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Office of Special Counsel  
OSC File Number DI-3889  
Radiology Service  
Department of Veterans Affairs  
Dublin, GA

This is a response to the Report dated November 07, 2012, OMI TRIM# 2011-D-1075

**Conclusion 1 The OMI did not substantiate the allegation that employees at the Medical Center engaged in conduct that created a substantial and specific danger to public health and safety by requiring the whistleblower to read MRI scans.**

In order for any radiologist to be informed that they are expected to perform special higher level studies such as MRI, specific information is usually and customarily included in the scope of duties in the job announcement, and/or listed on the application for clinical privileges. MRI was not specifically mentioned in either document when I applied for a full-time job or when I applied for clinical privileges. In order for the facility to expect that any radiologist was competent to interpret MRI or any other category of examinations it is necessary for that specific information to be specifically requested. It is clear that neither of the two radiologists on staff in 2009 interpreted MRI. It was also clear that no full-time radiologist in the history of the CVVAMC facility was responsible for on-site interpretation of MRI. It was therefore completely unreasonable to assume that I was expected to perform MRI when I did not request privileges to interpret them and MRI was not listed as a required modality for this specific position. Clearly I would not have been expected or allowed to do PET scanning, Mammography, or Nuclear Medicine examinations without specific privileges even though I have had experience with all of these modalities. The purpose for credentialing is to define the scope of work within the job description and the job announcement!

The medical center did not respond to an appropriately completed review of the whistleblower's work. The whistleblowers work was not reviewed at all by an FPPE or OPPE process for MRI from August 2009-February 2012. This seven month period was devoid of any oversight or review related to MRI interpretation from the whistleblower. A review was only initiated AFTER I wrote a letter to the Medical Director about my supervisor, (Dr. Kumar) abandoning a patient. It should also be noted that neither Dr.

Gupta or Dr. Hessler interpret MRI examinations, and therefore they could not perform FPPE or OPPE on my MRI reports. For this reason, it is only logical that my cases were being reviewed by some other entity other than CVVAMC if the supervisor is performing his job. As it turns out, my supervisor Dr. Kumar was derelict in his duties by failing to have the MRI cases submitted for FPPE review for 7 full months. The statement that the Medical Center appropriately completed a review is false. It should have been initiated 7 months earlier than it was! This false statement should be corrected in the record.

I have experienced something at Carl Vinson VA that I have not dealt with in my entire professional medical career. I have always been able to trust and rely on the words and deeds of my colleagues, and have never knowingly dealt with such outright lying and deceit. As a licensed physician since 1977, I have never been witnessed such dishonesty, lack of integrity, and vindictiveness. This sentiment has been clearly stated and has been shared in writing by every radiologist in this department. It seems clear that the integrity of the Dr. Kumar who is clearly unqualified for the position of supervisor should be a overarching and mitigating factor for concern, and a key factor in the resolution of this complaint.

## Conclusion 2

**The OMI did not substantiate the allegation that employees at the Medical Center engaged in conduct that created a substantial and specific danger to public health and safety by assigning the whistleblower a reviewing station with display and picture archiving problems, as a technical review by a radiology consultant found the equipment fully functional.**

The fact is that I received no training or orientation for this workstation, the workstation was NOT configured for reading MRI because MRI had NEVER been read in house at this facility. All previous MRI images done at CVVAMC were routinely sent to the Atlanta subspecialty radiologists. I saw no information provided by a consultant indicating that the workstation was fully functional during the period that I was do interpretations. The IT department indicated to me that many upgrades had been done on the equipment after I left the facility on administrative leave, before anyone else came in to examine it. The IT support staff had no clue as to how to configure the station in an effort to allow me to extract the necessary clinical information. I asked them repeatedly to address this problem, and I believe that they would have addressed it if that possessed the skills. They did not! I was advised by Kumar that all MRI cases are being reviewed, and if there is a problem it will be caught. He repeatedly assured me that this was an ongoing process, and I had tried very hard to comply with the wishes of my supervisor. Dr. Kumar was the person that the Medical Center identified for me to work with to address any and all problem that I was experiencing. I believe that his lack of honesty, integrity, competence, and ability to communicate have been repeatedly highlighted by every physician within the department.

I asked to have equipment put in the MRI van that was located on the parking lot so that I

could do interpretations in an environment that I could adequately evaluate the findings. I was refused by Dr. Kumar again. It was clear to me that my supervisors knew that I had limited experience with MRI, it was not part of the job description nor was I being paid any sort of premium to read higher level modalities, I reported immediately to my supervisor that I was getting incomplete information and significant changes were needed. I made numerous calls to IT regarding my inability to extract necessary information from the current system to the point that they stopped responding. Let's be clear, it is the responsibility of the facility to make sure that I have competent support to correctly operate their proprietary equipment! At no time was there a person adequately trained to instruct me in the proper use of the equipment, nor was it configured for the task that was required of me. This has been confirmed by the current radiologist on staff who interpret MRI. I was recently approached by my current supervisor Dr. Aml Girgis in September, 2012 to consider switching workstations with MRI radiologist Dr. Karahmet because she threatened to quit because of the lack of functionality of the workstations!

### Conclusion 3

A fully trained radiologist would be expected to function in this capacity. If this is true, why were the other two board certified fully-trained radiologist not required or expected to interpret MRI? Why was MRI not included in the job announcement that I responded to in 2009 or the subsequent job announcement of 2010, that was sent 8 months after my arrival? Why had this facility never previously had MRI interpretations generated on site? You should know that my credentials were deemed qualified for positions in Orlando Va, Las Vegas VA, and five other facilities. The Orlando VA and the Las Vegas VA in 2009 did not perform on site MRI! Are the radiologists at these facilities not fully-trained? Of course they are! Scope of practice is primarily determined by the modalities that your previous employer was willing to invest in. If they did not do PET scanning, Mammography, or Pediatrics, over time, your proficiency in these modalities is lost. The expectation that 100% of my MRI work would be reviewed is not implausible because it actually happened! As you reported, **"The Medical Center performed 693 re-reads. Of these re-reads, the clinical providers noted that 671 were classified as no effect on clinical outcome, 21 were classified as minimal effect on clinical outcome, and one was classified as producing a significant/major effect on clinical outcome."** This statistic highlights three important points:

A. My accuracy rate in the interpretation approaches 97%. Numerous statistics confirm that the average accuracy rate for radiologists falls in the 89-94% range.

B. This statistic represents only MRI and CT which represent the highest and most sophisticated level examinations performed within this facility. To have documentation of this level of clinical competence demonstrates extraordinary ability.

C. Clearly this facility is willing to have every MRI reviewed in an attempt to create a negative outcome for this radiologist. Why is it implausible that 100% case review would not be a viable strategy to prevent a substantial and specific danger to public health and safety? As a reminder, the review of MRI cases was only initiated

AFTER I made a complaint about my supervisor. There has been no mention or explanation why FPPE and OPPE on MRI examinations was not conducted for the first 7 months of my employment!

Conclusion 4  
Agreed

Conclusion 5

**The changes made to the whistleblower's Initial Clinical Privileges Application, although initialed, are confusing and difficult to interpret.**

Let's be clear. The changes to the Initial Clinical Privileges application were only initialed by the person who made the changes, not the person who completed and made application for privileges. There should be no confusion that I was unaware of the changes to the legal document, but was not presented with a copy of the changes, nor did I agree to said changes! My signature is lacking on the document, and a signature is the usual and customary confirmation that I either agreed or was aware of the changes. Clearly any changes or decisions were unilateral decisions!

Please note that it is the policy of the credentialing department of CVVAMC to send a copy of privileges certified and return receipt to those receiving clinical privileges from the facility. I was never given this courtesy, even after being required to reapply for clinical privileges 5 times in two years.

Conclusion 6  
Agreed

Conclusion 7

**The Medical Center responded to concerns about the whistleblower's ability to practice to the standard of care by removing him from clinical duties.**

The Medical Center failed to exercise its responsibility to initiate FPPE process and OPPE process related to MRI examinations. According to The Medical Center memorandum 00-371, this process is intended to be used as a way to establish competency and it is the responsibility of the medical staff to:

- Evaluate practitioners without current performance documentation
- Evaluate practitioners in response to concerns regarding the provision of safe, high quality patient care
- Develop criteria for extending the evaluation period
- Communicates to the appropriate parties the evaluations results and recommendations based on results
- Implements changes to improve performance

Conclusion 8

Agreed

Conclusion 9

Agreed

Conclusion 10

**The Medical Center did not take appropriate actions to comply with requirements under 38 Code of Federal Regulations (C.F.R.) Part 46 and VA Handbook 1100.19 and 1100.17 when the whistleblowers privileges expired while his clinical competency was under investigation.**

The Medical Center has an obligation to inform those with clinical privileges that they expire prior to the date. The facility did not meet their obligation to inform the whistleblower that clinical privileges were expiring.

There was evidence provided of gross negligence, clinical malpractice, or willful professional misconduct. I do not believe that it would be appropriate to reduce, restrict, suspend, revoke, or fail to renew my clinical privileges due to the arbitrary and capricious information generated by this facility.

Current update.

There have been a number of developments and significant problems have surfaced since my prior correspondence with your office that will serve to highlight my claim of retaliation since returning to Carl Vinson VA hospital.

The initial problem that I encountered was removal from my previous office on the first floor in building 4 in the radiology department, while I was on paid administrative leave from April 2010 thru August 2011. I was summarily dismissed the morning of April 04, 2010, without an opportunity to retrieve personal effects. My personal effects that had been previously located in a locked drawer in my office were put in a cardboard box and placed on the floor in the office assigned to the new radiologist completely unsecured. Upon return, I was assigned to the second floor of building number 6 which is at least 5 minutes away from the main radiology department, and about 7 minutes from the outpatient radiology department. The Carl Vinson facility occupies 77 acres, so there is a tremendous distance between buildings. Because of this distance, I was estranged from all patient contact, and not available to participate in the fluoroscopy schedule (performing Upper GI's and Barium enemas) like the other radiologists within the department. In my remote location I was not assigned to provide consultation on stat films from the Emergency Department, and was excluded from vetting of radiology requests for studies such as CT and ultrasound and cosigning consent forms much to the chagrin of my fellow radiologists who were tasked with performing my share of these departmental duties. The assumption of my responsibilities by the other radiologists have over time caused a significant rift between us. The most mundane, annoying, and distracting tasks in the department have been assigned to them. My remote location also resulted in

exclusion from the "consultation loop" of non radiology physicians who call the department for advise on the appropriate diagnostic examination work-up or explanation of findings. I was excluded from being a physician consultant, and no longer interfaced with the x-ray technologists, patients, or other departmental support staff. This had a profound and negative impact on my relationship with the other radiologists and technologists, with subsequent friction and resentment developing. I was branded a "slacker" and my consultation advise was no longer sought or valued. At one point, 2 weeks passed where I did not see one person from my department except in the common areas of the hospitals. On two separate occasions, I sent e-mails to Dr. Damenedi, asking him to come upstairs to my office and bring me up to date because we had not communicated in over 2 weeks. I was totally isolated!

This exile outside of the radiology department lasted for a total of 11.5 months. All of the other physician radiologist offices within this facility are located within a cluster, and because I am the full-time radiologist with the most seniority, it is appropriate that I should have been located within this cluster. I was repeatedly told there was no room for me within the department. Even the part time radiologist was not displaced, because she shares a common heritage with the other members of the executive team within the facility and department. I believed that I should have been given my previous office back upon my return and it has caused irreparable harm to my professional status and associations within the facility.

The space that was eventually assigned to me as a permanent office took less than 4 weeks to complete. Essentially some sheetrock, a door, fresh paint and a counter was put it. This space was an existing office that was subdivided. It is remote from the other radiologists offices in the radiology department, and is isolated by a hallway near the bathroom. This, combined with other issues that I have endured in the department leads me to my second complaint.

My initial clinical privileges at Carl Vinson VA Medical Center (CVVAMC) were initially allotted for a period of 2 years. This is usual and customary for physicians at this and all other hospitals except for contract physicians. Since my return, the allotment period of the usual and customary 2 years changed to a 6 month period, followed by a series of 3 month periods. This is highly irregular, and when the Medical Director was questioned about this happening to another physician during her 6 year tenure during EEO testimony, she could not recall this ever happening before. You will see a document from my previous supervisor Dr. Kumar where he states that the Medical Director Dr. Finn uses clinical privileges in a punitive manner. He stated that when Dr. Finn asked for privileges to do all sorts of specialty procedures including bone marrow biopsies but does not have clinical responsibilities, and when Dr. Kumar balked, he was fired from his tenure on the credentialing committee.

This sequence of events is:

I returned to the facility in August 2011, and was instructed to complete a FPPE process.

I was told that this was necessary because I had not actively treated patients in over 1 year. Please note that this hiatus was involuntary and under the direction of Dr. Finn of CVVAMC. This was not consistent with what I wanted or planned, and if there is some deficiency, it is the responsibility of the facility to help with identification and resolution.

After being subjected to 3 consecutive FEEP evaluations (FPPE is only to be administered once), I received a letter dated November, 2012 stating that my full clinical privileges were renewed with an expiration date of May, 2013. Please note that this letter was never retracted. At the beginning of May, 2012 (one year before my privileges are to expire), I received a call from Ivory Jones in the credentialing department indicating that the letter given to me in November, 2011 was in error. I was told that the letter should have read that the clinical privileges were awarded for only 6 months and will expire in less than 1 week.

I showed her my letter dated November, 2011 stating that my privileges expired in May, 05, 2013, and she insisted that I would be required to immediately submit recredentialing information and my newly allotted clinical privileges would cover the period from May 05, 2012 to May 05, 2014. I submitted the recredentialing packet which included three professional references (two had to be from radiologists that I have worked with in the past 2 years who were interviewed in addition to provide written references), recent CME activity, status of current licenses, and proof of certifications. In addition, inquiry was made to my internship, residency, and fellowship training programs, medical school, state licensing boards, and 3 professional references including written letters and phone interviews. Had I known that my colleagues would be subjected to this pattern of targeted treatment and harassment surrounding the renewal of my clinical privileges I would have immediately protested. After no discussion, explanation, or prior notice, I was subsequently allocated 3 months of clinical privileges instead of the 2 year privileges promised, and instructed that the clinical privileges would expire on August 08, 2012. Before the request for privileges of August, 2012 I received a letter from the Chief of Staff dated May 24, 2012 indicating that my privileges to read CT and ultrasound examinations was summarily suspended pending further assessment of my skills.

I was forced to reapply for credentials yet again on August 07, 2012. I initially spoke with Annie Hutchinson who told me that the existing privileges would be "extended" and there was no need for me to reapply for privileges in August, 2012. I was given the same information by Dr. Girgis. When I asked them to provide information about this "extension" in writing, I was immediately rushed into a recredentialing process. The exact same process followed. I was forced to get 3 clinical references again (at least 2 had to be from radiologists required to provide written and oral recommendations) and provide prior CME and proof of certifications. My institutions of higher learning, residency and fellow training programs, and state licensing boards were again contacted. When forced to apply for privileges in August, I did not request to be privileged in CT or ultrasound because my privileges for these modalities had been suspended per the May 24, 2012 letter for the Chief of Staff. It received a call from the Chief of staff Dr. Finn, as well as a simultaneous visit from Dr. Girgis who is supervisor and Ivory Jones from

the credentialing office. I was told that I must apply for the privileges for CT and ultrasound on current application or it will not be processed. Under duress I submitted an updated recredentilaing form requesting privileges in CT and ultrasound. The requested privileges were immediately DENIED! I was allotted clinically privileges for plain film examinations only for another 3 month period, the was scheduled to expire November 07, 2012.

