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VETERANS HEALTH ADMINISTRATION

Leaders' Failure to Resolve Cardiology Department Challenges at the Richard L. Roudebush VA Medical Center in Indianapolis, Indiana

Healthcare Inspection | 22-00029-183 | August 23, 2023

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Executive Summary

The VA Office of Inspector General (OIG) conducted a healthcare inspection to evaluate leaders' responses to long-standing Cardiology Department staffing and workplace challenges at the Richard L. Roudebush VA Medical Center (facility) in Indianapolis, Indiana.

In November 2021, while conducting a separate healthcare inspection regarding quality-of-care concerns within the Cardiology Department, an OIG team learned of broader concerns pertaining to the department and its leadership. The OIG recognized that these concerns were not new; in 2020, the OIG published a report regarding challenges in the facility's Cardiology Department, including a high level of cardiologist turnover.[1] The OIG found, "the facility estimated that since October 2016, six cardiologists, including a previous service [cardiology] chief, left the facility. As of June 2019, four of the eight (50 percent) full-time equivalent employee (FTEE) cardiologist positions remained vacant."[2] In December 2019 and July 2020, the Veterans Health Administration's (VHA) Office of the Medical Inspector (OMI) and the National Cardiology Program Office (NCPO) conducted reviews at the facility; both reviews outlined cardiology staffing and leadership challenges.[3]

Because of the repetitive nature of the concerns, the OIG initiated a separate inspection on December 21, 2021. This inspection focused on the Cardiology Department to assess the

- extent and nature of cardiologist staffing challenges, and
- efficacy of facility leaders' actions to resolve identified Cardiology Department issues.

The OIG reviewed cardiology staffing data and facility leaders' actions toward resolving identified challenges from July 1, 2019, through December 31, 2021.

Inspection Summary and Results

The OIG found that long-standing facility Cardiology Department challenges, identified during 2019 and 2020 OIG, OMI, and NCPO oversight reviews, remained unresolved. Although NCPO gave clear guidance about the actions and resources needed to sustain, support, and strengthen the Cardiology Department, the OIG determined facility leaders' responses were neither timely

[1] VA OIG, *Alleged Issues in the Cardiology Department at the Richard L. Roudebush VA Medical Center*, Report No. 19-07090-90, February 27, 2020.

[2] VA OIG, Alleged Issues in the Cardiology Department at the Richard L. Roudebush VA Medical Center.

[3] The VHA Office of the Medical Inspector "independently investigates health care issues raised by Veterans and other stakeholders to monitor and improve the quality of care provided by VHA," accessed August 8, 2022, https://www.va.gov/health/medicalinspector/index.asp.

nor commensurate with the associated recommendations and failed to resolve the underlying issues. Specifically, facility leaders failed to

- resolve cardiologist staffing deficits,
- support the chief of cardiology, and
- restore the partnership with the university affiliate.

During the February 2022 site visit, the OIG found that Cardiology Department conditions continued to decline, forcing leaders to act urgently in an attempt to stabilize cardiologists staffing and restore cardiology services.

Leaders Failed to Create a Culture that Supports and Sustains Positive Change

The OIG found that facility leaders' lack of commitment to and accountability for the Cardiology Department's challenges, compounded by a lack of stability within key leadership positions within the chief of cardiology's chain of command, undermined efforts to resolve the department's deficiencies. The OIG found a persistent pattern of staff turnover and lack of permanency in key leadership positions responsible for oversight of the Cardiology Department. For example, the chief of medicine position, who has direct oversight of the chief of cardiology, was occupied by five different individuals, and the Chief of Staff position by four individuals, during the review period (see Figure 1).

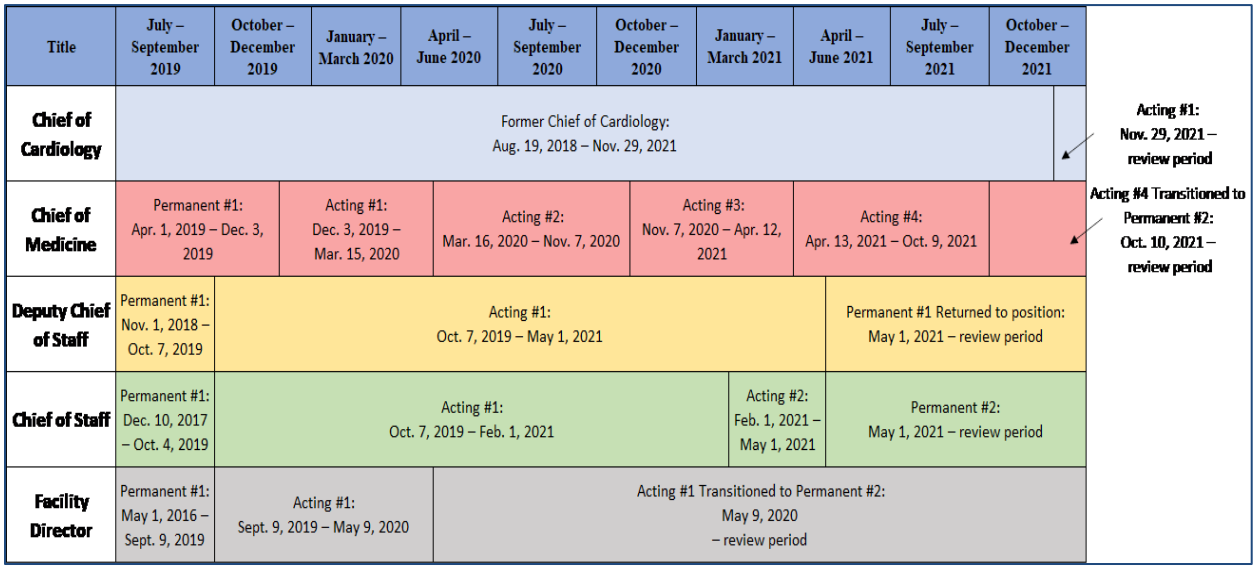

Figure 1. *Chief of cardiology chain of command; leaders' position tenure.*
Source: Facility's Quality, Safety, and Value staff.

The chief of medicine, permanently appointed in October 2021, reported the lack of "strong leadership" was a "significant impediment in recognizing" and taking action toward resolving

the Cardiology Department's challenges. A former executive leader agreed and explained the lack of permanency in the chief of medicine position began in 2019 after challenges with a former Chief of Staff led a former chief of medicine to "step down" and no one "internally was willing to take the position."

The Facility Director reported relying on the Chief of Staff's office for awareness of the Cardiology Department's challenges. However, the OIG noted there were four different individuals who served as the Chief of Staff during the OIG review period. Although appointed nine months prior to the OIG interview, the Chief of Staff shared not being familiar with the details of prior cardiology related reviews or action plans, explaining that there were "some agencies coming through giving some advice." The OIG would have expected the Chief of Staff to have reviewed and taken action to resolve NCPO's findings and recommendations. The OIG found the Facility Director and Chief of Staff diverted accountability and placed blame on the former chief of cardiology for the Cardiology Department's continued challenges.

Failure to Resolve Chronic Cardiologist Staffing Deficits

Facility leaders failed to maintain adequate cardiologist staffing levels, particularly for specialty cardiologists, which resulted in the reduction and, at times, full diversion of specialty cardiology services.[4]

As of December 2021, the facility's Cardiology Department had three of the allotted eight (37.5 percent) cardiologists (two general cardiologists and one interventional cardiologist). Conditions further declined in January 2022 when the sole interventional cardiologist could no longer perform interventional procedures.[5]

Throughout the OIG review period, the Cardiology Department never reached the cardiologist staffing level of eight providers. However, 75 percent of the targeted cardiologist staffing level was achieved and sustained for the five-month period shown below. Figure 2 depicts the fluctuation in the number of cardiologists from June 2019–December 2021.[6]

[4] VHA Directive 1101.05(2), *Emergency Medicine*, September 2, 2016, amended March 7, 2017. "Diversion is a situation in which all patients or a selected group of patients who would normally be treated by the VA medical facility cannot be accepted for admission and evaluation because the appropriate beds are not available, needed services cannot be provided, staffing is inadequate, acceptance of another patient would jeopardize the ability to properly care for those already at the facility, or disaster has interrupted normal operations."

[5] The sole interventional cardiologist was the former chief of cardiology whom leaders had reassigned from the chief position to a staff interventional cardiology position in late November 2021.

[6] VA OIG, *Alleged Issues in the Cardiology Department at the Richard L. Roudebush VA Medical Center*. The timeline begins in June 2019, capturing the number of cardiologists on staff reported in the 2020 OIG report.

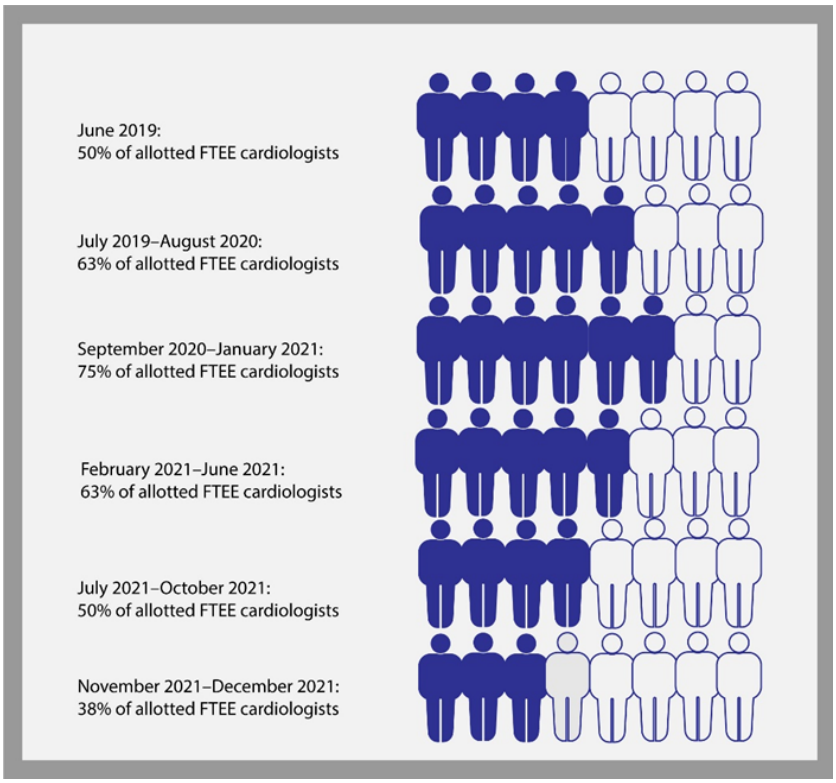

Figure 2. *Staff cardiologists from June through December 31, 2021. Figure is a visual representation of the actual versus targeted number of cardiologists. The shapes that are shaded represent the number of cardiologists employed at the facility while the outlined figures represent the number of cardiologist vacancies.*
Source: The OIG's analysis of the Cardiology Department cardiologist staffing data provided by Veterans Integrated Service Network 10 human resources staff, with additions and revisions made by facility Quality Management and Medicine Service staff.
Note: Cardiologist staffing data for July 2019 to August 2020 was rounded up to the nearest whole number for calculation purposes; the actual average for this period was 4.86 out of 8 FTEE cardiologists and actual percentage was 61.

