



**Department of Veterans Affairs
Office of Inspector General**

Office of Healthcare Inspections

Report No. 11-01406-38

**Community Based Outpatient
Clinic Reviews
Ft. Pierce and Okeechobee, FL
Charleston and Williamson, WV
Mansfield and New Philadelphia, OH
Agana Heights, GU and Hilo, HI**

December 9, 2011

Washington, DC 20420

Why We Did This Review

The VA Office of Inspector General (OIG) is undertaking a systematic review of the Veterans Health Administration's (VHA's) community-based outpatient clinics (CBOCs) to assess whether CBOCs are operated in a manner that provides veterans with consistent, safe, high-quality health care.

The Veterans' Health Care Eligibility Reform Act of 1996 was enacted to equip VA with ways to provide veterans with medically needed care in a more equitable and cost-effective manner. As a result, VHA expanded the Ambulatory and Primary Care Services to include CBOCs located throughout the United States. CBOCs were established to provide more convenient access to care for currently enrolled users and to improve access opportunities within existing resources for eligible veterans not currently served.

Veterans are required to receive one standard of care at all VHA health care facilities. Care at CBOCs needs be consistent, safe, and of high quality, regardless of model (VA-staffed or contract). CBOCs are expected to comply with all relevant VA policies and procedures, including those related to quality, patient safety, and performance.

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Glossary

AED	automated external defibrillator
C&P	credentialing and privileging
CBOC	community based outpatient clinic
COTR	Contracting Officer's Technical Representative
CPRS	Computerized Patient Record System
CT	Computerized Tomography
DX & TX Plan	Diagnosis & Treatment Plan
ED	emergency department
EKG	electrocardiogram
EOC	environment of care
FPPE	Focused Professional Practice Evaluation
FTE	full-time employee equivalents
FY	fiscal year
HCS	Health Care System
IT	information technology
JC	Joint Commission
LCSW	Licensed Clinical Social Worker
MedMgt	medication management
MH	mental health
MHICM	mental health intensive case management
MRI	Magnetic Resonance Imaging
MST	military sexual trauma
NP	nurse practitioner
OIG	Office of Inspector General
OPPE	Ongoing Professional Practice Evaluation
PA	physician assistant
PCMM	Primary Care Management Module
PCP	primary care provider
PET	Positron Emission Tomography
PTSD	Post-Traumatic Stress Disorder
Qtr	quarter
TX	treatment
VAMC	VA Medical Center
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
VistA	Veterans Health Information Systems and Technology Architecture

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Executive Summary

Purpose: We conducted an inspection of eight CBOCs during the week of September 26, 2011. We evaluated select activities to assess whether the CBOCs operated in a manner that provides veterans with consistent, safe, high-quality health care. Table 1 lists the sites inspected.

VISN	Facility	CBOC
8	West Palm Beach VAMC	Ft. Pierce
		Okeechobee
9	Huntington VAMC	Charleston
		Williamson
10	Louis Stokes VAMC	Mansfield
		New Philadelphia
21	VA Pacific Islands HCS	Agana Heights
		Hilo

Table 1. Sites Inspected

Recommendations: The VISN and Facility Directors, in conjunction with the respective CBOC managers, should take appropriate actions to:

West Palm Beach VAMC

- Ensure that the Short-Term Fee Basis consults are approved for the Ft. Pierce and Okeechobee CBOCs no later than 10 days from the date the consult was initiated.
- Ensure that the Short-Term Fee Basis consults for the Okeechobee CBOC are approved by appropriate leadership or designee in accordance with VHA and local policy.
- Ensure that patients at the Ft. Pierce and Okeechobee CBOCs receive written notification when a Short-Term Fee Basis consult is approved.
- Ensure that the Ft. Pierce and Okeechobee CBOCs ordering practitioners document in the medical record that they reviewed the Short-Term Fee Basis imaging report within 14 days from the date made available to the provider.
- Ensure that ordering practitioners, or surrogate practitioners, at the Ft. Pierce and Okeechobee CBOCs communicate the Short-Term Fee Basis results to the patients within 14 days from the date the results are made available to the provider.
- Require that the IT closet door at the Ft. Pierce CBOC is locked at all times.

