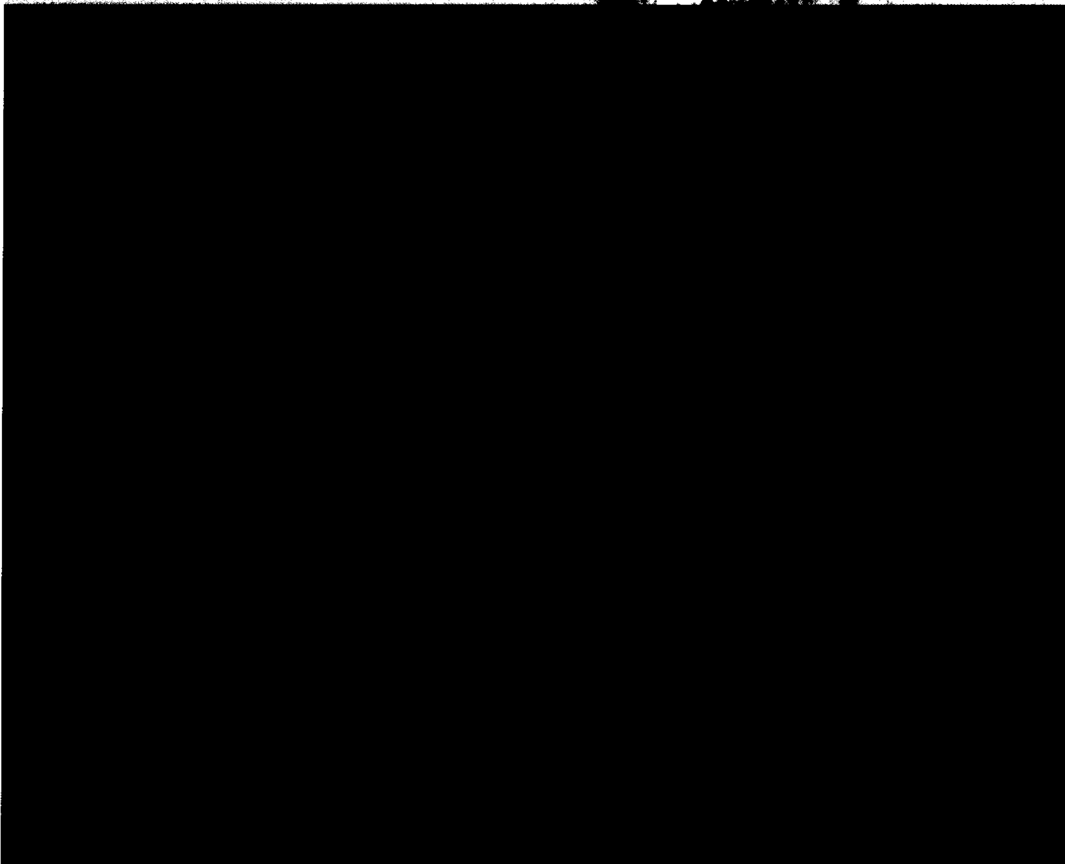
Peace Corps
Office of Inspector General



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Death Inquiry and Assessment of Medical Care Peace Corps/Morocco

February2010

EXECUTIVE SUMMARY

Peace Corps Volunteer [redacted] (PCV [redacted] died unexpectedly at a hospital in [redacted], Morocco [redacted] No autopsy was conducted to determine with certainty PCV [redacted] cause of death.

In a letter dated November 19, 2009, Peace Corps Director Aaron Williams requested the Peace Corps Office of Inspector General (OIG) to conduct an independent inquiry into the facts and circumstances related to the illness and death of PCV [redacted]. Director Williams also asked the Inspector General to identify, assess and evaluate the specific health care provided to PCV [redacted] and to determine to what extent the way in which Peace Corps organizes its medical services and provides health care to Volunteers in Morocco had an impact on PCV [redacted] care. In response to Director Williams' request, the OIG initiated an inquiry into the "facts and circumstances related to the illness and subsequent death" of PCV [redacted]. The OIG also reviewed the health care provided to PCV [redacted]; and conducted an assessment on the manner in which Peace Corps organizes its medical services at the post, and provides health care to Volunteers in Morocco.

This report discusses the facts and circumstances leading up to PVC [redacted] death and identifies, assesses and evaluates the specific health care provided to [redacted] The assessment of how Peace Corps organizes its medical services and provides health care to Volunteers in Morocco is addressed in a separate report.