I applied for renewal of clinical privileges on November 07, 2012 and was told that I was required to apply for every category of privileges that was on my initial job announcement of 2009. Once again, I was forced to follow the same process of securing professional references, contacting my medical school and state licensing boards yet again. Every one of the radiologists providing references for me received personal phone calls in addition to completing written references. There were at least 3 types of examinations that I had not performed in excess of 3 years, since my arrival at Carl Vinson and the initial job announcement. I explained this to Drs. Finn and Girgis, but they insisted that I must apply for these privileges and subsequently received a letter from Dr. Girgis ordering me to apply for said privileges. I was extremely hesitant to make such a request based on the previous denial, and felt that a conundrum had been constructed for me to negotiate. On November 15, I submitted a request for clinical privileges based on my initial job announcement criterion subject to retraining, Continuing Medical Education (CME), or fellowship training. To require this of me is completely illogical because 1) at CVVAMC the radiologist are not allowed to choose which patients to treat they are assigned patients by the radiology department who de facto determine your scope of practice at the facility, 2) it was not required of any other physician in the radiology department, and 3) it positioned me to once again have my clinical privileges declined and can be reported to the National physicians databank. I subsequently received a letter from the Chief of Staff indicating that my privileges would not be renewed at this facility. On November 30, 2012, at 10 AM I was presented a letter from the facility Director indicating that my privileges would not be renewed, and that I was to be put on non-duty non-pay status.

This third complaint is in reference to continuous monitoring and evaluation since my return to the facility in August, 2011.

I was forced to submit to FPPE upon my return in August 2011. I was told that the reason was because I had not been actively providing interpretations patients for greater than a one year period. I was forced to submit to FPPE four separate times FPPE is only to be given once, and I was repeatedly required to submit, and when I asked for results (in writing at least 6 times) I was systematically prevented from knowing how I performed, if there were any specific areas that need improvement etc., so that I could be proactive about any gaps in my current skill level. I did receive one response from Dr. Damenedi indicating that he would make sure That I received this information. All of my other requests both verbal and in writing for results from said training were ignored! As you will remember outrageous and unattainable requests were made of me such as having

100% of cases reviewed for 90 business days (over 4 months) and agreeing to not make an error in interpretation within the 4 plus month period. As I have previously stated, the average accuracy rate for radiologists nation-wide is 89-94%, and I read 50-60 cases per day, which translates into over 5,000 cases without anyone disagreeing with my interpretation! Unattainable, unsustainable, and never requested or required of any other physician at this facility.

Other physician radiologists who have worked for the facility get treated differently. One of our nighthawk radiologists Dr. Richard G. Stiles had a malpractice judgment against him in the amount of 1.7 million dollars. Dr. Stiles continued to be credentialed by Carl Vinson through 2012 without mention or consequence of the huge malpractice settle. The VA handbook states that a physician with a malpractice settlement greater than \$500,000 must be reviewed by the VISN before additional credentialing can be allowed. Not only was this rule not followed, no OPPE, FPPE or any other remedy was proposed or required. As you may know, the average jury malpractice award in the three states that comprise our VISN (GA, AL, and SC is approx \$325,000. This award is 5 times the average malpractice award, yet his privileges were renewed over and over again without so much as a request for additional CME or any type of monitoring. It should also be noted that the previous Radiology Service Line Chief dr. Kumar stated in a letter dated February 12, 2012 in indicated Dr. Silverman's professional practice trends delayed the quality of care and patients safety by citing concrete evidence of his delay in diagnosis and lack of productivity, yet Dr. Finn and Mr. Goldman the center director have not pursued the same actions against him that they have pursued against me. Clearly Dr. Finn and Dr. Damineni forced Dr. Kumar to make a upgrade of the evaluation grade given Dr. Silverman, even after his poor work performance and poor professional trends were outlined.

I attained OPPE status I a letter dated February, 28 2012 and granted full rights and privileges to practice medicine and radiology within the facility. It was specifically stated in the letter that I would be subject to evaluations every 6 months according to the definition of OPPE. The 6 month evaluation period was clearly stated in the letter. I was again summoned by the medical director and told that I have been evaluated again for OPPE in April, 2012 (clearly prohibited by the rules because it occurred within 2 months) and that some discrepancies were found. When the cases were presented and findings discussed, that was not one diagnosis missed or patient harmed. My cases were sent to evaluation to the ARC group, the same group that disputed my previous MRI cases and will gain financially if me or any other radiologist is excluded from reading films within our department! This is a clear conflict of interest, and the facility continues to use them as the conduit to discredit my performance. In addition, I found out that the Dublin facility changed the assessment scale on my evaluations from a 1-3 scale to a 1-4 scale, to intentionally skew the results negatively. Using this new scales things previously reported as level 1 turns into level 2, and things previous reported as level 2 become level 3 etc. I was told that I had three level 3 evaluations, when upon further evaluation I only had two level 2 evaluations and all were generally acceptable. This was an intention scheme to discredit me and was not used in the evaluation of other radiologists! The

issue boiled down to anyone who disagreed with me was correct and I was by definition wrong. It should also be noted that whenever there is some issue, I have subjected to the most severe, harsh and punitive punishment available. The facility local Bylaws clearly stated on page 24, 1<sup>st</sup> paragraph, that "there are a number of activities such as direct observation, clinical discussions, and clinical pertinence reviews that, if documented, can be incorporated into the on-going monitoring process. Data must be fractioned specific, reliable, easily retrievable, time, defensible, comparable, and risk adjusted where appropriate" However, they have failed to even comply with facility bylaws and appropriate federal human resources guidelines.

As I previously mentioned, I was put on non-duty and non-pay status by the facility on November 30, 2012. I am currently depleting sick time and annual leave to sustain myself during this process. I was told in my letter from the "facility director" that I had 10 days to respond, asking for a hearing which I did. It was not clear, what body organization that I am to appear before, but the request was made without response. I do not believe that it is appropriate for me to be summarily put on non-duty and non-pay status without any recourse, or due process. I am requesting that there be a stay in the order for me to be on non-duty status. I am also not accumulating sick and annual time during the hiatus that I am depleting my sick leave and annual leave. This should be corrected.

I was also harmed by being refused a bonus for human resources for 2012. I have enclosed an OPPE or ongoing professional practice evaluation for my services dated 05/11/12 signed by Dr. Aml Girgis my supervisor during this period indicating all of my objective have been met. I read in testimony to EEO that my bonus was blocked by HR, and I has been unable to be considered for any bonus at this facility since my arrival in August of 2009. This is coupled by the fact that I get paid at least \$20,000 less than any other radiologist within the facility, although I met all of the stated requirements upon initial hiring. I understand that the bonus situation is at the pleasure of the facility, but because there is no chance that I will receive a bonus from this administration, my salary should be adjusted. They have been very purposeful in their actions so that I do not qualify for bonuses. I believe that this was intentional to prevent me from qualifying!

I believe that it should be clear to the most casual observer, that I have been systematically and continuously retaliated against by Carl Vinson VA hospital facility. The full court press, pile-on mentality that exists is pervasive and vindictive, and the false narrative that continues to be circulated about me not only creates a hostile environment in my current position, but has serious implications for my ability to practice medicine in the future.

Clearly, there is a concerted, systematic, and duplicitous effort to either encourage me to leave, have me fired, and have my professional reputation excoriated in such a fashion that I will not be able to find other employment!

It should be noted that at this facility 86% of the cases that I was assigned were plain film

studies. Also according to the statically information present under facility profile, approximately 65% of the examinations done or 23,798 examinations were general x-rays. During this period, a fee-based radiology consultant group read 60% of examinations or 22,337. My accuracy rate on the plain films was 100% according to the facility. ***My previous supervisor Dr. Kumar still makes considerably more money than me, can only interpret 3% of the examinations done at the facility, and most importantly he is unable and has never been trained to interpret 97% of the examinations done in the radiology department.*** Every department radiologist can perform 100% of studies read by Dr. Kumar. I can interpret 65% of exams excluding nuclear medicine, CT and Ultrasound exams. When CT, nuclear medicine and ultrasound are included, I can interpret 87% of studies. It should be noted that NO Radiologist in the department can interpret 100% of categories of examinations. Our scope of practice is different and largely dictated by the complement of technology our prior hospital invested in. Each of the facility radiologists are qualified and have been trained to perform the level of nuclear medicine examinations that Dr. Kumar now performs, and his presence at this facility can only be described as protective employment.

There are a number of attachments that can be provided. I had submitted a limited number but am happy to submit additional evidence.

- Exhibit A State of affairs of radiologist at CVVAMS by Kush Kumar
- Exhibit B November 07, 2011 letter of Clinical privileges to expire 05/03/2013
- Exhibit C Thursday, August 09, 2012 acknowledging clinical privileges of 08/09/12 to 11/08/12
- Exhibit D May 5, 2012 letter of privileges from 05/05/12 thru 07/31/12
- Exhibit E Aml Girgis letter re-privileging.
- Exhibit F summary suspension of CT and ultrasound privileges
- Exhibit G Letter awarding clinical privileges and denial of clinical privileges of 08/09/12
- Exhibit H November 07, 2012 re order to apply for privileges
- Exhibit I November 13, 2012 letter to Dr. Girgis, Finn, Mr Goldman and Mr. Oster
- Exhibit J November 30, 2012 letter from Mr. John Goldman putting me on non-duty status
- Exhibit K St. Richard Stiles and his \$1,666,666. Malpractice judgment who was credentialed by CVVAMC
- Exhibit L February 28, 2012 letter from Finn recommending OPPE and stating that my evaluations will occur every 6 months.
- Exhibit M May 24, 2012 with second page showing a new scale for evaluation.
- Exhibit N Bylaws from CVVAMC
- Exhibit O OPPE signed by Dr. Girgis
- Exhibit P Time line created by Dr. Albert Morris
- Exhibit Q Document written by the other CVVAMC radiologist and present to Dr. Finn on 01/14/2011

Respectfully submitted,

Albert W. Morris, MD  
Staff radiologist  
CVVAMC  
02/13/13

State of affairs of Radiologists at the Department of Radiology & Nuclear Medicine, CVVAMS, Dublin, GA.

After the departure of Dr. Kirk O. Austin to Afghanistan on military deployment, I took charge as Acting Service Line Manager of Specialty and Ancillary care services on March 19, 2009. The Department of Radiology and Nuclear Medicine was also under my care. Subsequently I was appointed as Chief of Radiology and Nuclear Medicine on August 30, 2009 and after some time, Dr. Austin resumed his duties as before. When Dr. Finn, COS appointed me as Chief of Radiology and Nuclear Medicine, she instructed me multiple times that it is a hard department to manage as there has not been any formal effective service chief since quite some time. I had multiple challenges such as reducing the budget of the department, increasing productivity, stream lining the functioning of the department, expanding the services offered by the department and improve customer service etc.

One of the areas I identified where too much money was being spent was the ARC tele-radiology contract and the other was the contracting agencies for the radiologists which could have been reduced considerably by increasing the number of fulltime radiologists as at that time there were only one part-time radiologist (Dr. Gupta) and one contract radiologist. Dr. Austin had selected Dr. Albert Morris as another full time radiologist but the paperwork was not completed and was pending. After making certain that Dr. Morris was comfortable in reading all the studies done over here, I completed the required paperwork and Dr. Morris was appointed. I also extended the proposal to appoint 2 more radiologists which was accepted by management and abolished the system of contract radiologists. Dr. Silverman and Dr. Karahmet were appointed as full-time radiologists. Thus now we have a total of 3.75 FTE radiologists. I also requested the abolishing of the part-time radiologist position and to convert it into a full-time radiologist position thus making a total of 4.00 FTE radiologists as the part-time radiologist position was created against 1 full-time radiologist position. Considering the expanding departmental work load the presence of 4 full-time radiologists was considered a bare minimum. As per the initial calculations and planning, 4 full-time radiologists should be adequate to complete the work load of the department (routine and during WHEN hours) thus almost eliminating the dependency on ARC except for unusual circumstances. By abolishing the contract radiologists' positions, I could considerably reduce the departmental budget as shown below:-

Contract Radiologist:-			
FY 07 D&Y	Dr. Obando,	C75173	\$ 248,812.50
FY 08 "	Dr. Obando and Dr. Correa,	C85151	\$ 88,350.00
FY 09 Locum Tenens	Dr. Gerstel and Dr. Hessler,	C95052	\$ 408,500.00

With the consent of all of the radiologists, I prepared daily minimum work load for the radiologists so that their time is utilized to the best. I noted that, as per the national recommendations, a full-time radiologist has to achieve a minimum of 5000 RVUs every year, also followed at VAMC Atlanta and Augusta, (about 20 RVUs per day). I distributed the work to each radiologist accordingly. However because of increasing work load and non-performance of

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some of the radiologists to the expectations, I could not reduce the dependency on ARC as I had expected. Details of ARC expenditure as under :-

ARC:-

FY 06 \$ 374,363.17  
 FY 07 \$ 518,457.19  
 FY 08 \$ 631,173.39  
 FY 09 \$ 871,417.59  
 FY 10 \$ 967,984.31  
 FY 11 \$ 737,810.00

On the nuclear medicine side, when I joined the department, only 96 studies were done per year. I helped in getting a new camera installed and started adding more and more procedures. I also started reading all routine and WHEN hours studies as they were never a part of the ARC contract and the other radiologists were only expected to work routinely from 8:00AM to 4:30PM. I read studies performed even during my vacation and holidays on my return. My 2011 productivity is 113.12% and 102.49% in the first quarter of 2012.

Progressive increase in the work load of the department:-

*\* This represents Dr. Kumar's productivity since 2006 \**

Year	NM	CT	XR	US	MRI	TOTAL
2006	93	4,373	16,169	2,402	N/A	23,043
2007	252	5,742	18,847	2,748	N/A	27,589
2008	447	6,618	18,955	2,831	N/A	28,851
2009	1,019	7,758	19,933	3,39	1,905	34,374
2010	1,123	7,184	22,825	2,154	2,426	35,712
2011	1,153	6,237	21,969	3,395	2,741	35,495

*indicating the end of 2009!*

*Kumar's contribution*

Initially everybody was cooperating and appeared to have understood the situation and worked for achieving their goals and expectations. Subsequently, to a great extent, the situation started slipping beyond my control and started falling apart due to individual interests, incompetency, lack of higher support and individual egos. Fuel to the fire was added by the Union Representative, Dr. Buie.

Dr. Buie (Union Rep.): Dr. Buie regularly visits the radiology department and holds meetings with staff of the department thereby disrupting the departmental activities. Once I had questioned the purpose of his presence in the department and Dr. Buie wrote a very nasty and unprofessional letter. His letter and my reply are as follows:

**From:** Buie, Wayne  
**Sent:** Sunday, August 30, 2009 5:18 PM  
**To:** Kumar, Kush  
**Cc:** Stewart, Janice; Brown, Cynthia; Finn, Nomie G.; Robinson, James L. (SES) (Dublin VAMC)  
**Subject:** encounter

Dr. Kumar, in our chance encounter in Ms. West's office, Friday 8/19/09, I found your tone unpleasant and your demeanor toward me inappropriately aggressive. I was on union business which did not concern you or Radiology yet you insisted on knowing my affairs. I tried to divert you in a subtle manner but you persisted until I told you if ever I had an issue involving Radiology I would come directly to you.

In the belief that everyone is entitled to one mistake, I gave you a pass on that occasion. I don't know whether your behavior was ~~due to~~ inexperience, at managing, authoritative ego, or cultural insensitivity, nor does it matter; but be advised ~~that~~ if in the future you should behave in that manner toward me or intrude in union business again, I will without hesitation rebuke you in the presence of your subordinates and/or peers.

*C. Wayne Buie, Ph.D.*

*Power. <<http://www.quotationspage.com/quote/225.html>> like a desolating pestilence, pollutes whatever it touches. -P.B. Shelley*

**From:** Kumar, Kush  
**Sent:** Monday, August 31, 2009 8:07 AM  
**To:** Buie, Wayne  
**Cc:** Stewart, Janice; Brown, Cynthia; Finn, Nomie G.; Robinson, James L. (SES) (Dublin VAMC)  
**Subject:** RE: encounter

Dr. Buie, When I see somebody who should not normally be in the department then I do ask the purpose of his/her visit. I must know why a person who should not normally be in the dept. is there? It is unfortunate and sad that you not only rudely refused to reply but took it as demeanor and inappropriately aggressive. It is very unfortunate and sad to get this kind of response from a senior member of staff who is also holding a responsible position.

I expect better cooperation in future.