Through data review, the OIG found five specialty cardiologists (two electrophysiologists and three interventional cardiologists) left the facility during the OIG review period.[7] The OIG interviewed four of the former specialty cardiologists. When asked what prompted the decision to leave the facility, a former specialty cardiologist explained the number of cardiologists was not enough to cover the workload and on-call schedule, a sentiment echoed by other cardiologists interviewed.

The reduction and eventual loss of specialty cardiologists affected patients' access to specialty cardiology procedures at the facility, the retention of nurse practitioners and cardiac catheterization laboratory (CCL) nursing staff, as well as workplace stability and morale. In

[7] In contrast to the specialty cardiologists, staffing data revealed no losses of general cardiologists; the two general cardiologists, hired in February 2019 and October 2019, remained employed at the facility.

February 2022, the Cardiology Department had no practicing specialty cardiologists, the CCL was on diversion, and all related minimally invasive cardiology procedures were outsourced to the community. The instability within the department, fluctuations in workload, and reduced training and mentorship opportunities contributed to four nurse practitioners and six CCL nurses departure or pending departure from the Cardiology Department.

Failure to Support the Chief of Cardiology

Facility leaders failed to provide the chief of cardiology the support and resources needed to stabilize, sustain, and develop the Cardiology Department as recommended by NCPO. The former chief of cardiology was not afforded the protected administrative time for program management, did not receive position-specific training and mentorship, and was not assigned dedicated administrative support staff.

Rather than gain protected time to perform administrative duties, the chief of cardiology incurred additional clinical care responsibilities to cardiologist staffing attrition. Additionally, facility leaders were unsuccessful in securing a formal mentor for the former chief of cardiology; the Facility Director and the former Veterans Integrated Service Network Chief Medical Officer reported that it was difficult to secure a mentor due to the COVID-19 pandemic. Further, despite the former chief of cardiology formally requesting that a dedicated administrative support staff be assigned to the Cardiology Department, facility leaders provided a program analyst, who concurrently supported five departments. A former leader explained the Medicine Service had a centralized administrative team who was asked to "pay attention to cardiology" but expressed doubt that this would meet the department's needs.

Failure to Restore University Affiliate Partnership

VHA conducts an education and training program for residents from a variety of healthcare professions through partnerships with affiliated US academic institutions to enhance the quality and timeliness of health care provided to veterans. This clinical learning environment enhances VHA's "ability to attract and retain high-quality professional staff," as well as benefiting VHA facilities that may utilize residents in times of physician shortages.[8]

NCPO found the relationship between the facility's Cardiology Department and the university affiliate was "fractured," and recommended that facility leaders, at a "higher-level" position than the chief of cardiology, work "to reestablish the Cardiology relationship with the University of Indiana (university affiliate). Specifically, NCPO recommended that the "Chief of Medicine, Chief of Staff, and the Facility Director," and the university affiliate conduct a joint assessment of the problems and identify and implement mutually beneficial solutions such as joint

[8] "Mission of the Office of Academic Affiliations," VA Office of Academic Affiliations, accessed April 13, 2022, https://www.va.gov/oaa/oaa_mission.asp; 38 U.S.C. § 7302.

recruitment of faculty physicians. Facility leaders failed to follow NCPO recommendations aimed at restoring the facility's partnership with the university affiliate.

The chief of medicine informed the OIG that in the summer of 2021, the university affiliate pulled their "fellowship learners" from the facility's interventional cardiology program after learning of problems (loss of providers and decreased services) within interventional cardiology.

The Chief of Staff reported being informed of the challenges with the university affiliate by a prior acting Chief of Staff. The Chief of Staff requested the former chief of cardiology "make amends" with the university affiliate but said the former chief of cardiology "was hesitant" and "did not take any initiative" to do so. At that point, the OIG did not find the Chief of Staff took further action to reestablish the partnership with the university affiliate and did not seem aware of the related NCPO recommendation.

The Facility Director said facility leaders were unaware of the extent of the Cardiology Department's continued impaired relationship with the university affiliate because the former chief of cardiology did not share any concerns. When questioned whose responsibility it was to be aware of the issues, the Facility Director reported relying on the Chief of Staff's office and expertise. (Four individuals served as the Chief of Staff during the review period.)

Despite NCPO placing the onus of the recommendation to higher levels of leadership, the OIG found the Facility Director and Chief of Staff diverted accountability and blamed the former chief of cardiology for the inability to restore the relationship with the university affiliate.

Leaders' Actions Post-OIG Inspection Review Period

The continued decline in the Cardiology Department's staffing and services forced leaders to act urgently in an attempt to stabilize the department. When conducting virtual interviews, the OIG found leaders, particularly the chief of medicine, had initiated targeted efforts toward supporting and stabilizing the Cardiology Department.

The chief of medicine reported focusing efforts on "rehabilitating our relationship" and had met with the university affiliate several times. As a result of the developing partnership, the university affiliate assisted leaders to co-recruit a new chief of cardiology. The chief of cardiology was appointed March 27, 2022, and worked part-time until becoming full-time on September 26, 2022.

In October 2022, the OIG followed up with facility leaders about the status of the facility's efforts in hiring additional cardiologists, providing specialty cardiology procedures, repairing relations between the Cardiology Department and the university affiliate, and key leadership stability. The OIG found progress toward these efforts was steady, albeit slow.

The facility had 4.5 FTEE cardiologists providing patient care, including two general cardiologists, the chief of cardiology, one interventional cardiologist, and a 0.5 FTEE

electrophysiologist. The electrophysiologist and an interventional cardiologist were hired in August. Further cardiologist recruitment efforts were ongoing.

The chief of medicine reported some electrophysiology cardiology procedures were performed at the facility in April. Although the CCL remained on ST-segment elevation myocardial infarction diversion, the CCL reopened on June 27, 2022, at which time a fee-based interventional cardiologist performed two patient cardiac catheterization procedures.[9]

The chief of medicine reported continued progress in the Cardiology Departments' collaboration and partnership with the university affiliate as evidenced by continued joint cardiologist recruitment, the return of cardiology fellows to the facility, and assistance with patient care and on-call coverage. "Cath lab [CCL]" fellows returned to the facility at the end of June 2022 and an electrophysiology fellow may begin in 2023. Further, fee-based providers from the university affiliate assisted with the provision of cardiology patient care and on-call coverage at the facility.

In November 2022, the OIG received updates on key leadership positions; the chief of medicine and Chief of Staff remained constant. As of September 11, 2022, all positions with oversight responsibilities for the Cardiology Department were filled with permanent appointees.

Although facility leaders have made targeted efforts to remedy the Cardiology Department's challenges, given the history and the inability to sustain periodic improvements, the OIG remains concerned about the Cardiology Department's continued and future stability.

With the passage of time, changes in cardiologists staffing, and new facility and service leadership, the 2020 NCPO recommendations may no longer be relevant to the current status and future vision of the Cardiology Department. The OIG recommends that facility leaders, in consultation with NCPO, reevaluate the Cardiology Department and establish and implement a long-term service plan that includes cardiology services and cardiologist staffing levels. Further, facility leaders need to support the chief of cardiology and provide the dedicated resources needed to develop, implement, and sustain Cardiology Department changes.

The OIG made two recommendations to the Veterans Integrated Service Network Director related to oversight of Cardiology Department actions and assurance of sustained progression.

The OIG made two recommendations to the Facility Director related to consultation with NCPO regarding cardiology staffing and services, and providing the Cardiology Department the support and resources needed.

[9] As of October 2022, the facility's CCL remained on ST-segment elevation myocardial infarction diversion. However, the chief of medicine reported the facility began providing some electrophysiology related cardiology procedures in April and interventional cardiology related services in June 2022. "STEMI Heart Attack," Cleveland Clinic, accessed November 21, 2022, https://my.clevelandclinic.org/health/diseases/22068-stemi-heart-attack. A STEMI "is a type of heart attack that is more serious and has a greater risk of serious complications and death. . . [and] causes a distinct pattern on an electrocardiogram."

VA Comments and OIG Response

The Veterans Integrated Network and Facility Directors concurred with the findings and recommendations and provided acceptable action plans (see appendixes A and B). The OIG will follow up on the planned actions until they are completed.

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Assistant Inspector General
for Healthcare Inspections

Contents

Abbreviations

ADPCS	Associate Director Patient Care Services
CCL	cardiac catheterization laboratory
FTEE	full-time equivalent employee
NCPO	National Cardiology Program Office
OIG	Office of Inspector General
OMI	Office of the Medical Inspector
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network

Introduction

The VA Office of Inspector General (OIG) conducted a healthcare inspection to evaluate leaders' responses to long-standing Cardiology Department staffing and workplace challenges at the Richard L. Roudebush VA Medical Center (facility) in Indianapolis, Indiana.