Huntington VAMC

Although we found areas that needed improvement at the Williamson CBOC, we made no recommendations, with the exception of overpayments and contractual clauses, because the clinic was officially closed on September 30, 2011, when the contract was not renewed.

- Ensure that Short-Term Fee Basis consults at the Charleston CBOC are approved no later than 10 days from the date the consult was initiated.
- Ensure that Short-Term Fee Basis consults at the Charleston CBOC are approved by appropriate leadership or designee in accordance with VHA and local policy.
- Ensure that the patients at the Charleston CBOC are sent written notification when a Short-Term Fee Basis consult is approved.
- Ensure that the ordering practitioners, or surrogate practitioners, at the Charleston CBOC document in the medical record that they reviewed the Short-Term Fee Basis report.
- Ensure that the ordering practitioners, or surrogate practitioners, at the Charleston CBOC communicate the Short-Term Fee Basis results to the patients within 14 days from the date the results are made available to the provider.
- Ensure that providers at the Charleston CBOC notify patients with abnormal mammography results within 14 calendar days and that notification is documented in the medical record.
- Establish a process to ensure that the Charleston CBOC patients with normal mammograms are provided written notification of results within the allotted timeframe and that notification is documented in the medical record.
- Establish a process at the Charleston CBOC to ensure that all Short-Term Fee Basis mammogram orders are entered into the radiology package and that all mammography results are linked to the appropriate radiology mammogram or breast study order.
- Ensure that the Professional Standards Board grants privileges consistent with the services provided at the Charleston CBOC.
- Ensure that relevant Charleston CBOC provider-specific data is compared to aggregate data of other providers holding the same or comparable privileges.
- Require that the competency policy includes what actions are taken when staff cannot demonstrate competency at the Charleston CBOC.
- Ensure that competencies are assessed and documented in accordance to local policy at the Charleston CBOC.

- Ensure with the assistance of the Regional Counsel that the total amount of overpayments is determined and assess the collectability of the overpayment.
- Ensure that the Contracting Officer follows contract clauses for contract extensions and interim contracts.

Louis Stokes VAMC

- Develop a plan at the Mansfield and New Philadelphia CBOCs that define how MH emergencies that require a higher level of care are addressed.
- Ensure providers at the Mansfield and New Philadelphia CBOCs document a justification in the medical record for the use of Short-Term Fee Basis care.
- Ensure that Short-Term Fee Basis consults at the Mansfield and New Philadelphia CBOCs are approved by appropriate leadership or designee in accordance with VHA and local policy.
- Ensure that the patients at the Mansfield and New Philadelphia CBOCs are sent written notification when a Short-Term Fee Basis consult is approved.
- Establish a process at the Mansfield and New Philadelphia CBOCs to ensure that all Short-Term Fee Basis mammogram orders are entered into the radiology package and that all mammography results are linked to the appropriate radiology mammogram or breast study order.
- Initiate FPPEs for newly hired physicians at the Mansfield CBOC.
- Ensure that identified core competencies at the Mansfield and New Philadelphia CBOCs are assessed and documented as required by JC and local policy.
- Ensure that the Mansfield CBOC IT server closet is maintained according to IT safety and security standards.
- Update the local policy for medical and MH emergencies to reflect the current practice and capability at the Mansfield and New Philadelphia CBOCs.

VA Pacific Islands HCS

- Ensure that patients at the Agana Heights and Hilo CBOCs are sent written notification when a Short-Term Fee Basis consult is approved.
- Ensure that the ordering providers, or surrogate practitioners, at the Agana Heights and Hilo CBOCs review the Short-Term Fee Basis report within 14 days from the date on which the results are available to the provider.