Kush Kumar, MD  
Act. SLM, S & A Services

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Since then, he has not only been constantly and deliberately interfering in the regular functioning of the department but challenging every decision. Instead of talking to me directly as he mentioned in his above e-mail, "I told you if ever I had an issue involving Radiology I would come directly to you", he writes all possible nasty letters to administration and tries his best to explode the situation rather than solving it amicably. It appears that he has only one aim and that is how to de-stabilize the department. His constant barrage of accusations of continued harassment of the staff by me and maintaining a hostile environment in the radiology department is not only unfounded and inaccurate but a matter of reverse harassment from the other side. Initially he used Dr. Gupta and then started the same thing with Dr. Morris until the Director, Mr. Goldman informed him that issue of Dr. Morris was a "Quality" issue, which was not a union issue. Dr. Buie has now started using other radiologists. Very frequently I see him roaming around in the department.

On September 23, 2010, none of the radiologists of the department attended the departmental staff meeting and on enquiry I came to know that a parallel meeting was going on in Dr. Gupta's office with Dr. Buie and all of the radiologists who were attending that meeting. In the minutes of the meeting, E (excused) was entered for all of them. This is a clear and deliberate disruption in the functioning of the departmental activities. Attendance of the departmental staff meeting by the radiologists is mandatory.

I expect that before holding any meeting or union activity in the department of Radiology & Nuclear Medicine, Dr. Buie requests permission and coordinates with me or the departmental chief so that departmental activities are not disrupted. I would reiterate, as I wrote to him earlier, that I expect better cooperation in future.

Dr. Gupta (Part-time radiologist, 0.75 FTE): When I started working in the department as Chief, Dr. Gupta was primarily reading plain x-rays, ultrasounds (except carotid ultrasounds), DXA also sometimes known as DEXA scans, fluoroscopic examinations and very few CT scans. I requested that she start reading more CT scans and MRIs. She declined MRIs but started reading more CT scans with some exceptions and that was very helpful. Dr. Gupta insisted on interpreting DXA scans which was not very beneficial to the department. From 1/1/2006 to 3/1/2011 Dr. Gupta read 2349 DXA scans out of a total of 2841 scans (82.6%) and generated 469.8 RVUs for herself. If she would have read x-rays instead of DXA scans then she would have saved \$ 20333.64 for the department, if she would have read CT scans then she would have saved \$ 28320.08 and if she would have read ultrasound studies then she would have saved \$ 26133.90 for the department. Eventually I had to discontinue Dr. Gupta from reading the DXA scans to which she very reluctantly and after many e-mails to leadership, complied. It was noted that she was reading cheap/less expensive studies and the costlier studies were being sent out to ARC. There was no one to stop this trend till I intervened. For example in 2006, Dr. Gupta read 107 CT scans, in 2007 only 5 CT scans, in 2008, 41 CT scans, in 2009 she read 287 CT scans (0 in the first two quarters), in 2010 she read 625 CT scans and in 2011 she read 642 CT scans studies. Similarly in 2006, her overall productivity was 73.67%, in 2007 her overall productivity was 81.86%, in 2008 it was 95.34% (2006-2009 included WHEN hours over-time work), whereas in 2010 her overall productivity was 115.69% and in 2011, her overall productivity was 106.54% (2010 & 2011 did not include any WHEN hours over-time work). This change was

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only possible because I was constantly and persistently reminding her of the need for improved productivity.

Dr. Gupta had <sup>a</sup> few other major issues. When I joined the department as Chief, I noted that she would write multiple overtime work performed during the WHEN hours. Dr. Gupta had the privilege of signing the reports from home and charge the <sup>for</sup> over-time <sup>time</sup> payment. She would sign the reports at home up to 8:30AM and then present for work in the department at 9:30 AM. She would sign the reports from home even when on sick leave and family leave. None of these off-time signing of the reports could be verified (Appendix 1-111). As a part-time employ<sup>er</sup>, she was working for 60 hours per pay period and claiming additional <sup>at</sup> about 20 hours for over-time with productivity ranging from 73.67% to 95.34% between 2006 to 2009. I discontinued her overtime payment system. This made her very upset and created unpleasantness in the department. However her productivity has significantly improved since then.

To my surprise, one day I noted 3 large garbage bags full of materials in her office. On inquiry she told that she is collecting the hospital waste/ discarded supplies for her son who helps in some relief program. I informed my supervisor, Dr. Damini who did not take any action for over a week. This episode further created unpleasantness in the department. The matter could not be further investigated because by the time Security was informed, Dr. Gupta had removed all of those bags from her office in spite of my warning not to do so. Dr. Buie started using Dr. Gupta in putting all sorts of possible allegations against ~~me~~. Though, it will never be revealed what she removed from the hospital and for how long this practice was going on but at least at present I do not have any information that currently such practice is going on in the department.

Dr. Gupta has often been coming late and has been denying late arrival and changing her time card for a long time. She will come late but not enter the time and while going enter arrival and departure time. Sometimes she will change the time (Appendix 12-17). Often she will leave the department without informing anyone and then state that she had mentioned in the time card or VISTA (Appendix 18-20). Since the system of signing the time card has been discontinued for the part-time employees by Dr. Damini, her time is now noted by the department appointed official time-keeper. It has been recorded several times that Dr. Gupta arrives late and then either reports the wrong time for the leave of absence or tries not to report it at all. Some examples are as under:

1. Dr. Gupta arrived late on 3/2/2011 as was charged 15 minutes of AL as per the rules. She was asked to enter the leave slip prior to the certification of the time card on 3/11/2011. Dr. Gupta refused to enter the leave slip challenging that she was not late. Fifteen minutes of AL was charged.
2. On 6/10/2011, Dr. Gupta informed the time keeper at 9:02AM that she was running late as her mother was sick. Dr. Gupta arrived at 10:00AM where as her tour of duty is from 9:30AM. to 3:30PM. Dr. Gupta did not enter the late slip till 3:30PM when she was about to leave the department, Dr. Gupta was reminded by the time keeper at 3:39PM to enter the late slip. Dr. Gupta had no choice but to comply.

3. On 8/8/2011, Dr. Gupta arrived at 10:50AM but only requested one hour of leave. She was informed by the Chief of the Dept. of Radiology & Nuclear Medicine to correct the leave slip for 1 ¼ hour. Dr. Gupta had no choice but to comply.

Dr. Gupta regularly contacts the administration/higher authorities by-passing me, her immediate supervisor/department chief and tries to get direct instructions from higher-ups. She openly talks to the departmental staff members and proclaims that "I do not talk to Dr. Kumar". Technologists have been telling me about it and some have given me this in writing (Appendix 21, 22). It has also been informed to the Union. The most recent example is the letter which Dr. Gupta wrote to Dr. Damineni (ACOS and SLM of Radiology & NM) which should have been addressed to me, her supervisor/department chief. Dr. Gupta did not comply even after the instructions of Dr. Damineni and preferred to write to the Union representative. This has been going on for almost 2 years. The response of the Union representative, Dr. Buie is as usual. Recently, when I called all three radiologists (Dr. Silverman, Dr. Karahmet and Dr. Gupta), for their performance appraisal discussions; Dr. Silverman and Dr. Karahmet came with Dr. Buie but Dr. Gupta did not come and I had to submit her performance appraisal without her input. I informed her accordingly and she did not even bother to reply. Later the Director, Mr. Goldman informed me that I did not want to meet with Dr. Gupta whereas Dr. Gupta told me that Director told her not to go to Dr. Kumar but to Dr. Damineni.

Dr. Gupta is the only radiologist who achieved the projected RVUs target and gone beyond in the year 2010 and 2011 for which I have always given her credit. However she has been apprehensive because I have recommended the abolishment of the part-time position. She has been talking to everybody including the Director, Mr. Goldman saying that I want to remove her from the department which is certainly not true. With all of her problems, she has improved in her productivity, which is the critical element I would like to get her appointment converted as a full-time radiologist which I personally recommended to the Director, Mr. Goldman.

Dr. Finn, (COS): Dr. Finn was very cordial and supportive in the beginning when I started as Acting SLM and then as the Chief of the department of Radiology & Nuclear Medicine. She even gave me few opportunities to work as Acting COS in her absence for which I am always grateful. She always said that it is a very difficult department to manage and I had to face multiple challenges. She had a very bad experience in the past and had to remove the previous Chief, Dr. R. Harris. However, after my taking over as Chief, the department was functioning smoothly and there were no complaints from any of the staff members (radiologists, technicians and others). I had given targets to the radiologists and they were complying within their limitations. As indicated above, Dr. Gupta started reading more CT scans from only 5 CT scans in 2008, with over time payment to 642 CT scans in 2011, without over time payment and improved her performance tremendously from 73.67% to 115.69%.

Complaints of the radiologist started when Dr. Raman Damineni joined as ACOS & SLM of the department of radiology. He started micromanaging and interfering in almost everything, bypassing my authority in the department. He started giving instructions to the radiologists and other staff members of the department even in the corridor, often without keeping me in the loop and without my knowledge. This created considerable confusion the department. I requested to

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Dr. Damineni multiple times that such activity undermines my authority and is unproductive but he did not care. One day Dr. Damineni came to my office and shouted at the top of his voice. I informed Dr. Finn of the incident verbally and then in writing but nothing happened. To my surprise, one day Dr. Damineni informed me that Dr. Finn had decided to remove me from my position as Chief of Radiology and Nuclear Medicine. I was called to Dr. Finn's office to collect the orders but somehow the letter of termination was not ready by the HR and therefore could not be served. I contacted my mentor Dr. Michael Stapleton, then CMO who intervened and I was not removed. The relationship with Dr. Finn has deteriorated since then.

Dr. Finn has been constantly trying to create unpleasant and often even insulting situations for me. I tried multiple times to improve the relationship as before but she would not reply. I personally went to her office twice to know her concerns so that I can improve if she had noted any shortcoming but both the times she refused to talk. Just to give a few examples, she would come to meetings, but would not even look towards me as if I do not exist in the meeting room. She would give direct instructions to the members present in the meeting room and when they complied, she would back out as never having said so. When I was working as the POC of the Affiliation Committee, we were working on starting the Resident Rotation program with Mercer University. When the Dean of the Medical School came for the negotiations, ignoring my presence in the meeting room as POC, Dr. Finn gave ambiguous instructions to Ms. Barbara and when she complied, Dr. Finn accused her of acting without instructions. Ms. Barbara was extremely upset. She had to send apology and retract those e-mails which she had already sent. One day Dr. Gupta made some complaints against me for hostile environment and Dr. Finn instructed me and Ms. Bonnie West, the Chief Supervisor, to relocate Dr. Gupta's office, somewhere else, as soon as possible, so that she would not be in the same environment. We shifted Dr. Gupta's office to another area, in the departmental basement where I had also worked for some time in the past. Dr. Gupta was on leave that day. When Dr. Gupta came the next day, she was very upset for the moving of her office in her absence and went to the union. Dr. Gupta and Dr. Buie took the matter to the Director. When Director Mr. Goldman asked why it was done, Dr. Finn told that Dr. Kumar did it. Fortunately Ms. West was there as my witness. She explained to the Director that the move was done on the instructions of Dr. Finn. It was later reverted on the director's instructions. Once Dr. Finn assigned some work to Dr. Karahmet without my knowledge, to which Dr. Karahmet denied as she was not very comfortable. Then Dr. Finn asked me to get the work done by Dr. Karahmet, though I had no prior information. Dr. Finn sent Dr. Gupta and Mr. Elmore Patterson to visit Charlie Norwood VA Medical Center at Augusta Georgia without any information to me and on Dr. Gupta's return, she asked me about the report. I told her to get the report directly from Dr. Gupta as I was never in the loop and Dr. Gupta never informed me of the visit to VAMC Augusta, before or after her visit. Dr. Morris was issued a letter to proceed on AA secretly by Dr. Damineni without my knowledge and when I was looking for him in the department, I was informed in the evening by Ms. West that Dr. Morris had proceeded on AA. Once Dr. Finn called a meeting of the department members and instructed me specifically that it is only a budget meeting and no other matter will be discussed. I went prepared with the budgetary issues and concerned documents. Dr. Finn discussed nothing about the budget and everything about the other issues of the department. Later when I asked her that it was more of a waste of time, Dr. Finn told that Dr. Gupta and Dr. Buie were driving the

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meeting and she had no control. These are just a few examples. I do not know how to improve the situation?

VIP \*

\* Dr. Finn is very strict in granting privileges to various physicians. However she wanted to get almost all of the privileges granted to a full-time internist to herself. She had filed a long request which not only included basic privileges but even procedures like bone marrow biopsy. I objected as the Chief of staff position is primarily an administrative position with no clinical responsibilities. As per the advertisement for the Chief of staff position, the tour of duty is administrative only. There is no mention of any clinical work/responsibility. I objected that she should not be granted any clinical privileges without determining what privileges should exactly be granted. Ignoring my suggestions, Dr. Damineni recommended the granting of all of the requested privileges to Dr. Finn. In the next privilege committee meeting, Dr. Finn told me before everybody that too many extra members had become a part of this committee and then looked towards me and said "you are excused". I was replaced immediately, probably by another physician from surgery. This was the result of placing my honest and legally correct opinion. Either one has to say "Yes Maam" in the meetings or get removed unceremoniously. Since then I'm hesitant in attending any meeting because putting open and honest views may mean expulsion. This is a small hospital where almost everybody gets the news in no time. The news that Dr. Finn had expelled Dr. Kumar from the credentialing and privileging committee went like wild fire all over the hospital. Such news only encourages the subordinates for continued insubordination, and further weaken my position in the department.

I have always tried to give my best, more than 100% to the institution. Even Dr. Finn appreciated and acknowledged that I was working too much. Because of my Orthopedic and PM & R background, I had been helping in performing the musculo-skeletal and podiatry related C&P examinations. I have performed >1500 examinations saving the institution more than a quarter of a million dollars. In 2010 during the Doctor's day Dr. Finn recognized those physicians who had performed C&P examinations only for one day and awarded them certificates which included Dr. Damineni and Dr. Nathan. She never cared to recognize my services of performing C&P examinations for almost 3 years. Even then, I continued performing the C&P examinations ignoring the obvious discrimination and injustice by Dr. Finn. With the increasing work load in the department of Radiology & Nuclear Medicine, I would conduct the C&P examinations in the day time and dictate the report in the evening after 4:30 PM when everybody would leave for the day, though the performance of C&P examinations was never part of my job and I was performing it only to help the institution. Many reports were several pages long as it contained detailed examinations of multiple joints. I developed a friendship with all of the janitorial staff who started their work after 4:30 PM.

Last year I received an invitation from EPS International Congress on Radiology and Nuclear Medicine, Nanjing, China to present my research work on the Settlement of [18F]-FDG in the urinary bladder--a new sign, which was published in *Nucl Med Commun*; 2009 Jan; 30(1):37-40 as a guest speaker. Such invitations are rare and a matter of honor and pride for the recipient and the institution. Organizers were willing to pay for the registration fee of the conference and my accommodation/local transportation. I had to cover the travel fare and arrange for approved

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leave. I applied for the same, requesting approximately \$4000.00. Dr. Finn returned my application unsigned and I was verbally informed by her secretary Mr. Cliff that it was my personal matter and that the institution had nothing to do with it. I did not go to the meeting. I discontinued performing the C&P examinations on protest.

Dr. Albert Morris (Full-time radiologist): Enough has already been reported about Dr. Morris and nothing to be added. Since Dr. Morris rejoined after availing his AA, Dr. Damineni has been acting as his supervisor and taking care of his issues. As per the information from Dr. Finn, after the departure of Dr. Damineni, I will be appointed as his supervisor and I would like to reassure that I would like to work with him without any prejudice or bias towards him. I will provide him the full opportunity to improve and perform to VA standards and expectations.