Background

The facility is part of Veterans Integrated Service Network (VISN) 10 and is classified as a level 1a, high-complexity facility.[1] The facility provides acute inpatient medical, surgical, and rehabilitation care, as well as outpatient primary and specialized services such as "comprehensive cardiac" care. From October 1, 2020, through September 30, 2021, the facility served 62,787 unique patients. The facility is affiliated with over 59 academic institutions, including the Indiana University School of Medicine. The facility provides education to "more than 2,500 students each year including 150 fellows, 775 residents, 832 medical students, 680 nursing students, 48 physician assistant students, and 51 pharmacy students."[2]

Academic Affiliations and Residency Programs

Under federal law, the Veterans Health Administration (VHA) "shall develop and carry out a program of education and training of health personnel" for its own needs and those of the nation.[3] As one of four statutory missions, VHA conducts an education and training program for students and residents from a variety of healthcare professions to enhance the quality and timeliness of health care provided to veterans. In accordance with this mission, "education and training efforts are accomplished through coordinated programs and activities in partnership with affiliated U.S. academic institutions."[4] This clinical learning environment contributes to the quality of patient care and enhances VHA's "ability to attract and retain high-quality

[1] VHA Office of Productivity, Efficiency and Staffing (OPES), "Facility Complexity Model Fact Sheet," September 13, 2021. The VHA Facility Complexity Model categorizes VHA facilities into one of five groups including 1a (highest complexity), 1b, 1c, 2, or 3 (the least complex).

[2] "About Us," VA Indiana Healthcare System, accessed May 12, 2022, https://www.va.gov/indiana-health-care/about-us/; Harvard Medical School, "Should I see a resident doctor?" accessed June 17, 2019, https://www.health.harvard.edu/healthcare/should-i-see-a-resident-doctor. Residents are doctors who have graduated from medical school and are in specialized training to become a particular type of doctor; *Merriam-Webster*, "fellow," accessed August 8, 2022, https://www.merriam-webster.com/dictionary/fellow. A fellow is a medical doctor who has completed training as an intern and resident and engages in further study or research in a medical specialty.

[3] 38 U.S.C. § 7302.

[4] "Mission of the Office of Academic Affiliations," VA Office of Academic Affiliations, accessed April 13, 2022, https://www.va.gov/oaa/oaa_mission.asp.

professional staff."[5] These affiliations also benefit VHA facilities in utilizing residents in times of physician shortages.[6]

Cardiology

Cardiology, a subspecialty of internal medicine, focuses on prevention and management of heart disease. Cardiologists are physicians who "treat chest pain, high blood pressure and heart failure," in addition to heart valve and blood vessel problems, "and other heart and vascular issues."[7] Depending on a patient's treatment needs, cardiac care may be provided by a general cardiologist or in conjunction with a cardiology specialist, such as an electrophysiologist or an interventional cardiologist. An electrophysiologist is a cardiologist with specialized training to treat the heart's electrical system by performing minimally invasive cardiac procedures including implanting pacemakers and ablation therapy.[8] Interventional cardiologists specialize in non-surgical treatment of narrowed heart arteries by performing minimally invasive procedures, such as angioplasty and stenting, to improve blood flow to the heart.[9]

Cardiac Catheterization Laboratory

A cardiac catheterization laboratory (CCL) is a hospital room where interventional cardiologists perform minimally invasive tests and procedures. CCL nurses are part of a patient's care team; the care team works together to prepare the patient for a procedure, assist the cardiologist with the procedure, and monitor the patient's condition for changes that may need attention. [10]

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[5] "Mission of the Office of Academic Affiliations," VA Office of Academic Affiliations, accessed August 3, 2023, https://www.va.gov/oaa/.

[6] 38 U.S.C. § 7302.

[7] "What is a Cardiologist?" Cleveland Clinic accessed April 7, 2022, https://my.clevelandclinic.org/health/articles/21983-cardiologist.

[8] "Your Care Team if You Have Atrial Fibrillation," The Society for Cardiovascular Angiography and Interventions website, accessed May 24, 2022, http://www.secondscount.org/heart-condition-centers/info-detail-2/your-care-team-if-you-have-atrial-fibrillation#.Y2vcF9fMKUl; "Pacemakers & Atrial Fibrillation," The Society for Cardiovascular Angiography and Interventions, accessed June 15, 2022, as of August 2, 2023, this website is no longer accessible. A pacemaker is a battery-powered device, implanted under the skin, that keeps the heart beating, regularly sending electrical impulses to the heart; "Cardiac Ablation," Mayo Clinic, accessed June 15, 2022, https://www.mayoclinic.org/tests-procedures/cardiac-ablation/about/pac-20384993. Cardiac ablation is a procedure during which a catheter is inserted through a vein or artery into the heart. Via catheter, heat or cold energy is used to create small scars in areas of the heart to block irregular heart rhythms.

[9] "What is a Cardiac Catheterization Lab?" The Society for Cardiovascular Angiography and Interventions, accessed May 24, 2022, as of August 2, 2023, this website is no longer accessible.; Cleveland Clinic, "Angioplasty," accessed August 8, 2022, https://my.clevelandclinic.org/health/treatments/22060-angioplasty. "Angioplasty is a procedure that creates more space inside an artery that has plaque built up. . . " so blood can flow through. At times, a stent (tube) is placed "inside the newly opened space to keep it open."; *Merriam-Webster*, "Stenting," accessed August 24, 2022, https://www.merriam-webster.com./medical/stenting. "A surgical procedure or operation for inserting a stent into an anatomical vessel."

[10] "What is a Cardiac Catheterization Lab?" The Society for Cardiovascular Angiography and Interventions website.

Prior OIG Report

In February 2020, the OIG published a report related to staffing challenges within the facility's Cardiology Department; the report identified a high level of cardiologist turnover. Per the report, "the facility estimated that since October 2016, six cardiologists, including a previous service [cardiology] chief, left the facility. As of June 2019, four of the eight (50 percent) full-time equivalent employee (FTEE) cardiologist positions remained vacant."[11] The most common reasons former cardiologists attributed for leaving the facility were a hostile work environment, high staff turnover resulting in increased workload, and low salary. "Facility leaders credited internal strife, time and attendance issues, and resentment over not being able to work at the university affiliate on VA time," as the reasons for the Cardiology Department challenges.[12] The OIG made two recommendations related to cardiology staffing recruitment and retention.

The Facility Director's response included an action plan targeting Cardiology Department staffing levels of seven full-time cardiologists, in addition to one cardiology chief, and four nurse practitioners, a total of 12 staff. The facility measured success as achieving 75 percent staffing levels of all cardiology staffing positions (9 of 12) by September 30, 2020.[13] In December 2020, the facility submitted evidence to the OIG that the Cardiology Department staffing level had exceeded 75 percent for six months. The OIG reviewed the documentation and closed the related recommendation on December 23, 2020.

In January 2023, the OIG published a report with recommendations related to the credentialing, privileging, and evaluation of a cardiologist at the facility.[14] The OIG team conducting the inspection learned of broader Cardiology Department issues, including ineffective leadership and cardiology staffing shortages reminiscent of the OIG 2020 report. These issues are the focus of this inspection.

Prior VHA Reviews

December 2019: Office of the Medical Inspector

In October 2019, the Office of the Medical Inspector (OMI) conducted an inspection at the facility to investigate allegations that "Facility leadership's behavior was causing excessive

[11] VA OIG, *Alleged Issues in the Cardiology Department at the Richard L. Roudebush VA Medical Center*, Report No. 19-07090-90, February 27, 2020.

[12] VA OIG, Alleged Issues in the Cardiology Department at the Richard L. Roudebush VA Medical Center.

[13] VA OIG, Alleged Issues in the Cardiology Department at the Richard L. Roudebush VA Medical Center.

[14] VA OIG, *Deficiencies in Credentialing, Privileging, and Evaluating a Cardiologist at the Richard L. Roudebush VA Medical Center in Indianapolis, Indiana*, Report No. 22-00029-40, January 17, 2023.

losses of clinical personnel affecting medical care . . .."[15] In December 2019, OMI completed the investigation and substantiated the facility had "excessive personnel losses, including clinical leadership and specialty services, as a result of several conduct issues attributed to the [former] Chief of Staff. . . "

While on site, OMI identified "concerns regarding Cardiology provider losses, recruitment difficulties,. . . timely leadership training, and excessive on-call hours, which may limit the ability to maintain a cardiology practice." Cardiology related recommendations included

- ensuring "clinical and administrative roles of service chiefs" were balanced;
- reviewing the need for additional support for the chief of cardiology;
- providing "appropriate and timely leadership training" to new leaders "pertinent to their position description"; and
- consulting the "VHA National Consultant for Cardiology regarding program scope, quality, staffing, and future directions."[16]

July 2020: National Cardiology Program Office

As recommended by OMI, the National Cardiology Program Office (NCPO) conducted a July 2020 cardiology-specific site visit at the facility. The July 2020 NCPO report (NCPO report) emphasized that the facility had "been faced with evolving leadership [executive and clinical leaders], chronic turnover and severe physician understaffing in the Cardiology program, and the temporary loss of cardiothoracic surgery program." The NCPO report included findings regarding the Cardiology Department's unique challenges and needs and provided specific recommendations regarding the resources and actions needed to support, sustain, and strengthen the department. Recommendations were related to

- cardiology physician type and staffing level for the 1a, high-complexity facility,
- cardiology physician recruitment,
- Indiana University School of Medicine's Cardiology Program (university affiliate) partnership restoration,
- leadership and administrative support for the Cardiology Department, and

[15] "VHA Office of the Medical Inspector," VHA, accessed August 8, 2022, https://www.va.gov/health/medicalinspector/index.asp. The VHA Office of the Medical Inspector "independently investigates health care issues raised by Veterans and other stakeholders to monitor and improve the quality of care provided by VHA."

[16] OMI refers to the National Cardiology Program Office (NCPO) as the "VHA National Consultant for Cardiology."

- leadership training and mentoring for the chief of cardiology.[17]

Concerns

In November 2021, while conducting a separate healthcare inspection regarding a facility interventional cardiologist's quality of patient care, an OIG team learned of broader, ongoing concerns pertaining to the Cardiology Department and its leadership.[18] At that time, the OIG shared a summary of the concerns with the Facility Director.[19] Because of the repetitive nature of these concerns as identified in the 2020 OIG report, the 2019 OMI report, and the 2020 NCPO report, the OIG initiated this inspection.

