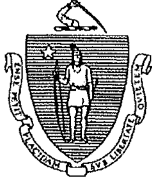


The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Division of Health Care Facility Licensure and Certification
99 Chauncy Street, Boston, MA 02111

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

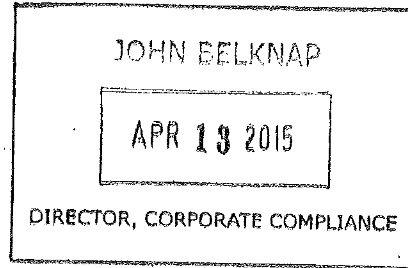
MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

Tel: 617-753-8000
www.mass.gov/dph

April 3, 2015

Compliance Officer
MASS GENERAL HOSPITAL
55 FRUIT STREET
BOSTON, MA 02114



RE: Complaint #: 14-1255

Dear Compliance Officer:

Enclosed is a copy of the findings of an on-site investigation conducted by the Department of Public Health, Division of Health Care Facility Licensure and Certification (the Department), at the MASS GENERAL HOSPITAL (the Hospital).

Facilities found in compliance with the Conditions of Participation will continue to be "deemed" to meet applicable Federal Requirements based upon your accreditation of Healthcare Organizations (The Joint Commission). No deficiencies were cited.

If you have any questions concerning this letter, please contact me at the Complaint Unit at (617) 753-8150.

Sincerely,

Patricia Depew, BSN RN
Complaint Unit Manager

/compreg
Enclosures

INVESTIGATION REPORT

Facility: MASS GENERAL HOSPITAL
55 FRUIT STREET
BOSTON, MA, 02114

Reference # 14-1255
Page 1

Date Received: 12/30/2014
Date Investigated: 02/18/2015

A. INVESTIGATORY STEPS:

1. PERSONS INTERVIEWED

Chief Compliance Officer
VP, Center for Quality & Safety
Executive Medical Director of OR
CEO, Physician Organization

2. RECORDS REVIEWED

Clinical Records (5)
Safety Reports
Surgical Coordinating Committee Min
Documentation of Surgical Presence
Policies/Procedures (2)
Credential Files (3)
Internal Case Reviews
Concurrent Surgical Case Rules

3. PHYSICAL EVIDENCE REVIEWED

(None required)

B. ISSUES FOR INVESTIGATION

1. SYNOPSIS: It was alleged that Hospital Attending Orthopedic Surgeons scheduled overlapping (concurrent) surgeries and were not present for the critical portions of the individual surgeries or immediately available to assist physicians-in-training during the non-critical portions of the surgeries as required.

Based on record reviews and interviews the allegation of poor quality Surgical Care was determined to be invalid because concurrent surgery record review indicated the Surgeons completed an attestation to verify his/her presence during the critical parts of the surgery, and the Surgical Coordinating Committee minutes indicated overlapping surgeries were reviewed and did not reflect poor surgical care.

INVESTIGATION REPORT

2. ISSUES: 1. Surgical Services

C. ISSUE # 1

Surgical Services

BRIEF EXPLANATION OF FINDINGS

It was alleged that Attending Orthopedic Surgeons scheduled overlapping (concurrent) surgeries and were not present for the critical portions of the individual surgical procedures or immediately available to assist physicians-in-training during the non-critical portions of the surgical procedures.

Federal Hospital regulations require the Hospital to provide quality patient care.

Federal Hospital regulations require the teaching physician must be present during all critical and key portions of the procedure and be immediately available to furnish services during the entire procedure.

Based on record reviews and interviews the validity of the allegations of poor quality Surgical Care was determined to be invalid because:

1) The Chief Compliance Officer said concerns about overlapping surgical cases were brought to Hospital Senior Leadership in 2012 by an Attending Orthopedic Surgeon. The Chief Compliance Officer said, as a result of these concerns, the Hospital hired an impartial external review group to evaluate the Hospital's practices related to overlapping surgical cases.

2) The Chief Executive Officer (CEO) of the Physician Organization said in 2012 the impartial external review group found the Hospital was in compliance with the Federal requirements for overlapping surgeries. The CEO said the external review group found the allegations of complications arising from overlapping surgeries were not validated. The CEO said the external review recommended refinements to the practice of overlapping surgeries, development of the policy titled Perioperative Policy for Concurrent Surgical Staffing of Two Rooms and revisions to the Informed Consent Form.

3) The policy and procedure, titled Perioperative Policy for Concurrent Surgical Staffing of Two Rooms, dated 10/29/12, indicated the Attending surgeon may provide oversight to two surgical teams simultaneously, provided the Attending physician adhered to the elements defined in the policy such as surgeon availability, alternative surgeon coverage and documentation.

INVESTIGATION REPORT

4) The Executive Medical Director said he was responsible for directing the Operating Room services. The Executive Medical Director said he was a member of the Surgical Coordinating Committee and he had reviewed hundreds of patient's records over the past few years to identify any possible complications related to overlapping surgeries. The Executive Medical Director said overlapping surgeries was an ongoing initiative and information was regularly presented at the Surgical Coordinating Committee.

5) The Safety Reports, the Hospital's internal incident reporting system, from August 2014 through January 2015, indicated two overlapping surgeries were referred for review at the Surgical Coordinating Committee on 12/9/14.

6) The Vice President for the Center for Quality & Safety said he completed a case review for all concurrent surgeries performed in 2014. The sample of 25 patients reviewed, with surgical complications i.e. mortality, morbidity, unplanned admissions to Intensive Care, and return to the Operating Room were compared to other patients with similar surgical procedures who did not undergo overlapping surgical procedures. The Vice President for the Center for Quality & Safety said the results indicated surgical complications were not related to overlapping surgeries.

7) Record review of two of five patients, Patient #1 surgical procedure date 4/22/13 and Patient #2 surgical procedure date 4/22/13, indicated the surgeons' attestation of presence during the critical elements.

8) An additional three patients were selected from the Hospital identified overlapping surgical procedures with complications in 2014; Patient #3 (surgical procedure date 10/27/14), Patient #4 (surgical procedure date 8/5/14) and Patient #5 (surgical procedure date 12/4/14). Record review indicated compliance with the Hospital policy for concurrent Surgical Staffing of Two Rooms.

9) The Informed Consent signed by patients prior to an invasive surgical procedure indicated that a team of medical professionals work together to perform the procedure/surgery and their physician or an attending designee will be present for all the critical parts of the procedure.

10) The Chief Compliance Officer said further monitoring of overlapping surgeries was provided by the coding department, the department that provided the first step in the medical billing process, who reviewed the medical record for Federal reimbursement compliance.

VALIDITY: Invalid

INVESTIGATION REPORT

D. RECOMMENDATIONS/COMMENTS

The Hospital completed an assessment of overlapping surgeries using an external review group, established a policy and procedure to govern overlapping surgeries, provided education to Orthopedic surgeons, established a process for Hospital staff to report concerns related to overlapping surgeries, monitored patient data related to complications in the overlapping surgical patients, and instituted a routine committee review of overlapping surgeries.