Dr. Edward Silverman (Full-time radiologist): There has not been any issue regarding the quality of Dr. Silverman's reports. He does not like reading CT & MRI of spine, carotid ultra sound, contrast CT for pulmonary embolism and plane x-ray films of ankle and foot. He has given this list to Ms. West and she keeps it in mind while assigning the cases on daily basis. It is understandable as every radiologist cannot be fully proficient in every field and everybody has likings & disliking for certain studies. I always respected his views and never insisted that he read what he is not comfortable with. In the very beginning of his working here, I explained to him and to the other radiologists about expected daily work load and expectations (Appendix 23). However it has been noted that Dr. Silverman has been slow in the completion of his reports. I had another meeting regarding how to improve productivity (Appendix 24). I immediately implemented the suggestion of the capability to read, edit and sign the reports from home and lap-tops were issued. Somehow it did not work and lap-tops were returned/He helps in some administrative work and therefore I recommended highest % among all three radiologists for pay for performance but productivity has remained the issue with him throughout (except the second quarter of 2011) and details are as under:

RVU based evaluation of the Radiologists FY-2011

FY-2011	Expected RVU	RVU				TOTAL	%
		1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter		
Edward Silverman, MD	T=5000 Q=1250	750.33 (60.02%)	1246.38 (99.71%)	721.14 (57.69%)	710.73 (56.85%)	3428.58	68.57

RVU based evaluation of the Radiologists FY-2012

FY-2012	Expected RVU	RVU				TOTAL	%
		1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter		
Edward Silverman, MD	T=5000 Q=1250	733.09 (58.64%)					

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I have been constantly reminding him about it. I have always helped him and I want him to succeed. During the Proficiency evaluation interview, I granted him Successful but he was not satisfied and wanted a higher grade. I was reluctant because his overall productivity for the year 2011 was only 68.57%. He told that his grade was low because he had to go out for lunch whereas Dr. Karahmet brings her lunch from home and stays here throughout. I assured him of better grades in future on improvements of his productivity numbers. He also signed the report when it was ready and later accused me of changing his evaluation. He also blamed that one day he got the images to read very late. His letter and my reply are as under:-

**From:** Kumar, Kush  
**Sent:** Wednesday, December 28, 2011 8:35 AM  
**To:** Silverman, Edward R.  
**Subject:** RE: Proficiency Report

Dr. Silverman,

You wanted higher grade but I did not agree because of your overall low productivity. Low productivity means more studies are sent out to AR, C, which leads to additional costs to the institution. I hope that you will improve in the productivity and I will be more than happy to award higher grades. You have been helping in the administrative activities which has made over all evaluation as satisfactory but the critical element remains the productivity and the modalities you cover.

I am always willing to rectify if there is any error but I think that what has been sent is correct. Error may be at you end in understanding when we discussed. What matters is the overall performance evaluation which I have granted as Satisfactory.

Regarding your complaint that you had no studies to read for 90 minutes, I routinely get the complaints that you keep the studies unread in your office for several days and do not try to clear the backlog quickly. This delays the whole process. We are expected to sign the reports within 48 hours. A quick turn-over is essential and expected. I do not expect you to read all the studies. There will always be few cases in which you will require another opinion and you should consult your colleagues. If you are not comfortable in interpreting any study then quickly give it back to Ms. West and she will take care of it. Please do not keep the studies for days at your end.

Kush Kumar, MD  
Chief, Dept. of Radiology  
& Nuclear Medicine

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From: Silverman, Edward R.  
Sent: Wednesday, December 28, 2011 7:58 AM  
To: Kumar, Kush  
Subject: Proficiency Report

I have checked my records and you have changed my Proficiency Report (Section B Categories II, IV and V grades) since our review session on 12/2/11 (Dr. Buie was present and concurs). Essentially you gave me a revised Proficiency Report to sign which I did not review with you. Since you claim that "this may possibly be an error", please make the corrections ASAP. I expect to hear from you soon.

Also on Tuesday morning, I had no studies to read from 8:AM to 9:30AM (90 minutes).

E. Silverman, MD

VIP

\* On 1/27/2012, Dr. Finn, COS called me in her office, where Dr. Damineni was also there and showed me a letter of Dr. Buie, dated 12/28/2011 (Appendix 25), and both insisted me to change my Performance evaluation report for Dr. Silverman and grant him much higher evaluation grade. Initially I declined but on too much of insistence and persistence of Dr. Finn and Dr. Damineni, I hesitantly agreed to change my evaluation to award higher evaluation grades to Dr. Silverman. I subsequently complied. In order to be fair to Dr. Aida Karahmet, who is another full time radiologist, with productivity of 95.62% FTY 2011, I also upgraded her evaluation report though Dr. Karahmet, accepted her evaluation and never raised any question or doubts. On 1/30/2012, Dr. Silverman wrote a letter of No Confidence to Dr. Finn, COS and Mr. Goldman, Director which also contained the names of other radiologists (Appendix 26). He made multiple vague allegations. My reply is as under:-

Dear Mr. Goldman,

Last week, Dr. Finn, COS handed me an e-mail letter of Dr. Edward R. Silverman, a fulltime radiologist, in which he has made multiple vague, ill defined, unsupported, false and baseless allegations about me. He also tried to provide reasons of my low productivity (68.5% FTY 2011) as the hostile environment in the department, when he has history of persistent low productivity, not only in this institution but also in the past as revealed by the e-mail which Dr. Finn received from his previous employers when they came to know that Dr. Silverman has joined this facility.

After I discussed the performance evaluation with Dr. Silverman on 12/2/2011, in presence of Dr. Buie, the Union Representative, Dr. Silverman wanted more than a satisfactory evaluation but I declined as his work output/ performance was very low. I also assured him of higher grades on improvement of his work output numbers as he was also periodically helping in the administrative matters. Later, after signing the final version of the proficiency report, Dr. Silverman accused me of changing his Proficiency Report, which is not true and I informed him accordingly. On 1/27/2012, Dr. Finn called me in her office where Dr. Damineni was also there and showed me a letter of Dr. Buie, dated 12/28/2011 and both insisted that I change my

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Performance evaluation report for Dr. Silverman and grant a much higher evaluation grade. Initially I declined but on too much insistence and persistence of Dr. Finn and Dr. Damineni, I hesitantly agreed to change my evaluation and award a higher evaluation grade to Dr. Silverman. I subsequently complied. In order to be fair to Dr. Aida Karahmet, who is another full time radiologist, with her productivity of 95.62% FTY 2011, I also upgraded her evaluation report though Dr. Karahmet accepted her evaluation and never raised any question or doubts. Such a letter from Dr. Silverman, a person to whom I selected, did everything to succeed is astonishing and smells of some hidden agenda and unhealthy motives and a bigger plot. I would like Dr. Silverman to provide documentary evidence to support each and every allegation he has made and also request you Sir, to conduct a detailed, neutral, impartial and thorough investigation so that truth can be revealed.

I would like to see you in person today in the afternoon.

Kind regards,

Kush Kumar, MD  
Chief, Dept. of Radiology & Nuclear Medicine

Dr. Aida Karahmet (Full-time radiologist): There has not been any issue regarding the quality of Dr. Karahmet's reports. She is the only radiologist who reads all of the different radiological investigations done over here. The work output is also satisfactory. Details are as under:-

**RVU based evaluation of the Radiologists FY-2011**

FY-2011	Expected RVU	RVU				TOTAL	%
		1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter		
Aida Karahmet, MD	T=5000 Q=1250	988.05 (79.04%)	1357.75 (108.62%)	1229.18 (98.33%)	1206.34 (96.50%)	4781.32	95.62

**RVU based evaluation of the Radiologists FY-2012**

FY-2012	Expected RVU	RVU				TOTAL	%
		1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter		
Aida Karahmet, MD	T=5000 Q=1250	1042.72 (83.41%)					

Regarding the performance report, I granted her satisfactory and she never questioned it. When on the insistence of Dr. Finn and Dr. Damineni, I changed and upgraded the performance grade of Dr. Silverman then, in order to be fair to Dr. Aida Karahmet, with productivity of 95.62%

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FTY 2011. I also upgraded her evaluation report though Dr. Karahmet, accepted her evaluation and never raised any question or doubts.

CONCLUSION:

I have always worked in the best interest of the institution against all odds. On one side I have to deal with some of the poorly performing radiologists who are backed by a union representative involved in unfair practices and on the other side, I have very little to no support from the Chief of Staff office. Such a situation is a perfect hideout for the poor performers and persons not willing to play by the rules. Often people ask how do you do it? I feel such challenges give me additional strength to work more as I always consider the interest of the institution as the top priority. I also believe that there is always room for improvement for everybody and I am no exception. I have tried my best to improve the productivity of the department and performance of the radiologists. I have also tried, within my limitations, to reduce the departmental expenses.

Dr. Silverman has written a letter of no confidence. Dr. Silverman has history of persistent low productivity in this hospital in spite of all possible help (68.57% in 2011 and 58.64% in the 1<sup>st</sup> quarter of 2012), also had the history of low productivity in the previous institution from where he came, as revealed by the e-mail which Director & C'OS received when they came to know that Dr. Silverman has joined ~~over here~~ speaks a lot about Dr. Silverman. Instead of working and improving, he has chosen this path. Poor performance, dishonesty and insubordination cannot be grounds for lack of confidence.

I can always be available for any clarification.

Sincerely,

Kush Kumar, MD  
Chief of Radiology & Nuclear Medicine

Date: February 12, 2012



DEPARTMENT OF VETERANS AFFAIRS  
Carl Vinson Medical Center  
Dublin GA 31021

November 7, 2011

**Albert Morris, MD**

Specialty & Ancillary Service Line/Radiology  
Carl Vinson VA Medical Center  
1826 Veterans Boulevard  
Dublin, GA 31021

Dear Dr. Morris:

The Medical Executive Committee for Credentialing and Privileging reviewed your request for a renewal appointment and privileges as a full-time, Radiologist, Specialty & Ancillary Service Line/Radiology, Carl Vinson VAMC, Dublin, GA. The Governing Body action is as follows:

**REAPPOINTMENT AND RENEWAL OF PRIVILEGES APPROVED AS  
RECOMMENDED BY THE CHIEF OF STAFF (SUPERVISOR)**

The original copy of your clinical privileges will be retained in the Quality Management Office. One copy of your approved clinical privileges is enclosed and an additional copy has been forwarded to your service.

The Medical Center Bylaws requires full documentation of continuing medical education at the time of reprivileging. **The continuing medical education credits must be related to the area and scope of your clinical privileges, and consistent with state licensure requirements.** During the next two years you should maintain a file of certificates for all continuing education in which you participate. You will be asked to either furnish these or a detailed description of the training and hours with your application for renewal of clinical privileges.

Per VHA Policy, MCM 00-371, Focused Professional Practice Review must be conducted on medical staff members.

Clinical privileges must be requested and reviewed and submitted to the Governing Body through the Medical Executive Committee. You will be provided a new application package prior to the expiration of your current privileges. **Your current clinical privileges will expire 05/03/2013.**

Thank you for your service to our nation's veterans.

Sincerely,

*Ivory J. Jones*

**Ivory J. Jones**

Program Specialist (00QM)

Enclosure

cc:

Specialty & Ancillary Service Line/Radiology

B

**Morris, Albert W.**

---

**From:** Morris, Albert W.  
**Sent:** Wednesday, October 31, 2012 10:01 AM  
**To:** 'dralmorris@aol.com'  
**Subject:** FW: Privileges/Letter

**From:** Girgis, Aml Ramsis  
**Sent:** Thursday, August 09, 2012 3:11 PM  
**To:** Morris, Albert W.  
**Cc:** Finn, Nomie G.; Jones, Ivory; Goldman, John S. (Dublin) (SES); Hutchinson, Annie  
**Subject:** Privileges/Letter

Dear Dr. Morris,

You have now received a copy of your privileges. (period of 8-9-12 through 11-8-12) Please begin Radiology interpretations. The letter will follow.

Aml Girgis, MD.





DEPARTMENT OF VETERANS AFFAIRS  
Carl Vinson Medical Center  
Dublin GA 31021

May 5, 2012

**Dr. Albert Morris**

Radiology Service  
Carl Vinson VA Medical Center  
1826 Veterans Boulevard  
Dublin, GA 31021

Dear Dr. Morris:

The Medical Executive Committee for Credentialing and Privileging reviewed your request for renewal appointment and privileges as a full-time Radiologist, Specialty Service Line, Carl Vinson VAMC, Dublin, Georgia. The Governing Body action is as follows:

**APPROVED AS RECOMMENDED BY SERVICE LINE MANAGER**

The original copy of your clinical privileges will be retained in your credentialing folder. One copy of your approved clinical privileges is enclosed and an additional copy has been forwarded to your service.

The Medical Center Bylaws require full documentation of continuing medical education at the time of repriviliging. The continuing medical education credits must be related to the area and scope of your clinical privileges, and consistent with state licensure requirements. During the next two years you should maintain a file of certificates for all continuing education in which you participate. You will be asked to either furnish these or a detailed description of the training and hours with your application for renewal of clinical privileges.

Per VHA Policy, MCM 00-372, Ongoing Professional Practice Evaluation must be conducted on medical staff members. This evaluation is applicable to all physicians, dentists, podiatrists, optometrists, and psychologists who function under clinical privileges

Clinical privileges must be requested and reviewed biennially and submitted to the Governing Body through the Medical Executive Committee. You will be provided a new application package prior to the expiration of your current privileges. Your current clinical privileges will expire 7/31/2012.

Thank you for your service to our nation's veterans.

Sincerely,

*Ivory J. Jones*

Ivory J. Jones  
Credentialing Program Specialist (00QM)

Enclosure  
cc: Specialty Service

D





DEPARTMENT OF VETERANS AFFAIRS  
Carl Vinson Medical Center  
Dublin GA 31021

August 15, 2012

Dr. Albert Morris

Radiology Service  
Carl Vinson VA Medical Center  
1826 Veterans Boulevard  
Dublin, GA 31021

Dear Dr. Morris:

Prior to submitting your request for re-privileging, you were told to include the full range of privileges for a staff Radiologist. The facility is in need for a competent Radiologist who can perform all aspects of radiology. Based on the needs of the facility, you were asked to apply for the full range of privileges which will be granted pending the outcome of the retraining and a future FPPE.

This denial was an administrative denial because the training and review were under way. An administrative denial it is not reportable to anyone. It is only if the training and competency evaluation do not result in a reinstatement of the privileges would they become a denial for clinical practice reasons and reportable to the NPDB and on any future applications.

The MEC has approved temporary privileges contingent upon the availability and evaluation of quality of care information demonstrating current competence in professional performance, judgment and clinical and/or technical skills to practice within the clinical privileges requested.

Sincerely,

8/20/12

Dr Aml Girgis  
Acting Chief of Radiology Section

cc: Human Resources Management Officer

E



**ADVISEMENT TO LICENSED HEALTH CARE PROFESSIONAL OF SUMMARY  
SUSPENSION OF PRIVILEGES**

Date May 24, 2012

Albert Morris, Radiologist  
Carl Vinson VAMC  
1826 Veterans Blvd.  
Dublin, Georgia 31021

Dear Dr. Morris,

This is to notify you that your privileges for the reading of CT scans and Ultrasounds are summarily suspended effective this date. This action is being taken upon the recommendation of the Chief of Staff since concerns have been raised to suggest that aspects of your clinical practice do not meet the accepted standards of practice and potentially constitute an imminent threat to patient welfare. During this time the facility will conduct a review of your radiological readings/ interpretations on CT and Ultrasounds. A peer has reviewed your work during the Ongoing Professional Practice Evaluation (OPPE) process. The findings received May 23, 2012, revealed disagreements in your radiological readings/ interpretations.

This suspension is in effect pending a comprehensive review of these allegations. During this time your work will be limited to radiological readings/ interpretations of plain x-rays only.

You have the opportunity to provide any information you desire to provide regarding these concerns. Correspondence should be addressed to:

Risk Management  
Carl Vinson VAMC  
1826 Veterans Blvd.  
Dublin, Georgia 31021

This should be sent within 14 calendar days from your receipt of this notice.

The comprehensive review of the reasons(s) for the summary suspension must be accomplished within 30 calendar days of the suspension, with recommendations to proceed with formal procedures for reduction or revocation of clinical privileges forwarded to me for consideration and action. Within 5 working days of receipt of the recommendations, I will make a decision either to restore your privileges to an active status or that the evidence warrants proceeding with a reduction or revocation process. During the review, your privileges will be limited to radiological interpretations/ readings of plain x-rays only.

Should the comprehensive review result in a tentative decision by me to restrict or revoke your privileges, and if appropriate, to take an adverse personnel action, you will be notified at that time of your rights as per VHA Handbook 1100.19 and VA Directive and Handbook 5021. You have a right to be represented by an attorney or other representative of your choice throughout the proceedings. Summary suspension pending comprehensive review and due process is not reportable to the National Practitioner Data Bank (NPDB). However, if a final action against your clinical

F

privileges is taken for professional incompetence or improper professional conduct, both the summary suspension and the final action, if greater than 30 days, will be reported to the NPDB, and a copy of the report must be sent to the State licensing boards in all states in which you hold a license and in Georgia.