The inspection focused on the Cardiology Department to assess the

- extent and nature of cardiologist staffing challenges, and
- efficacy of facility leaders' actions to resolve the previously identified Cardiology Department issues.

The OIG also assessed additional concerns related to how cardiology staffing and the resulting reduction in cardiac procedures affected nurse practitioners and the workplace stability and morale of CCL nursing staff.

Scope and Methodology

The OIG opened the inspection on December 21, 2021, initiated a virtual site visit the week of February 14, 2022, and conducted interviews through May 24, 2022. The period of review was July 1, 2019, through December 31, 2021; however, the OIG received status updates for critical areas until early November 2022. The OIG team interviewed former and incumbent VISN 10 leaders, facility executives, clinical leaders, and cardiology and CCL nursing staff knowledgeable about the challenges.[20] The OIG team also reviewed and utilized interviews from a separate OIG virtual inspection conducted November 15–December 2, 2021.

[17] For the purpose of this report, OIG considers cardiology physician and cardiologist to be the same.

[18] The OIG healthcare inspection team referenced published a report with their findings in January 2023. VA OIG, *Deficiencies in Credentialing, Privileging, and Evaluating a Cardiologist at the Richard L. Roudebush VA Medical Center in Indianapolis, Indiana*, Report No. 22-00029-40, January 17, 2023.

[19] The OIG learned that, in late November, facility leaders reassigned the chief of cardiology to a staff interventional cardiologist position.

[20] VISN 10 interviews included the acting VISN 10 Network Director and acting VISN 10 Chief Medical Officer. For the purpose of this report, the OIG used the term *executive leaders* when referring to the Facility Director, Chief of Staff, and Associate Director Patient Care Services (ADPCS), and used *clinical leaders* when referring to the deputy chief of staff, chief of medicine, former chief of cardiology, deputy ADPCS, and chief nurse of patient care services procedural medicine.

The OIG reviewed relevant VHA and facility policies; facility documents including staffing and personnel data and prior OIG, OMI, and NCPO oversight reviews and correlating facility action plans. The OIG reviewed the NCPO report recommendations and the facility's corresponding action plans when evaluating leaders' actions toward the resolution of the department's challenges. The OIG did not independently verify facility data for accuracy or completeness.

In the absence of current VA or VHA policy, the OIG considered previous guidance to be in effect until superseded by an updated or recertified directive, handbook, or other policy document on the same or similar issue(s).

Oversight authority to review the programs and operations of VA medical facilities is authorized by the Inspector General Act of 1978, as amended, 5 U.S.C. §§ 401–424. The OIG reviews available evidence to determine whether reported concerns or allegations are valid within a specified scope and methodology of a healthcare inspection and, if so, to make recommendations to VA leaders on patient care issues. Findings and recommendations do not define a standard of care or establish legal liability.

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

Inspection Results

The OIG found long-standing facility Cardiology Department challenges, identified during 2019 and 2020 OIG, OMI, and NCPO oversight reviews, remained unresolved. Although NCPO gave clear guidance about the actions and resources needed to sustain, support, and strengthen the Cardiology Department, the OIG determined facility leaders' responses were neither timely nor commensurate with the associated recommendations, and failed to resolve the underlying challenges.

Specifically, the OIG found that during the period of review, facility leaders failed to

- resolve cardiologist staffing deficits,
- support the chief of cardiology, and
- restore the partnership with the university affiliate.

Further, the OIG found that facility leaders' lack of ownership of the challenges, compounded by frequent turnover in key leadership positions within the chief of cardiology's chain of command, undermined efforts to resolve the Cardiology Department's deficiencies.

During the February 2022 site visit, the OIG found that conditions continued to decline forcing leaders to act urgently in an attempt to stabilize cardiologist staffing and restore Cardiology Department services.

1. Failure to Resolve Chronic Cardiologist Staffing Deficits

The OIG determined that facility leaders failed to maintain adequate cardiologist staffing levels, particularly for specialty cardiologists, which resulted in the reduction and, at times, full diversion, of specialty cardiology services.[21] Also, inadequate cardiology staffing negatively affected the retention of nurse practitioners and CCL nursing staff.

The facility's Cardiology Department staffing plan generally mirrored NCPO's **minimum** recommended cardiologist physician staffing. The staffing plan included three general cardiologists, four specialty cardiologists (two electrophysiologists and two interventional cardiologists), and one chief of cardiology. Additionally, the Cardiology Department had four nurse practitioner positions.

The OIG reviewed the NCPO report and noted the emphasis placed on the urgent need for facility leaders to increase support resources and cardiology physician staffing, otherwise

[21] VHA Directive 1101.05(2), *Emergency Medicine*, September 2, 2016, amended March 7, 2017. "Diversion is a situation in which all patients or a selected group of patients who would normally be treated by the VA medical facility cannot be accepted for admission and evaluation because the appropriate beds are not available, needed services cannot be provided, staffing is inadequate, acceptance of another patient would jeopardize the ability to properly care for those already at the facility, or disaster has interrupted normal operations."

warning of the consequences to patient care. The report characterized the cardiology program as "very stressed," noting that "high-quality Veteran care" would not be "sustainable for the long term" without facility leaders committing additional support resources and increasing cardiology physician staffing.

Despite this urgency, staffing remained substantially lower than minimum levels established by NCPO. The OIG's review of the cardiologist staffing data revealed that, as of December 2021, the Cardiology Department had three of the allotted eight (37.5 percent) cardiologists.

- Electrophysiology—0.0 physicians
- Interventional Cardiology—1.0 physician
- General Cardiology—2.0 physicians
- Chief of Cardiology—0.0 physicians

The facility cardiology staffing data revealed that throughout the review period, the Cardiology Department never reached the cardiology physician staffing level of eight; however, 75 percent of the targeted cardiology physician staffing level was achieved and sustained for the five-month period shown below. Figure 1 depicts the fluctuation in the average number of staff cardiologists from June 2019 through December 31, 2021.[22]

[22] VA OIG, *Alleged Issues in the Cardiology Department at the Richard L. Roudebush VA Medical Center*. The timeline begins in June 2019, capturing the number of cardiologists on staff reported in the 2020 OIG report.

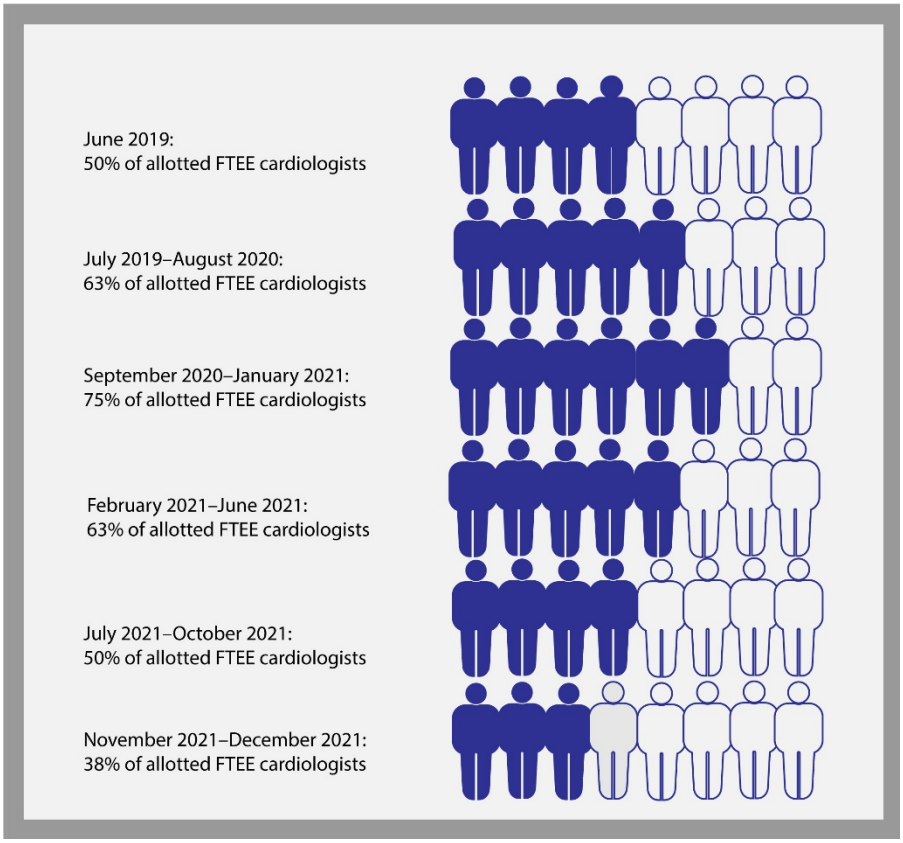

Figure 1. *Staff cardiologists from June through December 31, 2021. The figure is a visual representation of the actual versus targeted number of cardiologists. The shapes that are shaded represent the number of cardiologists employed at the facility while the outlined figures represent the number of cardiologist vacancies.*
Source: The OIG's analysis of the Cardiology Department cardiologist staffing data provided by VISN 10 human resources staff, with additions and revisions made by facility Quality Management and Medicine Service staff.
Note: Cardiologist staffing data for July 2019 to August 2020 was rounded up to the nearest whole number for calculation purposes; the actual average for this period was 4.86 out of 8 FTEE cardiologists and actual percentage was 61.

The OIG's review of cardiology staffing data revealed that as of December 2021, the facility's Cardiology Department staffing consisted of two general cardiologists and the former chief of cardiology, who was reassigned to a staff interventional cardiology position effective November 29, 2021.[23] Further, the OIG learned that the number of cardiologists employed at the facility did not always represent the number of cardiologists providing patient care.

- On November 20, 2020, the facility's sole electrophysiologist was suspended from providing patient care until termination on January 19, 2021.

[23] The OIG was informed that following the former chief of cardiology's reassignment, the chief of medicine served as the acting chief of cardiology.

- On April 21, 2021, one of the two interventional cardiologists provided the last episode of patient care before resigning but remained formally employed until June 2, 2021.
- On May 14, 2021, the second interventional cardiologist's cardiac catheterization privileges were suspended and remained suspended until October 28, 2021; the interventional cardiologist resigned on October 29, 2021.
- In January 2022, the former chief of cardiology, who had been the sole interventional cardiologist performing procedures since May 2021, could no longer perform interventional procedures.