To conduct this inquiry, the OIG contracted the services of two expert physicians, who reviewed PCV [redacted] medical records and assessed medical operations at the post. Their assessment involved a detailed and thorough review of [redacted] medical files. An OIG investigator and one of our expert physicians conducted interviews of her host family and colleagues in [redacted], the doctors who evaluated and treated [redacted] at hospitals in [redacted], and interviewed all three Peace Corps Medical Officers (PCMOs). At no time during this assessment did the two consultant/expert physicians communicate with each other; however, both physicians came to similar conclusions about the circumstances and causes related to the illness and death of PCV [redacted]

The OIG inquiry revealed that in [redacted], the PC/Morocco medical unit with Office of Medical Services (OMS) approval granted permission for PCV [redacted] to receive an [redacted] On [redacted], an [redacted] in PCV [redacted] by a [redacted] in [redacted] Soon thereafter, PCV [redacted] began to experience [redacted]. PCV [redacted] subsequently [redacted]; however, a causal relationship to [redacted]

Physicians who attended to PCV [redacted] at the [redacted] believe that [redacted] died of [redacted] and this causal factor is cited on her death certificate. Despite not having results from an autopsy to confirm the diagnosis, both medical experts independently

cited evidence that PCV [redacted] likely died of [redacted] and [redacted] [redacted] caused by a [redacted] which [redacted] [redacted].

The OIG developed a chronology of events which details the health care provided to PCV [redacted]. According to the independent assessments performed by the medical experts, there were medical acts of both omission and commission by the PCMOs which directly led to an inability to correctly diagnose PCV [redacted] condition in a timely manner. Furthermore, they attributed the breakdown in PCV [redacted] medical care to several key factors: (1) the organization of case management and dissemination of duties within the PC/Morocco health unit; (2) ineffective communication with regard to the transfer of patient information; and (3) lapses in the professional judgment of the PCMOs involved in PCV [redacted] care during the last month of [redacted] life.

The OIG assessment disclosed that the post medical staff efforts were hampered by the large number of Volunteers that are under their care. The ratio of Volunteers to PCMOs at the post had been previously noted by the Director, Office of Medical Services (OMS), as well as the recent OIG/Evaluations Unit report on PC/Morocco.

PEACE CORPS VOLUNTEER [redacted]

BACKGROUND

The Peace Corps program in Morocco (PC/Morocco) is second largest post in the world. Volunteers are assigned to projects in four primary areas: youth development, health, environment, and small business development. As of November 17, 2009, the agency reported that 254 Volunteers were serving in Morocco.

.[3]

The official hours of duty for the medical unit are 8:00 AM to 5:00 PM, Monday through Friday. However, a PCMO is available 24 hours a day, seven days a week via the medical duty cell phone or electronic mail (email).

Each Volunteer is provided a Peace Corps Morocco Health Handbook, which contains contact information for the health unit and each PCMO. The handbook also discusses medical policies, preventative health practices, food and water sanitation, common diseases, and the Peace Corps medical kit. The health introduction to the handbook notes the following:

> One of the important tasks you will face in Morocco will be that of maintaining your health and this may be something that you have taken for granted most of your life. The key to your continuing good health will depend upon how well you assume Personal Responsibility for your own health.
>
> Potential diseases here are often related to poor sanitary conditions. Therefore, personal responsibility for good health is not just desirable but essential, and is a significant part of your total responsibility as a Volunteer.

OBJECTIVES, SCOPE, AND METHODOLOGY

The Office of Inspector General is mandated to prevent and detect fraud, waste, abuse, and mismanagement and to promote effectiveness and efficiency in government. In February 1989, the Peace Corps/OIG was established under the Inspector General Act of 1978, as amended, and is an independent entity within the Peace Corps. The Inspector General (IG) is under the general supervision of the Peace Corps Director and reports both to the Director and Congress.

To address Director Williams' concerns the Inspector General assembled a multi-discipline team consisting of members from our evaluation and investigation units. The Inspector General also contracted the services of two medical experts:

[3] The education, training, and professional experiences of the PCMOs is addressed in a separate OIG Report.

is the

and has been a

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travelled to Morocco with the OIG and visited facilities and spoke to the physicians at each hospital that PCV presented in last days.[4] [See Attachment: Resume]

is currently &

conducted a review of all the medical records provided to OIG.[5] [See Attachment: Resume]

The OIG conducted over 30 interviews at PC/Headquarters, PC/Morocco, and Moroccan health facilities. We also interviewed numerous Volunteers and spoke to the Volunteer Action Committee (VAC), Youth Development Volunteers, and Small Business Development Volunteers at the post.

The OIG identified and reviewed relevant policies and technical guidelines, PCV application package, medical handbooks, performance evaluations, VAC memorandums, resumes, certifications, personal records, medical degrees, accommodation material, medical records, electronic mail, telephone records, and other pertinent documentation.

We conducted in-country fieldwork between Site visits included Peace Corps operations in site and youth development center in , the in and the clinic in .