If you surrender or voluntarily accept a restriction of your clinical privileges, including by resignation or retirement, while your professional competence or professional conduct is under investigation during these proceedings or to avoid investigation, VA is required to file a report to the NPDB, with a copy to the appropriate State licensing board(s), pursuant to VA regulations in Title 38 Code of Federal Regulations (CFR) Part 46 and VHA Handbook 1100.17, National Practitioner Data Bank Reports.

It is the policy of VA to report to State Licensing Boards those licensed health care professionals, whether currently employed or separated (voluntarily or otherwise), whose clinical practice during VA employment so significantly failed to meet generally accepted standards of clinical practice as to raise reasonable concern for the safety of patients (see 38 CFR Part 47). In the event you are found to not meet standards of care, consideration will be given whether, under these criteria, you should be reported to the appropriate State Licensing Board(s) pursuant to the provisions of VHA Handbook 1100.18, Reporting and Responding to State Licensing Boards.

If you have any questions, please contact Annie Hutchinson, Risk Manager at Extension 3347.

Sincerely yours,

*for Sue A. Preston*  
John S. Goldman  
Medical Center Director

I acknowledge receipt of this memo and agree to its terms.

*Quinn Thomas MD*  
(Signature)

*May 24, 12*  
(Date)

**F**

CARL VINSON VA MEDICAL CENTER  
1826 VETERANS BOULEVARD  
DUBLIN, GA

REAPPOINTMENT OF CLINICAL PRIVILEGES APPLICATION

1. Name of Practitioner MORRIS, ALBERT  
(Last), (First) (Middle)

2. Service/Specialty SPECIALTY SERVICE / RADIOLOGY

3. Category of Staff Membership:

- Staff-Full-time     Staff-Part-time     Consultant     On-station Fee Basis     WOC  
 Fee Basis-Contract     Telemedicine/Teleradiology     MOD     On-station Sharing Agreement  
 On-Station Contract     CBOC-Contract full-time     WOC

4. Request for Approval of Renewal of Clinical Privileges:

I request approval for renewal of my Clinical Privileges as indicated on the attached form(s). I certify that I am competent to perform these requested procedures by virtue of my training and experience. I acknowledge that I have been furnished with a copy of the current Medical Staff By-laws and I hereby agree to abide by them. I agree to provide continuous care to my patients at the Carl Vinson VA Medical Center. I also signify my willingness to appear for an interview in regard to my application.

I understand that any medical staff member is authorized to do everything possible to save a patient's life or prevent serious harm, to the degree permitted by my license, regardless of department affiliation, staff category, or level of clinical privileges.

I authorize the Carl Vinson VA Medical Center to consult with all persons or places of employment or education who may have information bearing on my moral, ethical and professional qualifications and competence to carry out the privileges I have requested.

*Signed document under duress*

Albert J. Morris MD 08/08/12  
Signature of Applicant Date

**FOR OFFICE USE ONLY**

Effective Dates:  
From 08/9/12  
To 11/8/12

G

NAME: ALBERT MORRIS, M.D.

1. SERVICE LINE/SECTION MANAGER:

After careful review and consideration of the applicant's credentials, I:

- Recommend Approval as requested  
 Recommend Approval with the following deletions or modifications:

Deletions: \_\_\_\_\_

Modifications: Pending the outcome of Retraining evaluation

Recommend Disapproval

Reason: \_\_\_\_\_

Signature: Amr Cingis MD

Date

8/8/12

2. EXECUTIVE COMMITTEE OF THE MEDICAL STAFF:

- Recommend Approval of Service Line/Section Manager's Recommendation  
 Recommend Approval with the following modifications:

Recommend Disapproval of Service Line/Section Manager's Recommendation

Reason: \_\_\_\_\_

see attachment A 8/9/12

Signature: J. Pinn

8/9/12

Date

Chair, Medical Executive Committee

3. ACTION BY APPROVING AUTHORITY:

Approve clinical privileges as recommended by the Medical Executive Committee.

Disapprove clinical privileges as recommended

Signature: John S. Goldman

Director

Date

8/9/12

JOHN S. GOLDMAN, Director

G

Name: ALBERT MORRIS, M.D.

FOR OFFICE USE ONLY  
 Effective Dates 08/09/13  
 From \_\_\_\_\_  
 To 11/8/12

**Carl Vinson VA Medical Center,  
 Dublin, GA-31021**

**Radiology & Nuclear Medicine Department  
 Delineation of Clinical Privileges**

*signed document  
 under duress*

I, ALBERT MORRIS, M.D. apply for hospital privileges in Radiology.

Albert Morris 08/08/12  
 (Signature) (Date)

Please initial beside only those procedures you wish to perform:

Diagnostic Imaging Procedures:	Diagnostic Radiology Reading:	Requested	Granted	Not Granted
X-rays (with and without contrast)	Routine and ER	✓ <i>AM</i>	AG	
	Head.	✓ <i>AM</i>	AG	
	Neck.	✓ <i>AM</i>	AG	
	Chest.	✓ <i>AM</i>	AG	
	Abdomen.	✓ <i>AM</i>	AG	
	Pelvis.	✓ <i>AM</i>	AG	
	Cervical Spine.	✓ <i>AM</i>	AG	
	Thoracic Spine.	✓ <i>AM</i>	AG	
	Lumbo-sacral Spine	✓ <i>AM</i>	AG	
	Upper extremity & joints.	✓ <i>AM</i>	AG	
	Lower extremity & joints.	✓ <i>AM</i>	AG	
	Fluoroscopy	Upper GI series.	<i>AM</i>	
Small bowel series.		<i>AM</i>		AG *
Lower GI series.		<i>AM</i>		AG *
Ultrasound	Carotid.			
	Thyroid.			
	Abdomen.	✓ <i>AM</i>		AG *
	Pelvis.	✓ <i>AM</i>		AG *
	Extremity			

Name: ALBERT MOKUS, M.D.

Diagnostic Imaging Procedures:	Diagnostic Radiology Reading:	Requested	Granted	Not Granted	
CT (with and without contrast)	Routine and ER				
	Head,				
	Neck,				
	Brain,				
	Cervical Spine,				
	Thoracic Spine,				
	Lumbo-sacral Spine,				
	Chest,				
	Abdomen,				
	Pelvis,	<i>all</i>		<i>AG</i> *	
	Upper extremity & joints,	<i>all</i>		<i>AG</i> *	
	Lower extremity & Joints,				
	MRI (with and without contrast)	Routine and ER			
Head,					
Neck,					
Brain,					
Cervical Spine,					
Thoracic Spine,					
Lumbo-sacral Spine,					
Abdomen,					
Pelvis,					
Upper extremity & Joints,					
Lower extremity & Joints,					
DEXA		Spine,			
		Femur,			
	Wrist,				
Others					

signed under license Albert Mokus 08/08/12  
 (Signature) (Date)

*G*

Department of  
Veterans Affairs

# Memorandum

Date: November 7, 2012  
From: Acting Chief Radiology  
Subj: Renewal of Privileges  
To: Albert Morris, MD

1. This memorandum serves as a direct order for you to apply for a full range of privileges as a Staff Radiologist for Carl Vinson VA Medical Center. As a Staff Radiologist, you are required to provide reports and interpretation of the following readings with and without contrast: Diagnostic Readings, Fluoroscopy, Ultrasound, Diagnostic and OBGYN, Nuclear Medicine, Doppler Vascular Studies, CT Scans, and 3-D Image Manipulation.
2. Your privileges will expire November 8, 2012, it is imperative that you complete a new application package for renewing your clinical privileges by 4:00 pm today. This packet has to be reviewed and submitted to the Medical Executive Committee in order to avoid expiration of your clinical privileges.
3. Refusal to complete and return this application (attached), may lead to a disciplinary action up to and including removal from federal service.
4. If you have any questions concerning this memorandum, please feel free to contact me at extension 2478.

Aml Girgis, MD

*Aml Girgis - MD*

*11/7/12*

I acknowledge that I have received the original plus one (1) copy of this document.

*Albert Morris MD*

Employee Signature

*signed under duress*

*11-07-12*

Date

*2:55 PM*



*H*

**Job Title:** Physician (Radiologist)  
**Department:** Department Of Veterans Affairs  
**Agency:** Veterans Health Administration  
**Job Announcement Number:** 557-09-057-JB

*NOT THE  
JOB article  
that I  
responded to.*

**Salary Range:** \$96,539.00 - \$275,000.00 /year

**Series & Grade:** VM-0602-0/0

**Open Period:** Thursday, January 01, 2009 to Monday, November 16, 2009

**Position Information:** Full-Time Permanent

**Duty Locations:** 1 vacancy - Dublin, GA

**Who May Be Considered:** Applications will be accepted from United States citizens and nationals.

**Job Summary:**

The Carl Vinson VA Medical Center is located on a beautiful campus in a community with excellent school systems. Employees who have worked for the Dublin VA for 2 years are eligible to apply for free tuition at Middle Georgia College for themselves, spouse and dependents.

\*RELOCATION EXPENSES HAVE BEEN AUTHORIZED FOR THIS POSITION.

\*RECRUITMENT INCENTIVE MAY BE AUTHORIZED FOR THIS POSITION.

\*\*EDRP: The applicant selected for this position MAY BE eligible to apply for an education loan reimbursement award up to the maximum limitation under the provisions of the Education Debt Reduction Program. Eligibility to apply does not guarantee acceptance into the program. Approval for EDRP awards are subject to the availability of funding.

**Major Duties:**

The selectee will be responsible for providing a full range of Radiology/Nuclear Medicine procedures and reports of interpretation as follows: Diagnostic Readings, Fluoroscopy, Ultrasound, Diagnostic and OB/GYN, Nuclear Medicine, Doppler, Vascular Studies, CT Scans, 3-D Image Manipulation, also responsible for understanding the aging process and to modify readings to accommodate the changes that occur with aging.

**Qualifications:**

Basic Requirements â€" (1) US Citizen (2) Degree of doctor of medicine or an equivalent degree resulting from a course of education in medicine or osteopathic medicine. The degree must have been obtained from one of the schools approved by the Secretary of Veterans Affairs for the year in which the course of study was completed. (3) Licensure and Registrationâ€"Current, full and unrestricted license to practice medicine or surgery in a State, Territory, or Commonwealth of the United States, or in the District of Columbia. (4) Must be proficient in spoken and written English. (5) Must be board eligible; board certification is preferred.

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08/23/10

You must be a U.S. citizen to qualify for this position.

All applicants tentatively selected for VA employment in a testing designated position are subject to urinalysis to screen for illegal drug use prior to appointment. Applicants who refuse to be tested will be denied employment with VA. Appointment to a position will not be effected upon a verified positive drug test result.

**Licensure and Registration** - Current, full and unrestricted license to practice medicine or surgery in a State, Territory, or Commonwealth of the United States, or in the District of Columbia.

You must submit to and successfully pass a Special Agreement Check (fingerprints) before being appointed. Upon appointment, you will be required to successfully pass a background investigation.

Applicants for this position must pass a pre-employment medical examination.

#### **How You Will Be Evaluated:**

Management may interview candidates for this position and may elect to use the Performance Based Interviewing (PBI) process. If PBI is used, questions will be job-related, reasonably consistent and fair to all candidates. You can visit the following two web sites (1) <http://www.va.gov/pbi> (2) [http://vawww.va.gov/ohrm/Staffing/PBI/PBI\\_intr.htm](http://vawww.va.gov/ohrm/Staffing/PBI/PBI_intr.htm) to learn more about

PBI, frequently asked questions and aids to prepare for an interview. Additionally, printed reference material is available at each Human Resources Office

#### **Benefits:**

You may participate in the Federal Employees Health Benefits program, with costs shared with your employer. More info: <http://www.usajobs.gov/jobextrainfo.asp#FEHB>.

Life insurance coverage is provided. More info: <http://www.usajobs.gov/jobextrainfo.asp#life>

Long-Term Care Insurance is offered and carries into your retirement. More info: <http://www.usajobs.gov/jobextrainfo.asp#ltci>

New employees are automatically covered by the Federal Employees Retirement System (FERS). If you are transferring from another agency and covered by CSRS, you may continue in this program. More info: <http://www.usajobs.gov/jobextrainfo.asp#retr>

You will earn annual vacation leave. More info: <http://www.usajobs.gov/jobextrainfo.asp#VACA>

You will earn sick leave. More info: <http://www.usajobs.gov/jobextrainfo.asp#SKLV>

You will be paid for federal holidays that fall within your regularly scheduled tour of duty. More info: <http://www.usajobs.gov/jobextrainfo.asp#MOLI>

Opportunities are available in numerous locations and employees may transfer to new locations to further their career goals.

Qualified federal employees may be covered by our child care subsidy program or dependent care flexible spending account. Our human resources office can provide additional information on eligibility. More info: <http://www.usajobs.gov/jobextrainfo.asp#CCRS>

You can use Health Care Flexible Spending Accounts for expenses that are tax-deductible, but not reimbursed by any other source, including out-of-pocket expenses and non-covered benefits under their FEHB plans. More Info: <http://www.usajobs.gov/jobextrainfo.asp#FSA>

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**Other Information:**

This job is being filled by an alternative hiring process and is not in the competitive civil service.

You must submit all required information by the closing date. If materials are not received, your application will be evaluated solely on the information available and you may not receive full consideration or may not be considered eligible.

The materials you send with your application will not be returned.

If you fax your application, we will not consider it.

Send only those materials needed to evaluate your application. Please do not place your application in a notebook or binder.

You will be required to serve a probationary period of 2 years.

**How To Apply:**

You must submit your application so that it will be received by the closing date of the announcement.

All applicants must submit a complete application package that includes a current CV; VAF 10-2850 (<http://www.forms.va.gov/vfia/Internet/VHARF/getformharness.asp?formName=vha-10-2850-formr.xft>), Application for Physicians; and OF-306 ([http://www.opm.gov/forms/pdf\\_fill/of306.pdf](http://www.opm.gov/forms/pdf_fill/of306.pdf)), Declaration for Federal Employment. Applicants claiming veteran status must submit a DD214 (member 4 copy), VA Letter and SF-15 ([http://www.opm.gov/forms/pdf\\_fill/SF15.pdf](http://www.opm.gov/forms/pdf_fill/SF15.pdf)), if applicable. Applicants who fail to submit required documents by the stated due date may not receive full consideration for this vacancy. Applications should be mailed to the Carl Vinson VA Medical Center (05), ATTN: Human Resources, 1826 Veterans Blvd., Dublin, GA 31021. Applications may also be hand carried to the Human Resources Department.

If you are a current or former federal employee with reinstatement eligibility, you must submit a copy of your last Notification of Personnel Action (SF50) and a copy of your most recent Performance Appraisal.

**Contact Information:**

Julie M. Choate-Bell  
Phone: 478-277-2753

Agency Information:  
Department Of Veterans Affairs  
Carl Vinson VA Medical  
1826 Veteran's Blvd.  
Dublin, GA 31021  
US

**What To Expect Next:**

Once your complete application is received we will conduct an evaluation of your qualifications and determine your ranking. The most highly qualified candidates will be referred to the hiring manager for further consideration and possible interview. We expect to make a selection within 30 days of the closing date of this announcement. You will be notified of the outcome.