Specialty Cardiologist Attrition

Through data review, the OIG found five specialty cardiologists (two electrophysiologists and three interventional cardiologists) left the facility during the OIG review period (July 2019 through December 31, 2021).[24]

The OIG interviewed four of the former specialty cardiologists. When asked what prompted the decision to leave the facility, a former specialty cardiologist explained the number of cardiologists was not enough to cover the workload and on-call schedule, a sentiment echoed by other cardiologists interviewed. The former specialty cardiologist added that the Cardiology Department had been understaffed for a long time and there seemed to be an inability to recruit cardiologists. The former specialty cardiologist said three cardiologists were doing the work of eight, and for a period, only the former specialty cardiologist and the former chief of cardiology were responsible for on-call weekend coverage. The former specialty cardiologist added "[we] were doing our best and trying to survive" until additional cardiologists were hired. However, the former specialty cardiologist reported looking for other employment after a conversation with the former chief of medicine regarding program concerns, which left the cardiologist feeling unappreciated for the hard work and disheartened by a response that nothing could be done to address the concerns discussed.

The former chief of cardiology also shared disappointment regarding the lack of facility leaders' support and investment in the department and expressed frustration that, despite having developed a plan for more staff, facility leaders did not prioritize hiring cardiologists and bypassed qualified candidates. The former chief of cardiology felt facility leaders did not care about cardiologists' struggle to manage workload or how cardiology staffing impacted patient services.

The OIG concluded that cardiology physician staffing, primarily the number of specialty cardiologists, remained chronically inadequate and cardiologist staffing increases were not

[24] In contrast to the specialty cardiologists staffing levels, staffing data revealed no losses of general cardiologists; the two general cardiologists, hired in February 2019 and October 2019, remained employed at the facility.

sustained. Additionally, the workload for existing cardiologists remained high, continuing to burden an already fragile workforce. As a result, the facility significantly reduced cardiology services.

Consequences of Low Specialty Cardiology Physician Staffing

The OIG determined that the reduction and eventual loss of specialty cardiologists affected patients' access to specialty cardiology procedures at the facility, the retention of nurse practitioners and CCL nursing staff, and workplace stability. When conducting virtual interviews in February 2022, the OIG learned the facility had no practicing specialty cardiologists, the CCL was on full diversion, and all related minimally invasive cardiology procedures were being outsourced to the community.[25]

Reduction of Cardiology Services

The OIG found that due to the decrease in the number of specialty cardiologists, the availability of related specialty cardiology services performed at the level 1a, high-complexity facility was reduced and eventually suspended.

During interviews, four cardiologists and the former chief of cardiology expressed concerns regarding the impact low cardiology physician staffing had on the quality, timeliness, and availability of related patient care. The former chief of cardiology explained that despite cardiology staff "stretching" to meet patient care needs, they were unable to keep up with care demands resulting in care delays and redirecting of patients to cardiology services in the community.

Electrophysiology Procedure Reduction Timeline

- November 20, 2020, the last electrophysiology procedure performed by a facility electrophysiologist.
- November 24, 2020, through June 22, 2021, 34 electrophysiology procedures were performed at the facility by a fee-based provider.

[25] As of October 2022, the facility's CCL remained on ST-segment elevation myocardial infarction diversion. However, the chief of medicine reported the facility began providing some electrophysiology related cardiology procedures in April and interventional cardiology related services in June 2022. "STEMI Heart Attack" Cleveland Clinic, accessed November 21, 2022, https://my.clevelandclinic.org/health/diseases/22068-stemi-heart-attack. A STEMI "is a type of heart attack that is more serious and has a greater risk of serious complications and death. . . [and] causes a distinct pattern on an electrocardiogram."

- June 23, 2021, through May 23, 2022, no electrophysiology procedures were performed at the facility.[26]

Interventional Cardiology Procedure Reduction Timeline

- May 18, 2021, CCL placed on weekend ST-segment elevation myocardial infarction (STEMI) diversion, as last full-time facility interventional cardiologist is suspended from conducting procedures.
- August 30, 2021, CCL placed on after-hours and weekend STEMI diversion.
- January 14, 2022, last interventional cardiology procedure performed at the facility.
- January 18, 2022, VISN notified that CCL placed on STEMI diversion status.

Cardiology Department Nurse Practitioners

Through a review of cardiology provider staffing data and interviews, the OIG learned that the loss of specialty cardiologists directly contributed to the loss of nurse practitioners in the Cardiology Department. Nurse practitioner staffing data revealed that, from March through December 2021, three Cardiology Department nurse practitioners resigned (one of the three retired) from the facility. When the OIG inquired about these departures, the chief of medicine and the former chief of cardiology both shared an example of a nurse practitioner who was new to the field, became overwhelmed without having an electrophysiology mentor, and left the department. The former chief of cardiology reported that low cardiology staffing, increased workload, and the lack of support and mentorship contributed to three other nurse practitioners' departures. As of December 2021, the Cardiology Department had two of the allotted four nurse practitioners, one of whom also planned to leave the department.

CCL Nursing Staff

The OIG found that the decline of specialty cardiology physician staffing and the subsequent reduction of cardiology services negatively impacted CCL nursing staff retention and workplace stability and morale.

From July 2019 through October 2021, nursing staff data reflected gains and losses in the number of CCL nursing staff; however, in November and December 2021, the OIG noted a sharp increase in CCL nursing staff departures and pending departures. Specifically, during this two-month time frame, three CCL nurses left the department and an additional three planned to leave. Furthermore, three of the six CCL nurses who had left or planned to leave had been in the department for four months or less.

[26] Correspondence with the facility's Deputy Chief, Quality, Safety, and Value and Medicine Service line staff reported that electrophysiology procedures resumed at the facility on May 24, 2022, when the new chief of cardiology, an electrophysiologist, began working part-time in the facility's Cardiology Department.

During OIG interviews, CCL nurses and nursing leaders shared their perspectives about how the loss of cardiology physicians negatively impacted the CCL work environment and staff morale. Specifically, CCL nurses described feeling defeated and frustrated with the fluctuation in the number of procedures performed, rescheduling patient procedures, inconsistent workload, and reduced opportunities for training and skill development.

The chief nurse of procedural medicine (chief nurse) and the Associate Director Patient Care Services (ADPCS) described the interdependent relationship between cardiology providers and nursing staff retention. The chief nurse explained that the changes in the number of cardiologists caused CCL nursing staff workload to be "either feast or famine"; consequently, when the workload is slow, CCL nurses are detailed to other patient care areas, which negatively impacts morale. The ADPCS shared that with the unstable work environment and the high demand for nursing staff in the community, nurses may leave the VA for the private sector where they can continue practicing in their specialty area and earn a higher salary. The ADPCS opined that when additional cardiologists are hired, the difficulties recruiting and retaining CCL nurses will resolve.

The OIG concluded that, as the number of specialty cardiologists declined, related cardiology services performed at the facility were reduced and eventually suspended. The reduction and suspension of services limited patients' access to specialty cardiology procedures, decreased mentorship opportunities for nurse practitioners, and disrupted workplace stability for CCL nursing staff.

2. Failure to Support Chief of Cardiology

The OIG determined that facility leaders failed to provide the chief of cardiology the support and resources needed to stabilize, sustain, and develop the Cardiology Department. Specifically, the chief of cardiology was not afforded the protected administrative time for program management, did not receive position-specific training and mentorship, and was not assigned dedicated administrative support staff as recommended by NCPO.

NCPO identified significant program needs within the Cardiology Department, including the "development of a long-term plan for staffing of services, development of clinical research, space planning, and development of a robust quality program." Further, NCPO emphasized that low cardiology physician staffing undermined program development efforts. NCPO made recommendations geared toward ensuring the chief of cardiology had the time, mentorship and training, and administrative assistance needed to effectively develop and manage the Cardiology Department.

Protected Administrative Time

NCPO and OMI recognized the need for the chief of cardiology's clinical and administrative roles to be balanced. The NCPO report specifically recommended that facility leaders ensure the

"chief of cardiology has 50% time protected for program development and physician recruitment [administrative duties]. . . " However, the OIG found that, rather than gain protected time to perform administrative duties, the chief of cardiology incurred additional clinical care responsibilities.

During an interview with the OIG, the former chief of cardiology reported feeling overwhelmed covering patient care due to the continued decrease in the number of cardiologists. The former chief of cardiology recalled having a productivity level at 300 percent and covering the on-call every day, night, and weekend. The former chief of cardiology reported feeling like facility leaders did not care about cardiologists' struggle to manage workload or how cardiology staffing impacted patient services.

The OIG team reviewed cardiology STEMI on-call schedules, interventional procedures performed at the facility, and cardiology staffing data, and discussed the former chief of cardiology's schedule and time commitments with facility leaders. The OIG learned that beginning in May 2021 and continuing through January 14, 2022, the former chief of cardiology was the only facility cardiologist conducting interventional procedures. Additionally, a review of on-call schedules provided by Medicine Service staff revealed the former chief of cardiology was the sole physician covering after-hours STEMI on-call from April 26, 2021, until the facility went on after-hour diversion on August 30, 2021. Further, per the chief of medicine, the former chief of cardiology was the only physician on-call for STEMI procedures during business hours from September 1, through November 30, 2021.

The on-call demands of the former chief of cardiology were confirmed by a former executive leader and the chief of medicine. The former executive leader shared that the former chief of cardiology "was the only interventional cardiologist taking call because of staffing limitations, and it was decided we [the facility] would go on diversion for STEMI call in the evenings and weekends so [the former chief of cardiology] could get a break."

Given the clinical workload, on-call coverage demands, and only the former chief of cardiology conducting interventional procedures since May 2021, the OIG found it reasonable to conclude that the former chief of cardiology did not have the recommended protected administrative time.