FACTS AND CIRCUMSTANCES RELATED TO THE ILLNESS AND DEATH

1. *Chronology of Events*

The OIG developed a chronology that details the health care provided to PCV by the PC/Morocco medical staff. After arrival in , PCV

. Although the majority of the communication occurred between August and November 2009, the following chronology of events documents specific contact with the post's medical unit and local health care providers in Morocco:

[4]This doctor was referred to the Peace Corps OIG by the U.S. State Department Office of medical Services
[5]This medical expert was referred to the Peace Corps OIG by U.S. Department of Health and Human Services

With regard to health care, several dated entries mention information that was shared between the PCMOs or medical information that was provided to local health providers. The OIG was unable to verify many such assertions because the alleged communications were not documented in the medical unit's health records. The issue of lapses in medical communications is addressed in a separate OIG Report.

[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
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2. ***Expert Medical Reviews***

EVALUATION OF THE HEALTH CARE PROVIDED TO PCV

Director Williams asked the OIG to evaluate the health care provided to PCV . While reviewing the relevant facts and circumstances and consulting with both medical experts the OIG found three significant shortcomings on the part of the PC/Morocco medical unit: (1) failure to recognize changes in PCV condition); (2) failure to intervene in a timely fashion; and (3) failure to effectively communicate concerns. The first two shortcomings speak directly to the professional judgment of the PCMOs.[12] The issue of ineffective communication was noted in the medical unit's apparent failure to communicate important patient information to OMS about PCV .

- **<u>Failure to Recognize Changes in Health Conditions: Professional Judgment</u>**

Our medical expert assessed that the two hospitals to which PCV was admitted, diagnosed promptly and correctly, and treated appropriately, given their capabilities and the information communicated by the PCMO duty officer. However, both medical experts independently noted that there were medical acts of both omission and commission[13] by the PCMOs in which led directly to an inability to recognize changes in health and

[12] Beyond professional judgment are variables such as cultural differences, training, education, monitoring of PCMOs, the lack of effective policies and procedures, fatigue, placing a nurse in a position of diagnosing and treatment. These matters are addressed in a separate OIG Report.

[13] Omission is defined as apathy toward or neglect of duty; something left undone.Commission is defined as a formal written warrant granting the power to perform various acts or duties; an authorization or command to act in a prescribed manner; a group of persons directed to perform some duty.

correctly diagnose PCV [redacted] condition in a timely manner. One of our medical experts identified the following instances of poor professional judgment that directly impacted PCV [redacted] health. The following summary is taken from a report authored by one of the OIG medical expert. See Attachment 1.

Acts of Omission - Lost Opportunities:

[redacted].

Acts of Commission – Two Misdiagnoses within Nine Days: Candida and Influenza

[redacted]

[redacted]

Failure to Intervene in a Timely Fashion: Professional Judgment

- ***Failure to Effectively Communicate: OMS Notification***

OMS was notified about less than one hour before passed away. . However, had OMS been contacted, a dialogue could have occurred about whether to medically evacuate out of country. There was no request to OMS to medically evacuate PCV

The OMS field consultation process makes it possible for posts to contact headquarters to utilize medical resources and specialists in the U.S. to inform and respond to urgent medical situations. An OMS Medical Duty officer is available 24 hours a day, seven days a week, and is expected to respond to field consultation calls within a 20-minute timeframe. According to the Technical Guidelines (TG) 370, PCMOs should contact OMS for a consultation when a Volunteer has a significant illness or any clinical situation that requires information, resources, or expertise that exceeds the training, skills, or qualifications of the PCMO and local consultants. Per TG 110 that outlines roles and responsibilities for PCMOs, PCMOs must seek prompt consultation with OMS for all health conditions that may place a Volunteer at high risk of morbidity or mortality. These situations require that the PCMO determine when and if to involve OMS.

The OMS Chief of Clinical Programs believed that OMS should have been informed However, OMS was not informed , approximately 15 minutes before death. The Director of Clinical Programs stated that it was a professional judgment call on when to inform OMS, but , OMS should have been advised.

. In OIG interviews, PCMO reported that he considered contacting OMS , but stated that he first wanted to stabilize PCV .

The field consultation process, which requires the PCMO determine when to contact OMS, underscores the high degree of confidence placed in the professional judgment of the PCMO. A lot of responsibility is placed on one person's judgment and a system is not in place to prevent failures of this magnitude.