**EEO Policy Statement:** <http://www.usajobs.gov/eo>

**Reasonable Accommodation Policy Statement:** <http://www.usajobs.gov/rafs>

**Veterans Information:** <http://www.usajobs.gov/vi>

**Legal and Regulatory Guidance:** <http://www.usajobs.gov/lrg>

Control Number: 1466912

H

Albert W. Morris, MD  
Carl Vinson VA hospital  
1826 Veterans Boulevard  
Dublin, GA 31021

November 15, 2012

To Dr. Aml Girgis, Dr. Nomie Finn, Mr. John Goldman, Mr. Terrence Oster

This is a response to the letter that I received dated November 13, 2012, regarding my clinical privileges. As you know, I submitted an application for renewal of my clinical privileges on Nov 02, 2012. Because of the unprecedented treatment that I have received at the hands of this facility, I have been abundantly cautious in my official requests. As you know, I was given a letter on February, 2012 signed by the Chief of Staff Dr. Nomie Finn indicating that eight (8) months after my return to the CVVAMC facility, I had completed FPPE evaluation, and had achieved OPPE status and would be evaluated every 6 months on an ongoing basis. I received a letter, indicating that after 2 months of OPPE status, I was once again forced to undergo a battery of evaluations and was told that there were discrepancies with reports done at CVVAMC. I provided to Dr A. Girgis strongly written exception to the findings as an appeal, but I had my privileges to read Ultrasound and CT examinations at this facility summarily suspended on May 24, 2012. I was never issued a warning, letter of admonition, reprimand or terms of probation. Every action taken against me at CVVAMC has been the most strident and the most severe action possible under the circumstances. I was not advised that I had the option to appear before the MEC by Dr. Girgis or I would have made such a request. It appears that if one person disagrees with me, I am by definition incorrect, and they are by definition correct. During this review period, my privileges have been limited to radiological interpretations and readings of plain x-ray films only. From August 2011 thru 07/19/12 2012 I was physically estranged from the radiology department in another building, and on another floor in a solitary office. For this reason I did not participate in the fluoroscopy schedule. When I was re-incorporated into the radiology department after 11 months, on 07/19/12 I request permission to perform fluoroscopy, and wrote to Dr. Girgis to make sure that it met with her approval. She initially said yes, then recanted her approval with the explanation that it had been over one year since I had performed fluoroscopy, and refused the approval for me to examine patients at CVVAMC. It was clearly communicated to me that a one year hiatus is the standard for approval of privileges.

I was directed to attend a two week refresher training and evaluation at another medical center within VISN 7. The first week was to include refresher training and guidance, and the second week devoted to evaluation of competency to read CT and ultrasound examinations. As I stated before this training started, one week is woefully inadequate for training even when it is a well designed strategic process and that training should be just that-training. Clearly I possess the required and requisite skills when I came to CVVAMC, and as the de facto manager and stewards of my medical career while at this facility, any potential deficiencies that may exist are due to the mismanagement by the executive and supervisory of staff at this facility.

The two week refresher training was completed on August 24, 2012, and the results sent to the CVVAMC 2 days later. I made multiple requests for a copy of the results of the refresher training evaluation performed at the Charleston facility. To date, I have not been provided any information about the results. Clearly it would be unethical for me to request privileges in CT and ultrasound without this crucial information, considering that your action of May 24, 2012.

I

The secrecy surrounding data directly impacting my professional career is only one of the unprofessional and untenable actions that I have been forced to endure in the quest to have clinical privileges at this facility renewed. I have been forced to reapply for clinical privileges four (4) times in the past year, each time requiring fresh professional references, listings in VETPRO, contacting my medical licensing bureau, my professional training program, and professional medical associations, causing undue suspicion. I was forced to file for privileges on October 13, 2011, April 27, 2012, August 08, 2012, and November 02, 2012. This process has a direct impact on my professional relationships, my professional reputation, and my ability to practice medicine and have the confidence of the patients and professional colleagues. It should be noted that during this time, I had previously been given privileges to expire on May 07, 2013, which the hospital renegeed on.

I reapplied for clinical privileges in August 08, 2012, and I did not initially request CT and Ultrasound privileges based on your action of May 24, 2012. I was verbally instructed by Dr. Girgis and Dr. Finn that I was required to apply for privileges in CT and ultrasound and fluoroscopy, that it was part of my credentialing application, and without it there would be no action on my application without applying for these privileges. They constructed a conundrum for me involving medical privileging, and clearly anything that I did was going to be the wrong move. Against my better judgment, I honored their request and applied for said privileges. The privileges for ultrasound, CT, and fluoroscopy were immediately DENIED!

Once again, I am being instructed verbally and in writing that I must request privileges for the following types of examinations: Plain film diagnostic readings, Fluoroscopy, Diagnostic ultrasound and OB-GYN, Nuclear Medicine, Doppler Vascular, CT scans, 3-D image manipulation.

I have had not interpreted fluoroscopy since April 2010, nuclear medicine for over 3 years (it requires a current certification), and Doppler vascular studies for over 3 years. It would be clearly unethical of me to apply for these privileges, and unethical and possibly illegal for CVVAMC to insist that I apply without additional training and retraining or continuing medical education. This standard of one year hiatus has been use in the past at CVVAMC, and is a generally acceptable benchmark in most of medicine. The attachment A of the endorsement of the correspondence of November 07, 2012 the Chairman of the MEC clearly states that due to non performance of more than one (1) year, administratively deny this privileges pending the outcome of the proctoring sessions provided by an assigned peer.

I am now being presented with a double conundrum because-1) the results of my training are being secretly denied, and 2) I have been directed to apply for privileges that ethically I cannot request.

Because I have also not received the results of the evaluation done at the Charleston VA hospital on August 12 thru August 13, 2012 I am taking the extraordinary step of asking for this information via FOIA. In medicine, making certain that both parties completely understand and possess all pertinent information required to make an optimal decision is termed informed consent. It seems otherwise irrational for me to request privileges for clinical practice blindly, and I am concerned that a scenario has been purposely constructed to sabotage my professional career within and outside of the VA system. What could your objectives or motivation possibly be for insisting that I submit to this process while withholding essential information? Is it a secret?

The document that you provided was vague in relation to the things that you require of me. What exactly in By-Laws article 3.01 disqualifies me for membership, and what exactly in 3.02 (Qualifications for Medical Staff membership and Clinical Privileges) disqualifies me for inclusion on this staff?

Privileges according to JACHO and the CVVAMC bylaws are to be based on core competencies including medical knowledge, technical skills, clinical judgment, interpersonal skills, communication skills, and professionalism. All of

I

this information must be considered when evaluation for Clinical privileges is considered. I believe that I meet each of these benchmarks at this facility.

According to the American College of Radiology Credentialing guidelines that are particular red flags that make the delay or denial of credentialing appropriate and they are; poor references, alcohol or substance abuse, short employment periods, unexplained gaps in employment of education, multiple malpractice suits, deferred letters of recommendation, or a questionable personal conduct history. Not one of these red flags is relevant to my tenure at this or any other medical facility.

It should also be stated that in accordance with guidelines of the American College of Radiology it is considered unethical to base credentialing on economic criterion. The relative amounts of revenue generated by any given physician cannot be used as a criterion to award clinical privileges. It is fundamentally unfair, and because certain medical specialties are almost exclusively hospital based (radiology being one) extreme care must be taken to not allow antidotal findings or economic considerations interfere with the real issue of clinical competence. The standard that you must meet is consistency and fairness across the board. This includes awarding of clinical privileges to the chief medical officer as well as the staff physicians. I believe that it is obvious that this standard has not been met.

I am once again asking for the results of the training that occurred in Charles South Carolina, on August 12-24, 2012. I was dismayed and disappointed to learn that I was sent to a facility and evaluated by one of the CVVAMC Center Director's prior subordinates, and that evidently, neither party believed that this was relevant information.

The only action that I can in good conscious where I am able to exercise informed consent it take is to tentatively request privileges in areas that I have either not performed in greater than one year pending additional training, retraining, or additional CME as provided by CVVAMC By-Laws.

I am also requesting a meeting with the MEC regarding this process and I am enclosing an updated application for the awarding of privileges. as provided for in the CVVAMC By-Laws.

My overarching objective at this facility is to provide accurate, timely and objective information to referring providers so that our veterans can receive the highest quality healthcare in a professional environment that becomes free of harassment, discrimination or intimidation.

Sincerely,

Albert W. Morris, MD

Staff radiologist.

I

Name: ALBERT MORRIS, M.D.

FOR OFFICE USE ONLY

Effective Dates

From \_\_\_\_\_

To \_\_\_\_\_

**Carl Vinson VA Medical Center,  
Dublin, GA-31021**

**Radiology & Nuclear Medicine Department  
Delineation of Clinical Privileges**

I, ALBERT MORRIS, D.O./M.D. apply for hospital privileges in Radiology.

Albert Morris (Signature)      11-16-12 (Date)

**Please initial beside requested privileges:**

Diagnostic Imaging Procedures:	Diagnostic Radiology Reading:	Requested	Granted	Not Granted
X-rays (with and without contrast)	Routine and ER	all		
	Head.	all		
	Neck.	all		
	Chest.	all		
	Abdomen.	all		
	Pelvis.	all		
	Cervical Spine.	all		
	Thoracic Spine.	all		
	Lumbo-sacral Spine	all		
	Upper extremity & joints.	all		
Lower extremity & joints.	all			
Fluoroscopy	Upper GI series, <sup>pending results of CME, retraining, or CME</sup>	all		
	Small bowel series. <sup>pending results of retraining, additional training</sup>	all		
	Lower GI series, <sup>pending results of retraining</sup>	all		
Ultrasound	Carotid, <sup>additional retraining</sup>	all		
	Thyroid.			
	Abdomen. <sup>pending results of CME, retraining, M.A.D. + H.</sup>	all		
	Pelvis. <sup>pending results of additional training, retraining, or CME</sup>	all		
Extremity - <sup>pending CME, retraining, or additional training</sup>	all			

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Diagnostic Imaging Procedures:	Diagnostic Radiology Reading:	Requested	Granted	Not Granted
CT (with and without contrast)	Routine and ER			
	Head,			
	Neck,			
	Brain,			
	Cervical Spine,			
	Thoracic Spine,			
	Lumbo-sacral Spine,			
	Chest. <del>Reading returning</del> <i>error</i>			
	Abdomen. <del>Reading returning</del> <i>addition of TRAINING on CMS</i>			
	Pelvis. <del>Reading returning</del> <i>addn TRAINING on CMS</i>			
Upper extremity & joints,				
Lower extremity & joints,				
MRI (with and without contrast)	Routine and ER			
	Head,			
	Neck,			
	Brain,			
	Cervical Spine,			
	Thoracic Spine,			
	Lumbo-sacral Spine,			
	Abdomen,			
	Pelvis,			
	Upper extremity & joints,			
Lower extremity & joints,				
DEXA	Spine,			
	Femur,			
	Wrist,			
Others				

*Albert Morris MD* (Signature)      *11-16-12* (Date)

**I**

Department of  
Veterans Affairs

# Memorandum

Date: November 30, 2012

From: Director (00)

Subj: Non-Duty Status Notification

To: Dr. Albert W. Morris

Thru: Nomie G. Finn, Chief of Staff (11)  
Aml Girgis, MD, Acting Chief of Radiology (11)  
Terence K. Oster, Human Resources Officer (05)

1. In accordance with VHA Handbook 1100.19, paragraphs 2 -3, and the Medical Executive Committee Bylaws, Article VIII, Sections 8.01 – 8.06, as a practitioner, clinical privileges are required for all licensed independent practitioners to practice independently in order to provide patient care services.

2. On August 2, 2009 you accepted a full time position at (CVVAMC) Carl Vinson Veterans Administration Medical Center as a Physician (Staff Radiologist) under job announcement number 557-09-057-JB. Your duties require you to perform a full range of Radiology/Nuclear Medicine procedures and reports of interpretation readings of the following: Diagnostic Readings, Fluoroscopy, Ultrasound, Diagnostic and OBGYN, Nuclear Medicine, Doppler Vascular Studies, CT Scans, and 3-D Image Manipulation.

3. On May 24, 2012, your clinical privileges for reading CT scans and Ultrasounds were summarily suspended while pending an investigation of concerns raised regarding the aspects of your clinical practice not meeting the accepted standard of practice that could potentially constitute an imminent threat to patient welfare.

- On June 19, 2012, the status of your summary suspension was extended pending the completion of the comprehensive review.
- On July 6, 2012, your clinical privileges were suspended once again due to concerns of your professional competence, along with your ability to read and interpret Ultrasound and CT Scans at an acceptable standard of practice. There were concerns with your readings that could potentially result in an adverse impact to the health of our Veteran patients.

4. On October 31, 2012, you were instructed to reapply for a full range of privileges as a Staff Radiologist at Carl Vinson VA Medical Center. On November 2, 2012, you returned your application package requesting only for plain film radiograph and fluoroscopy privileges. Once again, On November 7, 2012, you were given a verbal and a direct order to complete your privileging application packet for a full range of



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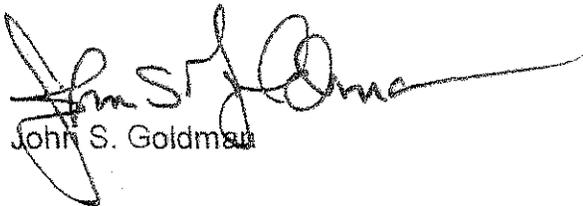
privileges and return to your supervisor by 4:00 pm in which you failed to comply. As a result, you surrendered clinical privileges on November 8, 2012 while being investigated for your professional incompetence. As a clinical practitioner, it is your responsibility to request for the full range of privileges required of the position you occupy in a timely manner to ensure that your request for privileges can be appropriately reviewed and acted upon to prevent a lapse in your authority to treat patients.

5. In accordance with VHA Handbook 1100.19 and VHA 1100.17, and as stated in the letter dated May 24, 2012, if you surrender your clinical privileges, resign or retire, etc. during an investigation related to possible professional incompetence or improper professional conduct, including failure to request renewal of privileges while under investigation for professional incompetence or inappropriate professional conduct, VA is required to file a report to the NPDB, with a copy to the appropriate State licensing board(s), pursuant to VA regulations in Title 38 Code of Federal Regulations (CFR) Part 46 and VHA Handbook 1100.17, National Practitioner Data Bank Reports.

6. Under these circumstances you are entitled to a limited hearing on whether you took such action while under investigation for substandard care. Request for a limited hearing must be received within 10 calendar days of this notice. Failure to make this request waives your right to further due process and you will be reported to the NPDB.

7. On November 9, 2012, you received notification informing you that you are no longer a member of the medical staff with clinical privileges at Carl Vinson VA Medical Center. Therefore, you will be placed in a non-duty status pending administrative action. However, during this time you may request leave (annual, sick, leave without pay, or any other time that you are entitled) as deemed appropriate. Failure to properly request leave will result in (AWOL) absence without leave.

8. If you have technical questions, concerning your duty status, please contact Katrina Conner, Employee Labor Relations Specialist, Human Resources Management Service (05) at (478) 272-1210 ext. 2380.

  
John S. Goldman

I acknowledge that I have received a copy of this document.

  
Employee Signature

  
Date

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Home > Find a Doctor > Find a Diagnostic Radiologist > Georgia (GA) > Atlanta > Dr. Richard G. Stiles, MD

Get your best doctor match. Use our search tools to filter by quality, patient feedback, insurance and more.

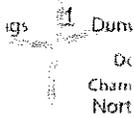
[Find Your Best Doctor Match](#)

## Dr. Richard G. Stiles, MD

Like 0 0

### Diagnostic Radiology, Board Certified

Male, Age 56, Graduated 1982, Vanderbilt University School Of Medicine



### Atlanta Radiology Consultants

Atlanta Radiology Consultants  
1100 Johnson Ferry NE Rd Suite 375  
Atlanta, GA 30342

[Get Phone Number](#)

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About This Provider

Background

Phone & Address

Patient Satisfaction

Appointments

### Dr. Stiles' Specialty

- Diagnostic Radiology - Board Certified

### What Is a Specialty or Area of Special Expertise?

A specialty is the branch of medicine in which a doctor has completed advanced clinical training and education. Most doctors are board certified in their specialty. To receive the best healthcare for your needs, consider choosing a doctor who specializes in your particular medical condition. A specialist will concentrate on your specific needs and will be familiar with the best treatment methods.

[Read More](#)

### Dr. Stiles' License & Board Certification

- Board Certified in Diagnostic Radiology
- Licensed in Georgia
- Licensed in Tennessee

### Why is Board Certification important?

Board certification requires extensive training and a rigorous review of a doctor's knowledge, experience and skill in a medical specialty. Board certification also means that a doctor is actively improving his or her practice of medicine through continuing education. A board-certified doctor is more likely than a non-board-certified doctor to have the most current skills and knowledge about how to treat your medical condition.