- Ensure that the ordering providers, or surrogate practitioners, at the Agana Heights and Hilo CBOCs communicate the Short-Term Fee Basis results to the patient within 14 days from the date the results are made available to the provider.
- Establish a process at the Agana Heights and Hilo CBOCs to ensure patients with normal mammograms are provided written notification of results within the allotted timeframe and that notification is documented in the medical record.
- Establish a process at the Agana Heights and Hilo CBOCs to ensure that all mammogram orders are entered into the radiology package and that all mammography results are linked to the appropriate radiology mammogram or breast study order.
- Ensure that the Women's Health Liaison at the Agana Heights and Hilo CBOCs collaborates with the Women Veterans Program Manager.
- Require that providers are educated on FPPE criteria prior to their first clinical start day and FPPE results are reported to the Executive Committee of the Medical Staff.
- Ensure that sharps are secured in all patient care areas at the Hilo CBOC.
- Ensure that chemicals are secured in patient exam rooms at the Agana Heights CBOC.
- Ensure that signage is installed at the Agana Heights CBOC to clearly identify the location of fire extinguishers.
- Require that biohazardous waste containers are stored appropriately at the Agana Heights CBOC.
- Ensure that PCMM is maintained in accordance with VHA Handbook 1101.02, specifically to reduce the number of veterans assigned to more than one PCP.

Comments

The VISN and facility Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes A–H, pages 22–45 for the full text of the Directors' comments.) We will follow up on the planned actions until they are completed.



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Objectives and Scope

Objectives. The purposes of this review are to:

- Determine whether CBOCs comply with the standards according to VHA policy in the management of MH emergencies.¹
- Assess Short-Term Fee Basis authorization and follow up processes for outpatient radiology consults (CT, MRI, PET scan, and mammography) in an effort to ensure quality and timeliness of patient care in CBOCs.
- Determine whether CBOCs comply with selected VHA requirements regarding the provision of mammography services for women veterans.
- Determine whether CBOC providers are appropriately credentialed and privileged in accordance with VHA policy.²
- Determine whether CBOCs have well-developed competency assessment and validation programs in place for skill specific competencies.
- Determine whether CBOCs are in compliance with standards of operations according to VHA policy in the areas of environmental safety and emergency planning.³
- Determine whether the CBOC primary care and MH contracts were administered in accordance with contract terms and conditions.
- Determine whether primary care active panel management and reporting are in compliance with VHA policy.⁴

Scope. The topics discussed in this report include:

- MH Continuity of Care
- Short-Term Fee Basis Care
- Women's Health
- C&P
- Skills Competency
- Environment and Emergency Management

¹ VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics*, September 11, 2008.

² VHA Handbook 1100.19, *Credentialing and Privileging*, November 14, 2008.

³ VHA Handbook 1006.1, *Planning and Activating Community-Based Outpatient Clinics*, May 19, 2004.

⁴ VHA Handbook 1101.02, *Primary Care Management Module (PCMM)*, April 21, 2009.

- PCMM
- Contracts

For detailed information regarding the scope and methodology of the focused topic areas conducted during this inspection, please refer to Report No. 11-01406-177 *Informational Report Community Based Outpatient Clinics Cyclical Report FY 2011*, May 31, 2011. This report is available at <http://www.va.gov/oig/publications/reports-list.asp>.

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

CBOC Characteristics

We formulated a list of CBOC characteristics that includes identifiers and descriptive information. Table 2 displays the inspected CBOCs and specific characteristics.