RECOMMENDATIONS MADE BY OIG MEDICAL EXPERTS

Based upon a review of the facts and circumstances involved in PCV ███ illness and health care, our medical experts developed the following recommendations:

1. Clear policies and guidelines need to be in place to ensure that PCMOs who are nurses are not practicing beyond the scope their training, and are at the very least consulting with a trusted local doctor whenever a patient has ███ or other potentially life-threatening complaints. The actual practice in ███ is to let PCMO ███ treat whatever he feels competent to treat, without the need for consultation. OMS should assist post with developing guidelines that require escalation for PCMO Senior Physician Review. This should include a review of the PCMO cross-coverage scheduling procedures.
2. The Peace Corps should give serious consideration to hiring more American physicians to serve as Area PCMOs overseas, so that all PCMOs would be more closely clinically supervised by an American trained physician. In this case, PCMO ███ had some of the same misunderstandings about the significance of ███
3. If all three PCMOs in Morocco are going to share being on call, they need to share information daily on any Peace Corps Volunteers who are ill. This also includes reviewing the availability of medical records to local healthcare workers and a requirement for written evaluation and documented interventions based on patient complaints.
4. A PCMO should be present as soon as possible after the hospitalization of a Peace Corps Volunteer anywhere in the country. In this case PCMO ███ waited more than 24 hours to go see the patient.
5. Peace Corps Morocco needs to have in place agreements with both any available private companies and the Ministry of Defense to perform air medevacs in-country. Evacuating ███ by helicopter early from ███ to a hospital in ███ would have given ███ a better chance of surviving.
6. Policies need to be reinforced about the importance of notifying Peace Corps OMS immediately when a Peace Corps Volunteer falls seriously ill.
7. At the next Continuing Medical Education course for PCMOs, review uncommon presentations of common ███.
8. OMS should evaluate the effectiveness of the present training, education and credentialing processes and procedures.
9. The PC/Morocco medical unit must develop effective hand-off processes and standardization.

Recommendations

1. Clear policies and guidelines need to be in place to ensure that PCMOs who are nurses are not practicing beyond the scope their training, and are at the very least consulting with a trusted local doctor whenever a patient has or other potentially life-threatening complaints. The actual practice in is to let PCMO treat whatever he feels competent to treat, without the need for consultation.
2. The Peace Corps should give serious consideration to hiring more American physicians to serve as Area PCMOs overseas, so that all PCMOs would be more closely clinically supervised by an American trained physician. In this case, PCMO had some of the same misunderstandings about the significance of yeast (candida) in the stool as nurse .
3. If all three PCMOs in Morocco are going to share being on call, they need to share information daily on any Peace Corps volunteers who are ill. In this case important information was not shared by PCMO .
4. A PCMO should be present as soon as possible after the hospitalization of a Peace Corps volunteer anywhere in the country. In this case PCMO waited more than 24 hours to go see the patient.
5. Peace Corps Morocco needs to have in place agreements with both any available private companies and the Ministry of Defense to perform air medevacs in-country.
6. Policies need to be reinforced about the importance of notifying Peace Corps OMS immediately when a Peace Corps volunteer falls seriously ill.
7. At next Continuing Medical Education course for PCMOs, review uncommon presentations of common

Attachment 2

Joaquin E. Ferrao
Deputy Inspector General & Legal Counsel
Peace Corps Office of Inspector General
Dear Mr. Ferrao,
I appreciate the opportunity to assist the Peace Corps in an external review of the medical record and review of findings in the circumstances surrounding the unfortunate death of a Peace Corps Volunteer in Morocco. I am very impressed regarding the Peace Corps teams concern, compassion, professionalism, expertise, collaboration and attention to detail in the fact finding, reporting and sharing of information. My case summary and opinions are based on the Peace Corps Ambulatory and Hospital Medical records, undated Chest X-Ray and investigations including the communications among the Peace Corps Medical Officers (2 physicians and Nurse). My comments are primarily focused to Peace Corps ambulatory activities however the medical records reflect suboptimal care during [redacted]).

In summary:

1. Excellent Peace Corps Medical & Psychological Screening Evaluation prior to assignment
2. [redacted]
3. Other Issues:
    a. Communication (written and verbal) lapses leading to transitions of care failures
    b. I am unclear regarding Nurse to Physician escalation process – Nurse apparently expected to diagnose patient's condition.
4. Recommendations:
    a. Root Cause Analysis (e.g. Joint Commission process) that should include detailed evaluation of Communication
    b. Evaluate On-going Training and Education and Credentialing effectiveness
    c. Decide if there are any "stop the line" mandates that require escalation for PCMO Senior Physician Review
    d. Effective Hand-Off Process and Standardization

e. Availability of Medical Records to Healthcare Workers with requirement for written evaluation and interventions based on patient complaints

f. Review Physician Cross-Coverage Scheduling and if Nurse is adequate to cross-cover physician

If you have any questions or concerns regarding my review please do not hesitate to contact me.