[Read More](#)

### Common Procedures Performed by Diagnostic Radiologists

### More Doctors Like Dr. Stiles

Showing 5 out of 298 doctors who match:

Diagnostic Radiologist

Within 10 miles of Atlanta, GA 30342

[Dr. George A. Kallianos, MD](#)

Diagnostic Radiologist  
Same location as Dr. Stiles

[View Profile](#)

[Dr. Christine Murphy, MD](#)

Diagnostic Radiologist  
0.38 miles away

[View Profile](#)

K

Department of  
Veterans Affairs

# Memorandum

Date: February 28, 2012  
From: Chief of Staff (11)  
Subj: Ongoing Professional Practice Evaluation (OPPE)  
To: Dr. Albert Morris, Radiologist

1. The Executive Committee of the Medical Staff/ Credentialing & Privileging has reviewed the results of your Focused Professional Practice Evaluation ( FPPE). You have demonstrated an acceptable level of professional competence, performance and conduct throughout the period of review.
2. The Committee has recommended an Ongoing Professional Performance Evaluation (OPPE). Your professional competence, performance and conduct will now be evaluated bi-annually.
3. Your productivity goals must be in line with the other colleagues in the department and facility demands.

  
Nomie Finn, MD  
Chief of Staff

Attachment



Department of  
Veterans Affairs

# Memorandum

Date: May 24, 2012  
From: Risk Management  
Subj: Peer Review  
To: Albert Morris

This is to inform you of the most recent activity regarding your OPPE.

The most recent OPPE Provider-Specific summary revealed disagreements in the radiological readings. / interpretations.

There were 10 initial reviews consisting of 4 plain films 3 CTs and 3 Ultrasounds. The reviews conducted by VA Tele radiology were returned indicating disagreements with 2 Ultrasounds and 2 CT Scans.

A 2<sup>nd</sup> review consisting of the four level 3 discrepancies was conducted by a VISN Chief Radiologist. The 2<sup>nd</sup> review was consistent with the findings of VA Tele Radiology.

The plan is to have you read and interpret only plain films during this period. Thirty (30) films consisting of Ultrasounds and CT Scans will be sent to Radiologists of sister facilities for their review. In an effort to expedite this process, The COS has requested the assistance from VISN 7 Network Chief Medical Officer CMO in facilitating this review by sister facilities.

The Summary Suspension of Privileges (attached and signed by Acting Medical Center Director) is effective May 24, 2012.



ADVISEMENT TO  
LICENSED HEALTH C/

**PEER REVIEW of Dr. Albert Morris, Radiologist**  
10 Peer films were reviewed by VA Teleradiology. Level 3s were

Exam Date	Patient ID	Exam Type	Findings by Tele-Radiology See Legend below	Findings by V7 Chief Radiologist
2/28/2012		US of the Abdomen 795	3	Disagreement
2/29/2012		Elbow 1439	2	
4/4/2012		CT of the Abdomen & Pelvis	3	Disagreement
4/2/2012		US of Aorta	3	Disagreement
2/27/2012		CT Abdomen & Pelvis 335	3	Disagreement



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Legend:

1. Concur with interpretation
2. Difficult diagnosis, not ordinarily expected to be made
3. Diagnosis should be made most of the time
4. Diagnosis should be made almost every time-misinterpretation of findings.

Sincerely Yours,

*Annie R. Hutchinson, RN BSN MS*

*Risk Manager*

*Carl Vinson VAMC*

*Dublin, Ga.*

*478-272-1210 X3347*

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**CARL VINSON VETERANS ADMINISTRATION MEDICAL CENTER**  
**1826 VETERANS BLVD**  
**DUBLIN, GA 31021**

*MEDICAL CENTER BYLAWS  
& MEDICAL STAFF RULES  
2012*



John S. Goldman  
Medical Center Director

Nomie Finn, MD, FACP, CPE  
Chief of Staff

June 2012

(b) Interpersonal and Communication skills (documentation; patient satisfaction).

(c) Professionalism (personal qualities).

(d) Patient Care and clinical skills (clinical competency).

(e) Practice-based Learning & Improvement (research and development).

(f) System-based Practice (access to care).

- b. Recommendation for clinical privileges subsequent to those granted initially are based on reappraisal of physical and mental health status, peer recommendations, continuing education, professional performance, judgment, clinical and/or technical skills and quality of care including results of monitoring and evaluation activities (such as surgical case review, drug usage evaluation, medical record review, blood usage review, medication use review, monitoring and evaluation of quality and appropriateness of clinical aspects of patient treatment and risk management activities, and OPPE.
3. The Medical Executive Committee, recommends granting clinical privileges to the Facility Director (Governing Body) based on each applicant successfully meeting the requirements for clinical privileges as specified in these Bylaws. A subcommittee of Medical Executive Committee can make the initial review and recommendation but this information must be reviewed and approved by the Medical Executive Committee.
4. Clinical privileges are acted upon by the Director within 5 calendar days of receipt of the Medical Executive Committee recommendation to appoint. The Director's action must be verified with an original signature.
5. Originals of approved clinical privileges are placed in the individual Practitioner's Credentialing and Privileging File. A Copy of approved privileges is given to the Practitioner and is readily available to appropriate staff for comparison with Practitioner procedural and prescribing practices.
6. The MEC recommends scope of practice for practitioners with prescribing authority for approval by the Director.
- \* 7. Renewal of clinical privileges shall also be based upon: \*
- a. Physical and mental health status as it relates to practitioner's ability to function within privileges requested including such reasonable evidence of health status that may be required by the MEC.
- b. Supporting documentation of professional training and/or experience not previously submitted.
- c. Documentation of a minimum of 40 hours of continuing education every two years related to area and scope of clinical privileges, not previously submitted.
- d. Status of all licenses, certifications held.
- e. Any sanction(s) by a hospital, state licensing agency or any other professional healthcare organization; voluntary or involuntary relinquishment of licensure or registration; any malpractice claims, suits, or settlements (including those pending outcomes); reduction or loss of privileges at any other hospital.

Attachment A

Carl Vinson VA Medical Center  
ONGOING PROFESSIONAL PRACTICE EVALUATION (OPPE)  
Provider Specific Data Summary

Practitioner: <u>Albert Harris, MD</u>	Service: <u>Radiology</u>	Location: <u>Carl Vinson VAMC</u>
Service Chief: <u>Ami Coigus, MD</u> <u>acting</u>		
Date: <u>5/14/12</u>		

EVALUATION OF THE PRACTITIONER'S PRACTICE

1. **Patient Care:** Practitioners are expected to provide patient care that is compassionate, appropriate, and effective for the promotion of health, prevention of illness, treatment of disease, and care at the end of life.

Compassionate = Positive relationship with patients and families, and collegial relationship with other staff members.

Medication Reconciliation.

- Inpatient admission and discharge.
- Outpatient.

Diagnostic studies utilized appropriately and results integrated into patient care.

Diagnostic studies particularly those with abnormal findings/results, noted in Progress/Procedure note.

Follow-up plan clearly documented and appropriate.

Use of referral services appropriate including dietary, PT social services, subspecialty, etc.

Patient education provided to patient and/or family and is pertinent to illness/injury or management.

Met

Not Met

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**2. Medical/Clinical Knowledge:** Practitioners are expected to demonstrate knowledge of established and evolving biomedical, clinical and social sciences, and the application of their knowledge to patient care and the education of others.

- Demonstrated knowledge of established and evolving biomedical, clinical, and social sciences, and apply that knowledge to patient care and educating others.
- Are they using best practice?
- Practice within scope?

Met

Unmet

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Practice-Based Learning and Improvement:** Make changes rather than react to changes. These are improvements that an individual physician can personally make. Practitioners are expected to be able to use scientific evidence and methods to investigate, evaluate, and improve patient care. It is "how you get better" at medicine.

- Uses scientific evidence and methods to investigate, evaluate, and improve patient care practices.
- Can define practice-based learning as the implementation of performance measures (participation in pre-procedure timeouts, etc).
- Compliance with new measures or new clinical pathways
- Use of information technology to manage information, access on-line medical information and support their own education
- Facilitating learning of others - Resident/student supervision *N/A*
- Participation on performance improvement teams.
- Provider analyzes his/her own practice to make improvements
- Use of research evidence and application of research *N/A*

Met

Unmet

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**4. Interpersonal and Communication Skills:** Practitioners are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams.

- Demonstrated skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams.
- Medical record documentation - legible and notes provide adequate information
- Practitioner to practitioner communications especially in consults.
- Listening skills
- Creation of therapeutic relationships with patients *N/A*
- Communication in difficult situations, breaking bad news, dealing with a non-compliant patient, a frightened patient, or a patient whose ethnicity differs from the practitioner's ethnicity. *N/A*

Met

Unmet

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Professionalism:** Practitioners are expected to demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, an understanding and sensitivity to diversity, and a responsible attitude toward their patients, their profession, and society.

- Demonstrated behaviors that reflect commitment to continuous professional development, ethics, and sensitivity to diversity, as well as responsible attitudes toward patients, the medical profession, and society.
- Compliance with institutional and departmental policies, eg. HIPPA, JC, Dress code
- Reliability and commitment
- Response to instruction
- Self directed learning
- Response to stress
- Patient interaction
- Working relationships on a scale of 1 - 5 is 5 (*5 being the highest*)
- Direct observation of values - self/patients/community/work - education, teamwork, thoroughness

Met

Unmet

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**6. Systems-Based Practice:** Practitioners are expected to demonstrate both an understanding of the contexts and systems in which health care is provided, and the ability to apply this knowledge to improve and optimize healthcare.

- Practitioner demonstrates an understanding of the contexts and systems in which healthcare is provided and are able to apply this knowledge to improving healthcare.
- Practitioner understands that they operate in a system with rules beyond the physician-patient relationship.
- Appropriate use of facility resources such as blood transfusions, lab test, radiology, cooperation with patient safety practices, etc.
- Compliance with:
  1. Pre-procedure timeouts
  2. Order read-back requirements *N/A*
  3. Discharge planning (including all relevant disciplines) *N/A*
  4. Length of stay *N/A*
  5. Patient Safety
  6. Citizenship (committee participation, quality improvement, etc.)
  7. Demonstrates understanding of the interaction of their practices with the larger system, knowledge of practice and delivery systems, practices cost-effective care, advocate for patients within the system

Met

Unmet

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

No deficiencies were identified

I identified the following deficiencies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



The issue is:

- Resolved
- Requires further mentoring/training
- Requires further monitoring

*acting* Aml Craigis, MD  
 Service Chief's Name Printed

Date 5/11/12

*acting* Aml Craigis  
 Service Chief's Signature

Date 5/11/12

Alex Khorris 05-29-12  
 Attach a report with the volume of procedures/encounters in the last six months.

Attach a summary document of the practice review findings in the six months.

## DUBLIN TIME LINE

December 10, 2012

March 05, 2009 I was called by Dr. K. Austin who informed me of my acceptance as radiologist for the Carl Vinson VA Medical center. I had responded to an announcement that did not list MRI as a desirable or necessary modality for this position. In fact, MRI was not an option on the credentialing application for radiology.

August 02, 2009-start date current Director is Jay Robinson, PhD, Dr Nomie Finn Chief of Staff, Dr. Kush Kumar Supervisor (non radiologist who trained in nuclear medicine and does all nuclear medicine for the facility. I also worked with Dr. Raj Gupta, and part time radiologist (30 hours) and Dr. Paul Hessler-full time contract radiologist for 6 months. Initial clinical privileges issued for 2 years, beginning 05/04/2009.

It should be noted that the job announcement did not include MRI and it was only during my discussion with Dr. Kumar that I told him that I had limited experience ( he asked to me give him the number of annual cases that I had interpreted which was very low volume (less than one case per day). I was told that MRI incorporation was on the horizon, but my day to day responsibilities would not include MRI.

During the first month of working, I was approached by Dr. Kumar and told that he wanted me to start reading MRI examinations. I told me him it had been at least 3-4 years since I had read MRI's and I knew that I was not credentialed to read them at the VA facility. Dr Kumar instructed me that all of my MRI cases are being reviewed on an ongoing basis, and there have been no problems with the reports! He also told me that I was undergoing the FPPE process during this period with no problems. (All cases are individually assigned by the facility, I had no ability to select cases at CVVAMC).

October 2009, I have a number of problems that turn into skirmishes with my supervisor Dr. Kumar the most important being that an employee tricked me into witnessing an incident between she and Kumar in which Dr. Kumar yells and screams at her for the work that she had completed. It resulted in him immediately tightening the screws on me, he became hypercritical of every thing that I have done.

I completed the FPPT process (it is to last 60 days or the first ten charts/reports) during this period with no problems. I was promoted to OPPE. During this entire period, the form to evaluate FPPE and OPPE had only one question to answer-do you generally agree with the diagnosis!

On about Jan 03, 2010, I was given permission by Dr. Damineni to take 7 days of leave without pay (LWOP) to start the physician Executive MBA program at the University of Tennessee in Knoxville. Dr Kumar was on leave during this period, and did not participate in the decision to allow me to take LWOP. When I returned, dr. Kumar was visibly incensed that I had been allowed to seek additional education. I was also given a 360 degree evaluation from peers, subordinates, the medical administration that was extremely favorable. The process included extensive personality testing.

In January 22, 2010, I was given a case to read that I was not credentialed to read, had never interpreted this type of case, and told the person who assigned it to me (Chief Technologist Bonnie West ) that I was unable to read the case. It was again assigned in a very questionable manner, and I attempted to contact Dr. Kumar to protest. The referring physician was concerned that the patient had a life-threatening condition-pulmonary embolus. Dr. Kumar abandoned this patient, and I wrote a letter of complaint to the Chief of Staff.

There was immediate retaliation that occurred, including the way that productivity was measured, the evaluation FORM was changed from a general agree/disagree form to a 3 option form with level 1,2, and 3. The FPPE/OPPE process was changed-staff radiologists were no longer allowed to evaluate one another like other physicians in the hospital do. Our process for FPPE or OPPE was outsourced to the very group who would profit financially if any interruption of our privileges occurred! Immediate evaluations were started, and most significantly, my supervisor Dr. Kumar took all of the previous 2-300 cases in MRI that I had interpreted, and shipped them to another facility to review for mistakes. I specifically asked and was

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told repeatedly that all MRI cases were being reviewed during the FPPE process. This was the standard review process that the facility was obligated to follow during this time and they failed to follow it. It should also be noted that none of the other radiologists on staff read or were assigned MRI! At this point, all MRI cases were given a forensic review by the Atlanta fee-based radiology consultant group (nighthawk group) that would financially benefit if my status within the facility was altered.

My supervisor immediately began to create this false narrative about me at Carl Vinson VA. When I returned to the Carl Vinson VA facility after the Administrative leave (this comment is out of sequence), I met with the center director to discuss my concerns. Before I could walk from the door of his office to his conference table he looked at me and said "I don't hire inferior Doctors!"

Being the only African American radiologist within the facility, I was brought before the MEC on 02/09/10, for what reason I was never told. I asked for an agenda, the purpose of the meeting, and available resource documents before the meeting, yet none were provided to me. When I arrived at the meeting, I was challenged with questions regarding the mechanism that I would use to improve the department, but no substantive issues were presented to me. The MEC took this opportunity to ridicule me about my training, in front of the physicians on the committee. I was told that they were unable to verify my fellowship in CT and Ultrasound-something that the credentialing people were able to do in 30 minutes after the meeting.

An announcement for a general radiologist position was distributed on 02/23/10. Ability to interpret MRI examinations was not listed as a requirement of desirable skill for selection for this position.

About April 05, 2010, I was escorted from my office and told that I was on administrative leave and summarily suspended because of problems with MRI reports. There was no notice, probation, discussion, etc about this issue. During this time I filed with EEOC and the office of special counsel (OSC)

|On July 30, 2010, my clinical privileges were suspended.

A meeting of the Professional standards board were contacted to participate, and three of them declined to serve of the board. A new PSB was constituted, including the some who had previously declined.

A letter was submitted January 14, 2011 by Drs. Silverman, Karahmet, and Gupta regarding their experience, and Dr. Kumar activities were described as harassing, retaliatory, with attempts to base all evaluations on productivity, and the fact that he is unfit to supervise radiologists. I have a copy of the 4 page letter.

