

Memorandum of Case Closure

MRI Timeliness Involving VA Boston Healthcare System
And Togus VA Medical Center
MCI #: 2008-01333-HI-0083

The VA Office of Inspector General, Office of Healthcare Inspections (OHI) conducted an inspection to determine the validity of allegations involving VA Boston Healthcare System's (Boston) failure to timely verify and release magnetic resonance imaging (MRI) studies performed at the Togus VA Medical Center (Togus).

In February 2008, OIG received a letter from a Togus employee stating that Boston's Radiology Service consistently failed to provide timely completion of MRI studies performed by Togus' Radiology Service. Togus electronically transmitted the studies to Boston's Radiology Service through the Picture Archive Communication System. The standard turn-around-time for verification and release of radiology results is 48-72 hours. Ordering providers cannot review final study results until radiologists verify and sign them, which automatically releases them for review. The complainant included Togus radiology timeliness reports showing that Boston interpreted and transcribed MRI studies timely; however, the delays came in the verification process. Togus sent MRI studies to Boston for interpretation because Togus did not have a staff radiologist qualified to perform this function. Togus' timeliness reports also showed that the MRIs were performed primarily as outpatient routine studies.

We conducted telephone interviews with the complainant and Togus' Director, Associate Director, and Chief of Staff (COS). The senior managers confirmed that MRI turn-around-times were a concern; however, they said they were communicating regularly with Boston's Director and COS and the VISN 1 Patient Care Services Officer to resolve the issue. They also reported that Togus was actively recruiting for a radiologist qualified to interpret MRI studies; however, they acknowledged it was difficult to recruit qualified radiologists to Togus, which is located in Augusta, ME. Because of this, they proposed to the VISN that Boston recruit a radiologist who would be paid by Togus and assigned to interpret and verify Togus studies. According to the Director, the VISN agreed to this proposal.

In an interview, Togus' COS stated that Boston and Togus had a process to ensure that critical MRI results were communicated to Togus' ordering providers immediately through telephone contact either with providers directly or, if unable to reach providers, with the Togus' MRI technician. The COS believed that this process worked well and that no patients had been placed at risk. Additionally, Togus providers could get results of unverified studies by contacting Boston Radiology Service. However, the COS stated that providers did not find this satisfactory; and the COS agreed.

During OHI's Combined Assessment Program (CAP) review at Boston March 10-14, 2008, we interviewed Boston's Director and COS regarding the MRI concern. They

acknowledged that turn-around-times were not only an issue for Togus studies, but for Boston studies as well. The COS stated that recruitment for qualified radiologists was an ongoing challenge for Boston and acknowledged that there was one radiologist managers identified as being primarily responsible for delinquent MRI studies. However, the COS attributed this to the fact that the radiologist typically re-read the MRI studies to compare them with the transcribed reports in an effort to be completely accurate. The COS provided documentation that showed that this radiologist's relative value units (RVUs), a method for evaluating radiologists' productivity, were above the VA accepted standard of 5000 RVUs per year for a full-time radiologist.

Boston's COS reported that VISN 1 managers authorized the installation of a voice recognition system in Boston's Radiology Service. This system will allow radiologists to interpret studies and dictate results, which the computer will transcribe as they speak. If radiologists notice errors in their dictations, they can correct them immediately. With this system, radiologists will have the ability to interpret, verify, and sign the report at one sitting. Currently, radiologists dictate reports, which are transmitted to a transcription service and sent back. Radiologists have to log back into the system to review the transcribed reports, and verify and sign them (if they are accurate). According to the COS, the voice recognition system will eliminate the lag time between dictation and verification since the reports will be immediately available for radiologists to review and verify. Additionally, the COS stated this should have a major positive impact on the one radiologist's turn-around-times, eliminating the perceived need to re-read the studies. The COS reported that this system would be operational by the end of April 2008.

Conclusion

We substantiated that there was a delay in verification of Togus MRI studies by Boston's Radiology Service. However, we concluded that both Togus and Boston managers recognized this as a problem and developed action plans to improve the MRI turn-around-times for both facilities. We also concluded that managers needed the time to implement and monitor their improvement plans. Recruitment for qualified radiologists at both facilities is a challenge and an ongoing endeavor. Boston managers believed that the installation of the voice recognition system would improve timeliness for both Togus' and Boston's studies. Togus managers agreed that this new technology may help and stated they would continue to monitor this condition.

OHI has scheduled a CAP review at Togus in September 2008, and we will follow-up on this issue during that review. We recommend that this hotline case be closed without the issuance of a formal report at this time. However, if data shows that turn-around-times for Togus' MRI studies have not improved at the time of the CAP review, we recommend that consideration be given to re-opening the case.

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Date: April 2, 2008

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