
4. If you have any questions or require further information, please contact Bridget Schausten, Chief, Quality Management, Columbia VAMC (803) 776-4000, ext. 7731.

*(original signed by Brenda Schmitz for:)*  
Thomas C. Smith III, FACHE

## Facility Director Comments

**Department of  
Veterans Affairs**

## Memorandum

**Date:** April 22, 2015

**From:** Director, WJB Dorn VA Medical Center, Columbia, SC (544/00)

**Subj:** **Draft Report—Healthcare Inspection — Credentialing and Privileging Concerns, WJB Dorn VA Medical Center, Columbia, South Carolina**

**To:** Director, VA Southeast Health Care Network (10N7)

1. I have reviewed the draft report and concur with the recommendation. The findings outlined in the OIG report reflect a thorough evaluation.
2. Please contact me if you have any questions or comments.

*(original signed by:)*  
Timothy B. McMurry  
Medical Center Director

## Comments to OIG's Report

The following Director's comments are submitted in response to the recommendation in the OIG report:

### **OIG Recommendation**

**Recommendation 1.** We recommended that the Facility Director ensure that provider privileges reflect current practice.

Target date for completion: March 19, 2015

Facility response:

Upon review of the specific provider identified as not having approved privileges, the facility determined that the privileges were requested by the provider in September 2014. At that time, new forms were implemented at the time of reappraisal. The following processes have been implemented effective March 19, 2015:

- 1) When privileging forms are revised, other than being certified as current, a reappraisal packet is sent to the providers who fall under those privileges. The credentialing staff obtain verifications, the file is reviewed/signed by service chief, taken to the Medical Executive Board (MEB) for Credentialing and Privileging (C&P) for recommending approval and Focused Professional Practice Evaluation (if necessary), and then to the Director for final approval.
- 2) When a request for modification of privileges, increase or decrease, is received, a reappraisal packet is sent to the provider. The credentialing staff obtain verifications, the file is reviewed/signed by service chief, taken to the MEB for C&P for recommending approval and Focused Professional Practice Evaluation (if necessary), and then to the Director for final approval.

## **OIG Contact and Staff Acknowledgements**

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