Another letter dated January 31, 2012 by Drs. Gupta Karahmet, and Silverman where Dr. Kumar is described as someone who lacks honesty and integrity, together with a pattern of vindictiveness and mismanagement of the radiology department. (I have copy)

The office of special Counsel selected my case to investigate, and there was eventually a meeting with a Medical team that occurred in July of 2011 at CVVAMC. They met with Dr Finn, Dr. Kumar, Dr. Damenedi, Dr. Gupta, Dr. Silverman, and myself. During this period, my privileges at the facility had expired and were not renewed.

|During my absence from the facility, two new radiologist were hired, both of who I had interviewed before I left in April, 2010. The first was Dr. Aida Karahmet from Bosnia who had been practicing in California who came in July, and, and the second was Dr. Edward Silverman, who is also a dentist came in August, 2010

|On July 23, 2011 I returned to CVVAMC and was told that I was starting with a clean slate as if nothing had occurred. I was isolated (put in another building on a separate floor ( our facility in on 77 acres and has 20 buildings in the main medical treatment facility area).

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After returning, I was given a computer and nothing to do for about 6 weeks, then I was told that I was to perform another FPPE process. I asked for clarification before the process began in terms of the number of cases, what categories I should expect, when would I receive the results, and how it would be interpreted. I received a response from Dr. Damineni indicating that he would send the requested information but never honored my request. He is no longer with the facility.

Was given cases and typed my own reports and gave them to the radiology department to complete FPPE. I send multiple requests asking for the information regarding my FPPE, including what types of examination I excelled at, which were more problematic, and how I could take proactive measure for improvement. I also expressed an interest in expanding the complement of examinations that I perform at this facility.

[On October 31, 2011 a report from the Medical Inspector to the Office of Special Counsel was generated and sent to me and the facility. I was given this document to make comments and corrections. Some of the information under the facility profile related to radiology is;

Staffing 3.75 radiologist

Chief of Dept of radiology and Nuclear Medicine is a nuclear medicine physician

From Jan 01 through December 31, 2010 there was a total of 37,287 radiological studies that included:

23,798 general x-rays

2,499 ultrasound exams

7,320 CT scans

2,517 MRI's

1,153 nuclear medicine studies

Also 60% (22,337) of all studies performed at this facility were interpreted by the fee based radiology consultant group in ATL. This included 13,883 x-rays, 542 ultrasounds, 5,445 CT scans, and 2,467 MRI's.

It should also be noted in the OSC report that the facility sent to be re-read all of the 693 CT and MRI cases interpreted by me from the period August 09, 2009 and April 05, 2010. The new reports were subsequently directed to the clinical providers to classify with one of three outcomes: no effect on the clinical outcome, minimal effect on clinical outcomes, and significant/major effect on clinical outcomes. Of the 693 re-reads, the clinical providers noted that 671 had no effect on clinical outcome, 21 were classified as minimal effect on clinical outcome, and 1 was classified as a significant/major effect on clinical outcomes!

I subsequently noticed that the facility had left both reports in the system for the 693 CT and MRI cases that had been reviewed. I have never witnessed this being done for any physician, and gave the impression that the radiologist that initially reviewed the case was somehow suspect. The re-reading reports persist in the CPRS system to this day, even on those cases where there was no discrepancy!

I was subsequently given an application for clinical privileges at CVVAMC. I was told by my supervisor Dr. Damineni that I should not apply for clinical privileges in MRI, and only apply for privileges for CT of abdomen and pelvis, abdominal and pelvis ultrasound, fluoroscopy and plain film examinations. I repeatedly asked for the results of the FPPE which did not include cases of nuclear medicine, MRI, vascular ultrasound, or fluoroscopy. I made no less than 6 separate written requests to receive this information, including going through the FOIA as directed by HR and credentialing. I also enlisted the union to extract this information but never received said information. I was also promised the information in writing by my then supervisor, Dr. Damineni. Based on the lack of objective, verifiable information, I was forced to base any requests for clinical staff privileges on verbal comments, and the facility refused to provide any written objective data thwarting the opportunity for informed consent. My clinical privileges were awarded in November 07, 2011, and I was provided a letter indicating that they would expire May, 2013!

I was also given a letter by Medical Center Director Dr. Finn that I would be evaluated for a 3 month period and that 100% of my evaluations would be reviewed, and that I could have no discrepancies during this period. She asked me to agree to these condition, and I would only sign this form under duress. She

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subsequently rescinded the terms of that FPPE evaluation.

After going through FPPE three separate times (it should only be done once) I was given status of OPPE in a letter from Dr. Finn in February, 2012. I was told that I had successfully completed all of the FPPE processes, and an OPPE process would be initiated. It further stated that I would be evaluated every 6 months per standard OPPE policy.

I was subsequently told that the November 07, 2011 letter that I had received regarding my medical privileges was incorrect, and that my privileges were awarded for only for 6 months. This award letter has never been rescinded. I was told that in an effort to correct this error, if I would complete paperwork to apply for privileges again, they would begin in April, 2011, and continue thru April 2012. When I completed the application and the privileges awarded, they were for 2 months!!

I was subsequently told in April that there were problems with my reports. because I had been put in OPPE after 2.5 months. It was evaluated, and although not one diagnosis was missed as proven by a subsequent exam by Augusta VA radiologists, my clinical privileges were once again summarily suspected- no probation, no step wise discipline-just the most stringent and severe punishment available to them.

Told I was going to be sent to Charleston, SC to be evaluated by a radiologist there. I asked if I could be sent to a facility that better reflected Dublin radiology department, because Charleston is a teaching hospital with residents, and all radiologists are sub specialists. They also perform might higher level radiology than we perform at the Carl Vinson facility,. I received no response, and was sent to a facility and asked to work with the chief radiologist, who I subsequently learned worked under our current center Director. I thought that both of them should have disclosed this information, but they did not. I also found out some additional information. I was told by Dr. Alex Dibona, chief at Charleston, that Carl Vinson VA was using a four point evaluation scale instead of the customary 3 point scale. Therefore a 3 on the four point scale could be equivalent to a 2 on the usual and customary scale. The potential for confusion exists, particularly in light of the problems that have been reported.

In August 2012 I was once again forced to reapply for privileges. I had to get new references, put application in VETPRO, CME certificates, medical school, state board inquiries, etc. I was told that I was required to apply for a "full range of privileges" including those that had been summarily suspended. I initially only requested privileges for those examinations that I had performed in the past 3 months, because I knew that CT, Ultrasound and Fluoroscopy privileges would be denied, based on multiple prior communications stating that a one year hiatus is the cut-off time period for inactivity for any category of interpretations. I was extremely concerned because denial of privileges is reportable to the practitioners data bank and it would infringe on my ability to be licensed in my state. I was forced by Dr. Finn and Dr Girgis to apply. After I reversed my position and made application, the privileges in CT, Ultrasound, and Fluoroscopy were denied.

I was subsequently required to apply for privileges again in November 08, 2012 I was told that I must apply for all privileges that were present on my initial job announcement. I explained to my supervisor that three categories of these examination I had not performed in over 3 years. Because all exams are assigned to the provider at the facility by the chief technologist under the direction of my supervisor, it was at their direction and discretion that I had not performed said examinations(nuclear medicine, Doppler ultrasound, fluoroscopy) in 2-3 years. They once again required that I should apply anyway. After I had been denied clinical privileges 3 months earlier, I was not going to fall for that trick again. I applied only for those

categories of examinations that I had performed within the last year. I received a letter on Nov 09, 2012 that my privileges were suspended and no longer a member of the medical staff. I subsequent sent a request for clinical privileges that indicated that the modalities that they were interested that I ask for be pended, based on additional instruction, retraining or CME. The facility did not respond

I subsequently received a letter saying that my privileges would not be renewed. November 13, 2012 and November 30, 2012 letters attached.

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**THIS DOCUMENT WAS ORIGINALLY PRESENTED TO THE ADMINISTRATION IN A MEETING IN JANUARY 14 TH, 2011. SOME MINOR REVISIONS HAVE BEEN RECENTLY BEEN MADE.**

The Radiology Dept. problems are multifactorial and complex.

1. Our VA hospital is a Level 3 facility and not a level 1 medical center. In general in this hospital, physicians refer complex cases they don't feel comfortable treating or that need specialists to other Level 2 or 1 medical centers. However the Dublin VA radiologists are expected to participate in the diagnostic work up before and after referred treatment of these complex cases. The radiologists at this institution are general radiologists and not specialists. Unfortunately unlike the Atlanta VA or any other Level 1 medical center, we do not have a team of different radiology specialists to consult with for these complex cases. We consult between ourselves and with our reference materials which takes time and thus contributes to reduced productivity.
2. Our institution is more like the Togus VA Medical Center in Togus, Maine (Level 3) and not like the Atlanta VA Medical Center (Level 1). The requirement for producing 5000 RVU's is not appropriate for our facility. Our day is full of interruptions which also significantly affects productivity such as signing contrast consents, reading ER cases and phoning results; handling in house, C&P and ambulatory stat reads and trying to reach physicians, at times with incorrect phone numbers. The Atlanta VA has a large staff and can insulate themselves from these interruptions so some radiologists can focus on complex cases. Also most of our cases usually have low RVU values and some take an inordinate amount of time. Some CT cases can take up to 45 minutes to complete (e.g. cancer patients, complex post operative patients and patients with multiple lung nodules) and also fluoroscopy cases can take longer than usual depending on the patient's condition. If a radiologist has a few of these complicated cases, production is also significantly influenced. Dr. Kumar is not aware of and does not seem to understand these issues since he is not a radiologist and does not have first hand experience with them.
3. Productivity would be enhanced if the radiologists, rather than the technicians and Bonnie, decide which cases to send out.
4. The radiologists need the total number of last year's wRVUs for this hospital. Also we would like to know the wRVU for each imaging modality procedure. Radiologists should also be able to have access to the computer program that converts daily work into wRVUs. Bonnie West would tell us that we need to have Dr. Kumar's permission to obtain any of these reports. Dr. Kumar would then tell us that this information was confidential..
5. During our voice recognition training in early 12/10, one of the radiologist's computer was down for two days and this person had to share another office with another radiologist thereby affecting

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workload and productivity. Dr. Kumar did not provide the radiologists any extra help or relief during this period despite the fact that it was brought to his attention. More over none of these excess cases were sent out to Atlanta for interpretation which led to an extensive work backlog in the department. This backlog affected productivity and provided suboptimal patient care.

6. Dr. Kumar had a departmental meeting approximately three weeks ago and made it clear to the technicians and staff that the current backlog was solely due to the radiologists who were under producing, which is not factual as the problem is multifactorial and complex.

7. On December 13<sup>th</sup>, 2010, Dr. Kumar phoned Dr. Silverman on his vacation day at 10:30 AM to come into work because Dr. Gupta was also out on vacation and Dr. Karahmet was sick. He claimed he has the ability to cancel the radiologist's vacation at anytime. Actually, Dr. Gupta had decided to come to work that day in lieu of her other scheduled leave day (which Dr. Kumar was aware of) as she was already in the Radiology department, at work at 9:30 AM.

8. The transcriptionists' (in a remote out of state location) performance has improved in the past few months, however many errors are still made. These reports overall take a long time to correct. Also the long reports (e.g. CT of Abdomen/Pelvis or Chest/Abdomen/Pelvis) are difficult to correct and modify since these reports may be in duplicate or triplicate. Dr. Damineni said he was going to try to end this practice but we've not seen any changes yet. Dr. Silverman still has problem with his dictaphone.

9. Dr. Kumar made it clear to the new full time radiologists' first week that he will evaluate us solely on production. Dr. Kumar makes no allowance or relief for the radiologist's production requirements for administration time, time spent attending to other hospital business or issues, or time spent attending continuing education courses. He even rudely informed the new radiologists that their production was low during their first month when they were at orientation and getting acclimated to the PACs system (at that time Bonnie West intentionally gave us a low amount of cases to read to help us during this period).

10. Dr. Kumar is not a radiologist and is unable to provide guidance to the technicians and radiologists in order to make the department function smoothly. The radiologists have to do his managerial work which includes supervising and overseeing work in the department such as providing guidance to the technicians and answering all the queries about the radiological studies by MDs, other providers in this hospital and off site VA clinics. Dr. Kumar is unaware of many radiology technical problems.

11. Dr. Kumar reads about 4-5 nuclear medicine cases per day, most of which are cardiac cases which have already been evaluated by a cardiologist. At this Level 3 facility, the nuclear medicine workload

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does not require a full time nuclear medicine physician who is not a radiologist as these studies can be read by the staff radiologists. This department will benefit from having another radiologist who can read these small number of nuclear medicine studies along with radiological studies, thus reducing the workload sent out to Atlanta and backlog. In the past, the radiologist privilege package included nuclear medicine, however, this is not included in the current Radiology package. Why? The full time radiologists must read the equivalent of at least 104 plain films per day to meet the 5000 RVU per year requirement which Dr. Kumar does not achieve. The radiologists could read these nuclear medicine cases or they could be sent out. The hospital is paying for 4.75 physicians in the radiology department, but the work is actually being done by 2.75-3 physicians.

12. Who will currently read the cases when a radiologist is sick or on vacation (in addition to the already excessive workload) when we are not sending cases out? In these circumstances, there are many additional ER cases, ambulatory and in house (low RVU) stat cases which take a lot of time. Dr. Kumar stays in his office and doesn't understand how these influence production.

13. The current large backlog of cases has further affected and decreased radiologist's productivity. In addition to the usual current daily workload, physicians are requesting results from backlogged cases. So now these backlogged cases are practically being treated as stat cases and thus consuming more time and thus reducing productivity.

14. Radiologists have also been asked to review and comment on VA Hospital Expert Advisory Opinion cases without any guidance. In the past, when a radiologist went to administration personnel with some inquiries with regards to completing these cases, Dr. Kumar threatened the radiologist, saying that he would write him/her up for leaving the department. Also Dr. Kumar does not provide any work load relief when working on these complex Expert Advisory cases (administration time).

15. Dr. Kumar's retaliatory, negative and harassing activities, treating the Radiology department as his plantation and acting as slave owner, and his dictatorial leadership style has created a profound unhealthy, hostile environment in the radiology department thereby causing great emotional and physical stress to the radiologists and a deleterious effect on productivity and their health. This has caused problems and difficulties unique to this hospital. In December 2009, the radiologists had two meetings with Dr. Kumar and the ACOS to discuss this unsatisfactory department situation. As the suboptimal departmental conditions continued, the radiologists requested more meetings in early 2010, however these meetings were eventually denied by Dr. Kumar, stating VA policies does not allow these kinds of meetings. In the past, Dr. Kumar has pressured radiologists to train themselves in MRI by reading books. Yet for other imagining modalities, Dr. Kumar did not want radiologists to consult reference books. Dr. Kumar has taken all radiology texts left by former department radiologists into his office and made them inaccessible for the radiologists. He fabricates stories and his demeanor is

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unprofessional towards his colleagues. He provides negative comments contrary to the facts. Dr. Kumar has chastised a radiologist for coming in 10 minutes late due to parking problems, yet he has frequently left 10 minutes early to get to his other work place. Other times he has come in at least 15 minutes late in the morning. Has this been supervised and documented? All the radiologists are working past their scheduled working hours without any compensation.

16. Dr. Kumar is a nuclear medicine physician. Since he is not a radiologist, he does not read any radiological procedures, except he selectively wants to read all DEXA (dual energy XRAY absorptiometry) tests, which is a study done by using x-ray technique, not nuclear medicine technique. He does not want to share this imaging modality with other radiologists and uses his authority to his advantage. This is in spite of written documentation by Dr. Kumar himself (after discussion and agreement in a meeting in early December 2009 between the radiologists, Dr Damineni and Dr. Kumar) that the radiologists will be reading all the DEXA Scans. We all are aware of the fact that in private practice, primary care physicians may interpret x rays, stress tests, bone densities etc.; orthopedic surgeons may read musculoskeletal plain films, CAT scans and MRIs of the joints, extremities and spine; and neurologists interpret CAT scans and MRI of the brain and spine etc. at their private facilities, though in hospital settings, these are generally read by the radiologists. Since the hospital finds it acceptable for Dr. Kumar to read DEXA scans (another x-ray imaging modality), with his background in orthopedics, the hospital should consider allowing Dr. Kumar to provide Musculoskeletal imaging modality interpretations (such as reading plain films, CAT scans and MRI studies of joints, spines and extremities). This will improve group productivity of the department, help in reducing the backlog and reduce the number of cases sent out to Atlanta.

The department is extremely disorganized and not run well. Considering all of the above issues the radiologists are stressed and dissatisfied. Thank you for your help.

Presented by:

Dr. R. Gupta

Dr. A. Karahmet

Dr. E. Silverman

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