Mentorship

NCPO agreed with OMI's recommendation for the former chief of cardiology to receive leadership training and recommended the facility develop a mentorship plan for the facility chief of cardiology. Specifically, NCPO recommended that facility leaders develop a "plan for Chief of Cardiology education that includes mentorship by an experienced Chief of Cardiology from another VA who can be temporarily assigned or detailed to the Indianapolis VA for a few weeks. This should include:

- Scheduling coverage of all services

- Evaluating Program needs
- Managing staff training
- Managing staff HR [human resource] issues
- Management of functional relationships with academic affiliates
- Development of clinical research at the VA"

Through interviews, email correspondence, and document reviews, the OIG found facility leaders were unsuccessful in securing a formal mentor for the former chief of cardiology, as NCPO recommended. The facility-provided mentorship consisted of several contacts between the former chief of cardiology and another chief of cardiology within the VISN.

During an OIG interview, the Facility Director stated that although unable to secure a formal mentor for the former chief of cardiology, "I think we made a good faith effort to do so and tried to at least hook [the former chief] up with someone informally. It's very difficult to find a cardiologist who's willing to do that [accept a detail to a different facility]." The Facility Director reported contacting a chief of cardiology within the VISN who agreed to be "supportive" of the former chief of cardiology's questions. The Facility Director invited the "supportive" chief of cardiology to a meeting with the former chief of cardiology to discuss the Cardiology Department's strategic plan. The Facility Director shared that the two chiefs had a collegial discussion but was unaware if they had further contact. Through OIG email correspondence, the identified mentor reported having "several [Microsoft] TEAMS or phone sessions" with the former chief of cardiology between October 2020 and February 2021.

The Facility Director reported requesting the VISN Chief Medical Officer assist with securing a mentor for the former chief of cardiology; however, despite attempts to assist, the VISN Chief Medical Officer was unsuccessful. The OIG team reviewed email correspondence between a former facility acting Chief of Staff, the VISN's Chief Medical Officer, and the NCPO program director. The VISN's email response to the facility noted the difficulty during COVID-19, writing "It is a significant ask to detail a Cardiologist for several weeks, specifically as facilities try to work down the backlog post-COVID shutdown," and suggested the facility consider a "virtual mentor." NCPO responded to the email's content, acknowledged the VISN's concerns, and agreed that a virtual mentor was reasonable. Through email correspondence with the OIG, the former VISN Chief Medical Officer confirmed the VISN attempted to assist the facility to obtain a mentor for the former chief of cardiology but explained the difficulties due to "multiple COVID surges" during the fall of 2020.

Administrative Support

The OIG determined facility leaders did not assign a dedicated administrative support staff to the chief of cardiology. NCPO recommended the facility assign one FTEE such as a program analyst

or health system specialist (GS-11 level minimum) to provide administrative support to the chief of cardiology.

In November 2020, the former chief of cardiology developed a business plan, which included a request for one FTEE health system specialist to be assigned to the Cardiology Department. The former chief of cardiology reported the Facility Director had nearly guaranteed the Cardiology Department would receive the administrative support being requested, but the administrative support position was not approved.

The OIG team interviewed facility leaders regarding the administrative support provided to the former chief of cardiology. One former executive leader shared that the Medicine Service had a centralized administrative team and that no new administrators were assigned to the Cardiology Department. The former leader added that the administrative team was told to "pay attention to cardiology," but expressed doubt that a "non-dedicated" administrative assistant would meet the Cardiology Department's needs.

The Facility Director reported that a program analyst was assigned as the administrative support person for the former chief of cardiology. Upon further OIG inquiry, the Facility Director acknowledged that the program analyst concurrently supported five departments within the Medicine Service but "knows cardiology very well." When the OIG noted that the former chief of cardiology was not afforded dedicated administrative support staff, the Facility Director stated that, "for context," at that time, the facility was "in the middle of the first and second COVID surges. . . and focuses were stretched in many directions."

The OIG concluded that facility leaders failed to provide the former chief of cardiology the level of support and resources needed to successfully manage and develop the Cardiology Department. The OIG acknowledged COVID-19 pandemic related stressors likely magnified difficulties securing a mentor for the former chief of cardiology; however, the OIG did not find evidence or support that the COVID-19 pandemic was a factor in the failure to provide a dedicated FTEE administrative support position to the Cardiology Department.

3. Failure to Restore University Affiliate Partnership

The OIG determined that the chief of medicine, Chief of Staff, and Facility Director failed to follow NCPO recommendations aimed at restoring the facility's partnership with the university affiliate. Specifically, leaders failed to conduct an assessment of the long-standing problems between the Cardiology Department and the university affiliate and to identify and implement mutually beneficial solutions.

The NCPO report noted that advantages of VA employment that attract physicians to VA (quality of life, academic and research, education and program development) were not available in the facility's Cardiology Department. NCPO found the relationship between the facility and the university affiliate was "fractured," had "been deteriorating for some time," and was

"localized" to the facility's Cardiology Department. NCPO linked the facility's difficulties recruiting cardiology physicians to the impaired relationship. As such, NCPO recommended the "Chief of Medicine, Chief of Staff, and the Facility Director," work "to reestablish the Cardiology relationship with the University of Indiana." Specifically, NCPO recommended that leaders, at a "higher-level" position than the chief of cardiology, conduct a joint assessment with the university affiliate of the problems and identify and implement mutually beneficial solutions such as joint recruitment for faculty physicians and development of a cardiology research program.

The OIG team interviewed executive and clinical leaders to determine the progress leaders had made toward repairing the relationship and partnering with the university affiliate and found no remarkable progress during the OIG review period; rather, the partnership had further declined. Former leaders and the chief of medicine acknowledged long-standing challenges in the facility Cardiology Department's partnership with the university affiliate that predated the former chief of cardiology's tenure. The chief of medicine explained that in the summer of 2021, the university affiliate pulled their "fellowship learners" from the facility's interventional cardiology program after learning of various problems (loss of providers and decreased services) within interventional cardiology.

When interviewed, the Chief of Staff reported being informed of the conflict between the former chief of cardiology and the university affiliate by the prior acting Chiefs of Staff. The Chief of Staff reported discussing the issue with and requesting that the former chief of cardiology "work through that [the conflict with the university affiliate] and make amends"; however, the Chief of Staff stated that the former chief of cardiology "was hesitant" and "did not take any initiative" to resolve the conflict. The Chief of Staff reported meeting with the university affiliate and the former chief of cardiology to discuss the affiliate's concerns regarding fellowship training; however, the Chief of Staff reported that chief of cardiology did not accept the affiliate's feedback and the affiliate removed cardiology fellows from the facility. At this point, the OIG did not find the Chief of Staff took any further action to reestablish the partnership with the university affiliate and did not seem aware of the related NCPO recommendation.

The Facility Director said that initially facility leaders were unaware of the extent of the Cardiology Department's continued impaired relationship with the university affiliate because the former chief of cardiology did not share any concerns. However, the Facility Director noticed the "downturn" in the relationship when the university affiliate pulled cardiac fellows from the facility. When the OIG asked who was responsible to be aware of and knowledgeable about the department's issues versus taking the former chief of cardiology's word, the Facility Director reported relying on the Chief of Staff's office and expertise; however, the OIG notes there were four Chiefs of Staff during the review period.

The OIG concluded that despite NCPO directing this recommendation to higher levels of leadership, the chief of medicine, Chief of Staff, and the Facility Director failed to conduct an

assessment of the long-standing relationship problems between the Cardiology Department and the university affiliate and failed to identify and implement mutually beneficial solutions. Further, the Facility Director and Chief of Staff diverted accountability and blamed the former chief of cardiology for the inability to restore the relationship with the university affiliate.

4. Leaders Failed to Create a Culture that Supports and Sustains Positive Change

The OIG found that facility leaders' lack of commitment to and accountability for the Cardiology Department's challenges, compounded by frequent turnover and lack of permanency in key leadership positions within the chief of cardiology's chain of command, undermined efforts to resolve the department's deficiencies.

Effective leadership has been cited as "among the most critical components that lead an organization to effective and successful outcomes."[27] Effective leaders manage organizational risks by establishing goals, strategies, and priorities to improve care; setting expectations for quality care delivery; and promoting a culture to sustain positive change.[28]

In July 2020, NCPO reported the facility had "been affected by a great number of transitioning leadership positions and reported issues with previous leadership. All the leaders interviewed (Director, Chief of Staff, Medical Service Chief, Chief of Cardiology, and Cardiology Nurse Manager) were either in acting roles or were recently placed in their positions. While this may have been unavoidable, the unstable environment contributed to the instability in the Cardiology Department." In recognition of the relationship between stable leadership support and the Cardiology Department's success, NCPO asked that facility leaders partner with the Cardiology Department to solve the difficult challenges identified.

During the OIG review period (July 1, 2019, through December 31, 2021), the OIG learned there was high turnover, and frequent use of temporary (or acting) staff in key leadership positions continued to persist. For example, the chief of medicine position, which has direct oversight of the chief of cardiology, was occupied by five different individuals, and the Chief of Staff position by four individuals, during the review period. Leadership changes are depicted in figure 2.

[27] Danae F. Sfantou et al., "Importance of Leadership Style Towards Quality of Care Measures in Healthcare Settings: A Systematic Review," Healthcare (Basel) 5, no. 4 (October 14, 2017): 73, https://doi.org/10.3390/healthcare5040073.

[28] Anam Parand et al., "The Role of Hospital Managers in Quality and Patient Safety: A Systematic Review," British Medical Journal 4, no. 9 (September 5, 2014), https://doi.org/10.1136/bmjopen-2014-005055.