	Ft. Pierce	Okeechobee	Charleston	Williamson	Mansfield	New Philadelphia	Agana Heights	Hilo
VISN	8	8	9	9	10	10	21	21
Parent Facility	West Palm Beach VAMC	West Palm Beach VAMC	Huntington VAMC	Huntington VAMC	Louis Stokes VAMC	Louis Stokes VAMC	VA Pacific Islands HCS	VA Pacific Islands HCS
Type of CBOC	Contract	Contract	VA	Contract	VA	VA	VA	VA
Number of Uniques,⁵ FY 2010	5,219	2,160	6,460	461	6,626	3,025	1,966	2,041
Number of Visits, FY 2010	17,498	8,259	24,704	1,164	55,328	18,164	13,554	14,038
CBOC Size⁶	Large	Mid-Size	Large	Small	Large	Mid-Size	Mid-Size	Mid-Size
Locality	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural
FTE PCP	3	2	5	0.2	5.97	2.73	1.90	1.85
FTE MH	0.6	1	6	0	3.65	2.2	2	2
Types of Providers	PCP NP PA Psychiatrist Psychologist LCSW	PCP NP PA Psychiatrist Psychologist LCSW	PCP Psychiatrist LCSW	PCP	PCP NP Psychiatrist Psychologist LCSW	PCP NP Psychologist LCSW	PCP NP Psychiatrist LCSW	PCP Psychiatrist
Specialty Care Services Onsite	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
Tele-Health Services	Tele-retinal Tele-dermatology Tele-MOVE Tele-cardiology	Tele-retinal Tele-dermatology Tele-MOVE Tele-cardiology Tele-PM&R ⁷	Tele-medicine Tele-retinal	None	Tele-medicine Tele-retinal	Tele-medicine Tele-retinal	Tele-medicine	Tele-medicine Tele-retinal
Ancillary Services Provided Onsite	Laboratory Radiology EKG	Laboratory EKG	Laboratory Pharmacy EKG	Laboratory	Laboratory EKG	Laboratory EKG	EKG	Laboratory EKG

Table 2. Characteristics for CBOCs

⁵ <http://vaww.pssg.med.va.gov>

⁶ Based on the number of unique patients seen as defined by the VHA Handbook 1160.01, the size of the CBOC facility is categorized as very large (> 10,000), large (5,000-10,000), mid-size (1,500-5,000), or small (< 1,500).

⁷ PM&R is the abbreviation for Physical Medicine & Rehabilitation.

Results and Recommendations

MH Continuity of Care

According to VHA policy, healthcare facilities need to have professional oversight of the delivery of MH care in associated CBOCs.⁸ Also, there must be methods and procedures for ensuring communication between the leadership of MH services and the associated CBOCs. This requirement for oversight and communication is intended to ensure the ability of the CBOCs to respond to patients' MH needs.

Required MH services vary according CBOC size, which is determined by the number of unique veterans the CBOC serves annually. Very large and large CBOCs are required to provide general and specialty MH services when these are needed. Large CBOCs must provide a substantial component of the MH services required by their patients either onsite or by tele-mental health, but they may supplement these services by referrals to geographically accessible VA facilities, through sharing agreements, contracts, or fee basis mechanisms. Mid-sized CBOCs must provide general MH services, if needed by their patients, utilizing tele-mental health as necessary. Specialty services must be available to those who require them by using on-site services, sharing agreements, contracts, or referrals, as well as tele-mental health or fee basis. Smaller CBOCs are to provide access to the full range of general and specialty MH services to those who require them through on-site services, referrals, contracts, or fee basis, as well as tele-mental health.

General MH services include diagnostic and treatment planning evaluations for the full range of MH problems, treatment services using evidence-based pharmacotherapy or evidence-based psychotherapy, patient education, family education, referrals as needed to inpatient and residential care programs, and consultations about special emphasis problems. Specialty MH services include consultation and treatment services for the full range of MH conditions, which include evidence-based psychotherapy; MHICM; psychosocial rehabilitation services including family education, skills training, and peer support; compensated work therapy and supported employment; PTSD teams or specialists; MST special clinics; homeless programs; and specialty substance abuse treatment services. Table 3 displays the MH Characteristics for each CBOC reviewed.

⁸ VHA Handbook 1160.01.