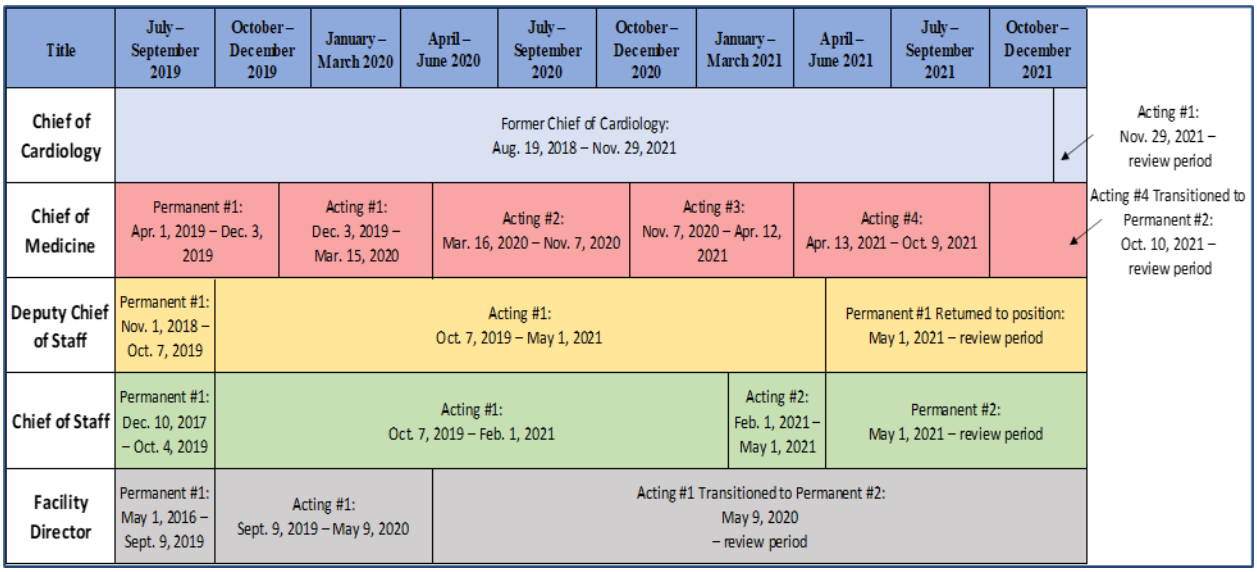

Figure 2. *Chief of cardiology chain of command; leaders' position tenure.*
Source: Facility's Quality, Safety, and Value staff.

When questioned about the frequent turnover in key leadership positions, facility leaders and a former leader discussed how the frequent changes in leadership positions impeded timely progress toward the resolution of challenges in the Cardiology Department. The chief of medicine noted the lack of permanency with a series of individuals serving in the chief of medicine and Chief of Staff positions for multiple years. The chief of medicine shared that the lack of "strong leadership" was a "significant impediment in recognizing" and taking action toward resolving the Cardiology Department's challenges, adding there were likely "some significant red flags going on as to the risk of further degradation of services." A former executive leader agreed that the impact of the turnover in the chief of medicine position was significant. Furthermore, the former executive leader shed light on the lack of permanency for the Medicine Service, explaining that a former chief of medicine "stepped down" in 2019 largely due to challenges with a former Chief of Staff and reported no one "internally was willing to take" the chief of medicine position.

The Facility Director reported the extent of the Cardiology Department challenges were not known to leaders because the former chief of cardiology did not communicate concerns. The Facility Director reported relying on the Chief of Staff's office for awareness of the Cardiology Department's challenges; however, the OIG noted there were four different individuals who served as the Chief of Staff during the OIG review period. Although appointed nine months prior to the OIG interview, the Chief of Staff shared not being familiar with the details of prior cardiology related reviews or action plans, stating that there were "some agencies coming through giving some advice." The OIG would have expected the Chief of Staff to have reviewed and taken action to resolve NCPO's findings and recommendations.

The OIG concluded that the persistent pattern of staff turnover and lack of permanency in key leadership positions undermined efforts to stabilize the Cardiology Department. Further, the frequent turnover contributed to leaders not taking ownership or accountability for their responsibility in resolving the long-standing challenges in the Cardiology Department.

5. Leaders' Actions Post-OIG Inspection Review Period

The OIG found that the continued decline in the Cardiology Department's staffing and services forced leaders to act urgently in an attempt to stabilize the department. In February 2022, when conducting virtual interviews, the OIG found executive and clinical leaders, particularly the chief of medicine, had initiated targeted efforts toward supporting and stabilizing the Cardiology Department.

When interviewed in mid-February 2022, the chief of medicine reported focusing efforts on "rehabilitating our relationship" and conducting meetings with the university affiliate. As a result of the developing partnership, the chief of medicine reported that the university affiliate's involvement in the cardiology program had increased. For example, the chief of medicine stated the university affiliate assisted leaders to co-recruit a new chief of cardiology, who was scheduled to begin the end of March 2022.

In October 2022, the OIG followed up with facility leaders about the status of the facility's efforts hiring additional cardiologists, providing specialty cardiology procedures, repairing relations between the Cardiology Department and the university affiliate, and leadership stability. Facility leaders and staff responded to the OIG status request by providing the updates outlined below.[29] The OIG found progress toward these efforts was steady, albeit slow.

April 2022

The two general cardiologists remained at the facility; no new general cardiologists had been hired. A new chief of cardiology was appointed March 27, 2022; however, due to relocation logistics, the chief of cardiology worked in a part-time capacity until becoming full-time on September 26, 2022.[30]

October 2022

Facility Cardiologists

The facility had 4.5 FTEE cardiologists providing patient care, including two general cardiologists, the chief of cardiology, one interventional cardiologist, and a 0.5 FTEE

[29] The status updates were provided by facility leaders and medicine, nursing, and quality management services, as well as the Chief of Staff's office.

[30] Per facility leaders, the newly appointed chief of cardiology was an electrophysiologist and began providing related patient care services on May 24, 2022.

electrophysiologist.[31] The electrophysiologist and an interventional cardiologist were hired in August and began performing specialty cardiology services in September 2022. Both cardiologists were hired as full-time VA employees; however, 50 percent of the electrophysiologist's time was dedicated to patient care while the other 50 percent was protected research time. Additionally, the facility had a number of fee-based electrophysiologists, general, and interventional cardiologists, who provided cardiology services and assisted with on-call coverage at the facility.

Specialty Cardiology Services

The facility's CCL remained on STEMI diversion. However, the chief of medicine reported the facility began providing some electrophysiology related cardiology procedures in April and interventional cardiology related services in June 2022. The facility's CCL reopened on June 27, 2022, at which time a fee-based interventional cardiology performed two cardiac catheter patient procedures.[32]

Relationship with the University Affiliate

The chief of medicine reported continued progress in the Cardiology Departments' collaboration and partnership with the university affiliate as evidenced by continued joint cardiologist recruitment, the return of cardiology fellows to the facility, and assistance with patient care and on-call coverage. Per the chief of medicine, the last three cardiologists hired (chief of cardiology, interventional cardiologist, and electrophysiologist) were all through joint recruitment efforts with the university affiliate. In regard to cardiology fellows from the university affiliate, "cath lab [CCL] fellows" returned to the facility at the end of June 2022 and an electrophysiology fellow may begin in 2023. Further, fee-based providers from the university affiliate assisted with the provision of cardiology patient care and on-call coverage at the facility.

November 2022

In November 2022, the OIG received a response from quality management staff to the request for current (as of November 8, 2022) relevant facility leadership staffing data.

Stability in Key Leadership Positions

The OIG team noted increased stability in key leadership positions with oversight responsibilities for the Cardiology Department from January 1, 2022, through November 8, 2022. Although there were some staffing changes, the chief of medicine and Chief of Staff remained constant, and as of September 11, 2022, all positions with oversight responsibilities for the Cardiology

[31] Although employed at the facility, the former chief of cardiology had not provided direct patient care after starting extended leave on April 28, 2022.

[32] Per facility leaders, the CCL was closed from January 18 through June 26, 2022.

Department were filled with permanent appointments. Figure 3 depicts the tenure of these leaders beginning January 1, 2022, through November 8, 2022.

<table>
<tr><th>Title</th><th>January 2022</th><th>February 2022</th><th>March 2022</th><th>April 2022</th><th>May 2022</th><th>June 2022</th><th>July 2022</th><th>August 2022</th><th>September 2022</th><th>October 2022</th><th>November 2022</th></tr>
<tr><td>Chief of Cardiology</td><td colspan="3">Acting #1:
Nov. 29, 2021 – Mar. 26, 2022</td><td colspan="8">Permanent #1:
Mar. 27, 2022 – Current</td></tr>
<tr><td>Chief of Medicine</td><td colspan="11">Permanent #2:
Oct. 10, 2021 – Current</td></tr>
<tr><td>Deputy Chief of Staff</td><td>Permanent #1:
May 1, 2021 – Jan. 31, 2022</td><td colspan="3">Acting #1:
Jan. 31, 2022 – Apr. 24, 2022</td><td colspan="7">Acting #1 Transitioned to Permanent #3:
Apr. 24, 2022 – Current</td></tr>
<tr><td>Chief of Staff</td><td colspan="11">Permanent #2:
May 1, 2021 – Current</td></tr>
<tr><td>Facility Director</td><td colspan="4">Permanent #2:
May 9, 2020 – May 8, 2022</td><td colspan="4">Acting #2:
May 8, 2022 – Sep. 11, 2022</td><td colspan="3">Acting #2 Transitioned to Permanent #3:
Sep. 11, 2022 – Current</td></tr>
</table>

Figure 3. *Chief of cardiology chain of command; leaders' position tenure. The term current refers to as of November 8, 2022, which was the date the facility last provided the leader staffing data to the OIG team. Source: Facility's Quality, Safety, and Value staff.*

The OIG deduced that the permanency in the chief of medicine's position and the engagement of this clinical leader in resolving known challenges, was essential in the Cardiology Department's continued progress in staffing, recruitment, and restoring the relationship with the university affiliate throughout 2022. Although the OIG acknowledged that facility leaders have made targeted efforts to remedy the Cardiology Department's challenges, given the history and the inability to sustain periodic improvements, the OIG remains concerned about the Cardiology Department's continued and future stability and recommends VISN oversight.

The OIG recognizes that with the passage of time, changes in cardiologist staffing, and new facility and service leadership, the 2020 NCPO recommendations may no longer be relevant to the current status and future vision of the Cardiology Department. The OIG recommends that facility leaders, in consultation with NCPO, reevaluate the Cardiology Department and establish and implement a long-term service plan that includes cardiology services and cardiologist staffing levels. Further, facility leaders need to support the chief of cardiology and provide the dedicated resources to develop, implement, and sustain Cardiology Department changes.

Conclusion

At the time this inspection was initiated, late December 2021, the OIG found that long-standing facility Cardiology Department challenges remained unresolved. The OIG determined that although NCPO gave clear guidance about the actions and resources needed to sustain, support,

and strengthen the Cardiology Department, facility leaders' responses were neither timely nor commensurate with the associated recommendations and failed to resolve underlying challenges.

Cardiology physician staffing, primarily specialty cardiologists, remained inadequate, and cardiologist staffing increases were not sustained. Additionally, the workload for existing cardiologists remained high, continuing to burden an already fragile workforce. The reduction and eventual loss of specialty cardiologists affected patients' access to specialty cardiology procedures at the facility, the retention of nurse practitioners and CCL nursing staff, and workplace stability.

The OIG found facility leaders failed to provide the former chief of cardiology the level of support and resources needed to successfully manage and develop the Cardiology Department. The former chief of cardiology did not have the protected administrative time for program development as low cardiology staffing and the resultant increase in clinical workload demands monopolized the former chief of cardiology's time. Additionally, despite facility leaders' attempts to secure a mentor for the former chief of cardiology, including seeking assistance from the VISN and NCPO, the former chief of cardiology did not receive the mentorship needed to successfully develop the program. Further, the former chief of cardiology was not afforded a dedicated FTEE administrative support position to assist in developing and managing the Cardiology Department.

The chief of medicine, Chief of Staff, and Facility Director failed to follow NCPO recommendations aimed at restoring the facility's partnership with the university affiliate. Despite NCPO directing this recommendation to higher levels of leadership, the chief of medicine, Chief of Staff, and the Facility Director failed to conduct an assessment of the relationship problems between the Cardiology Department and the university affiliate and failed to identify and implement mutually beneficial solutions. Further, the Facility Director and Chief of Staff diverted accountability blaming the former chief of cardiology for the inability to restore the relationship with the university affiliate.

The OIG found a persistent pattern of staff turnover in key leadership positions who provided oversight of the Cardiology Department. The frequent turnover contributed to leaders' failure to take ownership of and accountability for the department's challenges and undermined efforts to stabilize the Cardiology Department.

The continued decline in the Cardiology Department's staffing and services throughout 2021 and early 2022 forced leaders to act urgently to stabilize the department. In February 2022, the OIG learned that the chief of medicine had initiated targeted efforts toward supporting and stabilizing the Cardiology Department, specifically focusing efforts on restoring the relationship with the university affiliate; as a result, the university affiliate assisted facility leaders to co-recruit a new chief of cardiology. As of October 2022, the facility had 4.5 FTEE cardiologists providing patient care, including two general cardiologists, the chief of cardiology, one interventional cardiologist, and a 0.5 FTEE electrophysiologist. The facility's CCL remained on STEMI

diversion in October; however, the facility began providing some electrophysiology related cardiology procedures in April and interventional cardiology related services in June 2022.

Although facility leaders have made modest efforts to resolve challenges, given the department's history and the inability to sustain periodic improvements, the OIG remains concerned about the Cardiology Department's continued and future stability. The OIG recognizes that 2020 NCPO recommendations may no longer be relevant to the current status and future vision of the Cardiology Department and recommends leaders reevaluate the Cardiology Department's service and staffing plan.

Recommendations 1–4

1. The Richard L Roudebush VA Medical Center Director ensures the Chief of Staff, chief of medicine, and chief of cardiology, in consultation with the National Cardiology Program Office, reevaluate the Cardiology Department and establish and implement a long-term service plan that includes cardiology services and cardiologist and specialty cardiologist staffing levels.

2. The Richard L Roudebush VA Medical Center Director provides the chief of cardiology with the dedicated resources needed to develop, implement, and sustain Cardiology Department changes.

3. The Veterans Integrated Service Network Director provides oversight of the Richard L Roudebush VA Medical Center Director's development and implementation of a long-term Cardiology Department plan, monitors the department's progress, and ensures changes are sustained.

4. The Veterans Integrated Service Network Director ensures the Richard L Roudebush VA Medical Center Director continues to strengthen and maintain the Cardiology Department's relationship with the university affiliate, including residency and fellow cardiology programs and joint efforts to recruit cardiologists.

Appendix A: VISN Director Memorandum

Department of Veterans Affairs Memorandum

Date: June 14, 2023

From: Director, VA Healthcare System Serving Ohio, Indiana and Michigan (10N10)

Subj: Healthcare Inspection—Leaders' Failure to Resolve Cardiology Department Challenges at the Richard L. Roudebush VA Medical Center in Indianapolis, Indiana

To: Director, Office of Healthcare Inspections (54HL03)
Director, GAO/OIG Accountability Liaison Office (VHA 10BGOAL Action)

1. I have reviewed the draft report of the Healthcare Inspection—Leaders' Failure to Resolve Cardiology Department Challenges at the Richard L. Roudebush VA Medical Center in Indianapolis, Indiana
2. The VISN 10 VA Healthcare System is committed to ensuring Veterans we serve receive exceptional service at our medical centers. I concur with the responses and action plans submitted by VISN 10 and the Richard L. Roudebush VA Medical Center. We will continue to partner with the Office of Inspector General and leadership at the Richard L. Roudebush VA Medical Center to implement and sustain corrective actions.
3. If you have any questions or require further information, please contact the VISN 10 Quality Management Officer.

(*Original signed by:*)

Ronald Stertzbach
Deputy Network Director

for

Laura E. Ruzick, FACHE
Director, VISN 10 VA Healthcare System (10N10)

VISN Director Response

Recommendation 3

The Veterans Integrated Service Network Director provides oversight of the Richard L Roudebush VA Medical Center Director's development and implementation of a long-term Cardiology Department plan, monitors the department's progress, and ensures changes are sustained.

Concur.

Target date for completion: June 2024

Director Comments

The Veterans Integrated Service Network Director ensures the Richard L Roudebush VA Medical Center Director continues to strengthen and maintain the Cardiology Department's relationship with the university affiliate, including residency and fellow cardiology programs and joint efforts to recruit cardiologists.

Recommendation 4

The Veterans Integrated Service Network Director ensures the Richard L Roudebush VA Medical Center Director continues to strengthen and maintain the Cardiology Department's relationship with the university affiliate, including residency and fellow cardiology programs and joint efforts to recruit cardiologists.

Concur.

Target date for completion: June 2024

Director Comments

The VISN 10 Chief Specialty Care Officer and VISN 10 Cardiology Lead, with consultation from the VISN 10 Academic Affiliations Officer, will provide oversight of the facility's plan to strengthen and maintain the Cardiology Department's relationship with the university affiliate including residency and fellow cardiology programs and joint efforts to recruit cardiologists. Progress will be reported quarterly for governance oversight to the VISN 10 Specialty Care Subcommittee.

Appendix B: Facility Director Memorandum

Department of Veterans Affairs Memorandum

Date: Jun 27, 2023

From: Director, Richard L. Roudebush VA Medical Center (583)

Subj: Healthcare Inspection—Leaders' Failure to Resolve Cardiology Department Challenges at the Richard L. Roudebush VA Medical Center in Indianapolis, Indiana

To: Director, VA Healthcare System Serving Ohio, Indiana and Michigan (10N10)

1. We appreciate how important it is for Veterans in Indiana to rely on the Richard L. Roudebush VA Medical Center for quality cardiac care.
2. OIG's report highlights many of the challenges we faced between 2019 through 2021 and noted successes in recovering stability after the Coronavirus Disease 2019 (COVID) pandemic:
   - The Chief of Staff was permanently appointed by May 2021;
   - The Chief of Medicine was permanently appointed in October 2021;
   - The Cardiac Catheterization Lab (CCL) reopened in June 2022;
   - An electrophysiologist and an interventional cardiologist were hired in August 2022;
   - As of September 2022, all positions with oversight responsibilities for the Cardiology Department were filled with permanent appointees.
3. There is still much work to do in the Cardiology Department as new leadership recruits high quality specialists, rekindles strong relationships with academic affiliates and strives to build a first-class cardiology program. Facility leadership determined the former Chief of Cardiology held viewpoints and perspectives that did not align with building a collaborative clinical team and fostering strong relationships with academic affiliates. The new Chief of Cardiology is developing and implementing changes in the Cardiology Department.
4. In honor of the many VA employees who worked to care for Veterans during COVID-19, we would like to remember that the Richard L. Roudebush VA Medical Center was hit hard early on with COVID surges February-April 2020, November 2020-January 2021, and December 2021-February 2022. This included the spread of COVID in the Cardiology Department with the subsequent death of non-physician staff members. During this time, the facility voluntarily went on STEMI diversion for patient safety. Concurrently, there was an unexpected vacancy in both the facility Director and Chief of Staff positions. Even though temporary and acting leaders were not able to completely resolve all issues facing the Cardiology Department, the entire Executive Leadership Team found it imperative to be actively involved in decision making regarding Cardiology Department issues during this devastating time for the country.

(*Original signed by*:)

Michael E. Hershman
Director, Veterans Health Indiana

Facility Director Response

Recommendation 1

The Richard L Roudebush VA Medical Center Director ensures the Chief of Staff, chief of medicine, and chief of cardiology, in consultation with National Cardiology Program Office, reevaluate the Cardiology Department and establish and implement a long-term service plan that includes cardiology services and cardiologist and specialty cardiologist staffing levels.

Concur.

Target date for completion: December 2023

Director Comments

The Richard L Roudebush VA Medical Center Director provides the chief of cardiology with the dedicated resources needed to develop, implement, and sustain Cardiology Department changes.

Recommendation 2

The Richard L Roudebush VA Medical Center Director provides the chief of cardiology with the dedicated resources needed to develop, implement, and sustain Cardiology Department changes.

Concur.

Target date for completion: December 2023

Director Comments

The cardiology department has already undergone multiple staffing and resource changes in both the clinical and administrative areas to enhance their ability to provide efficient, quality Veteran care. It will be beneficial for NCPO to re-evaluate these changes to better understand any additional needs for the department. The target date for completion is based on the expected completion of NCPO's consultation and resulting recommendations will be incorporated into the plan for dedicated resources needed to develop, implement, and sustain the Cardiology Department.

OIG Contact and Staff Acknowledgments

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