Mental Health CBOC Characteristics								
	Ft. Pierce	Okeechobee	Charleston	Williamson	Mansfield	New Philadelphia	Agana Heights	Hilo
Provides MH Services	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
Number of MH Uniques, FY 2010	426	240	1,118	0	1,898	764	638	846
Number of MH Visits	3,159	1,708	4,872	0	20,123	5,125	3,088	5,451
General MH Services	Dx & TX Plan Med Mgt Psychotherapy PTSD MST	Dx & TX Plan Med Mgt Psychotherapy PTSD MST	Dx & TX Plan Med Mgt Psychotherapy PTSD MST	NA	Dx & TX Plan Med Mgt Psychotherapy PTSD MST	Dx & TX Plan Med Mgt Psychotherapy PTSD MST	Dx & TX Plan Med Mgt Psychotherapy PTSD MST	Dx & TX Plan Med Mgt Psychotherapy PTSD MST
Specialty MH Services	None	None	Consult & TX Psychotherapy PTSD MST Substance Abuse TX	NA	Consult & TX Psychotherapy MHICM Social Skills Peer Support PTSD Substance Abuse TX	Consult & TX Psychotherapy Peer Support PTSD	Consult & TX Psychotherapy MHICM Homeless Prgm	Consult & TX Psychotherapy MHICM Homeless Prgm
Tele-Mental Health	Yes	Yes	Yes	No	Yes	Yes	Yes	No
MH Referrals	Another VA Facility	Another VA Facility	Another VA Facility	Another VA Facility	Another VA Facility	Another VA Facility	Another VA Facility Sharing Agreement	Sharing Agreement Fee-basis

Table 3. MH Characteristics for CBOCs

Emergency Plan

Facilities must comply with VHA policy, which outlines specific requirements for MH care at CBOCs.⁹ All CBOCs and facilities without an ED or 24/7 urgent care must have predetermined plans for responding to MH emergencies during times of operation. Table 4 shows the areas reviewed for this topic. The facilities identified as noncompliant needed improvement. Details regarding the findings follow the table.

Noncompliant	Areas Reviewed
Mansfield New Philadelphia	The facility has identified in a pre-determined plan at least one accessible VA or community-based ED where veterans are directed to seek emergent care when necessary.
	The facility has developed contracts, sharing agreements, or other appropriate arrangements with the external organization for sharing information.
	The facility has developed financial arrangements for payment for authorized emergency services and necessary subsequent care.
	There is documentation in CPRS of the ED visit.
	There are recommendations documented for follow-up care in accordance with local policy.
	The recommendations were implemented and documented in the medical records in accordance with local policy.
Table 4. MH Continuity of Care	

VISN 10, Louis Stokes VAMC – Mansfield and New Philadelphia

Emergency Plan. The Mansfield and New Philadelphia CBOCs did not have a plan identified in their local policy addressing how MH emergencies would be addressed during the hours of operations if the provider determined that the patient requires a higher level of care.

Short-Term Fee Basis Care

The Fee Program assists veterans who cannot easily receive care at a VAMC. The program pays the medical care costs of eligible veterans who receive care from non-VA providers when the VAMCs are unable to provide specific treatments or provide treatment economically because of their geographical inaccessibility. Fee Basis care may include dental services; outpatient, inpatient, and emergency care; and medical transportation.

We evaluated if VA providers appropriately ordered and followed up on outpatient radiology procedures (CT, MRI, PET scan, and mammography). Table 5 shows the

⁹ VHA Handbook 1160.01.

areas reviewed for this topic. The facilities identified as noncompliant needed improvement. Details regarding the findings follow the table.

Noncompliant	Areas Reviewed
	The facility has local policies and procedures regarding non-VA care and services purchased by authority that describe the request, approval, and authorization process for such services. ¹⁰
Williamson Mansfield New Philadelphia	The provider documented a justification for using Short-Term Fee Basis status in lieu of providing staff treatment as required by VHA policy. ¹¹
Ft. Pierce Okeechobee Charleston	The date the consult was approved does not exceed 10 days from the date the consult was initiated.
Okeechobee Charleston Williamson Mansfield New Philadelphia	The non-VA care referral requests for medical, dental, and ancillary services were approved by the Chief of Staff, Clinic Chief, Chief Medical Administration Services, or an authorized designee. ¹²
Ft. Pierce Okeechobee Charleston Williamson Mansfield New Philadelphia Agana Heights Hilo	Patients were notified of consult approvals in writing as required by VHA policy. ¹³
	A copy of the imaging report is in CPRS according to VHA policy. ¹⁴
Ft. Pierce Okeechobee Charleston Agana Heights Hilo	There is evidence the ordering provider or surrogate practitioner reviewed the report within 14 days from the date on which the results are available to the ordering practitioner.

¹⁰ VHA Handbook 1160.01; VHA Chief Business Office Policy 1601 F, Fee Services, <http://vaww1.va.gov/cbo/apps/policyguides/index.asp>; VHA Handbook 1907.01, *Health Information Management and Health Records*, August 25, 2006.; VHA Manual M-1, PART I, Chapter 18, “*Outpatient Care – Fee*,” July 20, 1995.

¹¹ VHA Handbook 1907.01.

¹² VHA Chief Business Office Policy 1601F.

¹³ VHA Manual M-1, PART I, Chapter 18.

¹⁴ VHA Handbook 1907.01.

Noncompliant	Areas Reviewed (continued)
Ft. Pierce Okeechobee Charleston Williamson Agana Heights Hilo	There is evidence the ordering provider or other licensed healthcare staff member informed the patient about the report within 14 days from the date on which the results are available to the ordering practitioner. ¹⁵
Table 5. Short-Term Fee Basis	

VISN 8, West Palm Beach VAMC – Ft. Pierce and Okeechobee

There were 11 patients who received services through a Short-Term Fee Basis consult at the Ft. Pierce CBOC and 7 patients at the Okeechobee CBOC.

Consult Approval Date. We found that 4 of 11 consults at the Ft. Pierce CBOC and 1 of 7 consults at the Okeechobee CBOC were not approved within 10 days from the day the consult was initiated.

Consult Approval Process. We found that four of seven consults at the Okeechobee CBOC were not approved in accordance with VHA and local policy.

Patient Consult Notifications. We found no evidence that any of the patients at the Ft. Pierce and Okeechobee CBOCs were sent written notification of the Short-Term Fee Basis consult approvals.

Report Review. We found that 3 of 11 medical records at the Ft. Pierce CBOC and 5 of 7 medical records at the Okeechobee CBOC did not have evidence that the ordering provider or surrogate practitioner reviewed the report within 14 days from the date on which the results were available.

Communication of Results. We found that 3 of 11 medical records at the Ft. Pierce CBOC and 5 of 7 medical records at the Okeechobee CBOC did not have evidence that patients were informed about their imaging results within 14 calendar days from the date on which the results were available to the provider.

VISN 9, Huntington VAMC – Charleston and Williamson

There were three patients who received services through a Short-Term Fee Basis consult at the Charleston CBOC and one patient at the Williamson CBOC.

Short-Term Fee Basis Justification. The provider at the Williamson CBOC did not document a justification for the one consult in CPRS. The Williamson CBOC closed on September 30, 2011, and the contract will not be renewed; therefore, we made no recommendation.

¹⁵ VHA Directive 2009-019, *Ordering and Reporting Test Results*, March 24, 2009.

Consult Approval Date. We found that the one of three consults at the Charleston CBOC exceeded 10 days from the date the consult was initiated.

Consult Approval Process. We found that one of three consults at the Charleston CBOC and the consult at the Williamson CBOC were not approved according to VHA or local policy.

Patient Consult Notifications. We found no evidence that two of three patients at the Charleston CBOC and the one patient reviewed at the Williamson CBOC were sent written notification of the Short-Term Fee Basis consult approvals.

Report Review. We found that one of three medical records at the Charleston CBOC did not have evidence that the ordering provider or surrogate practitioner reviewed the report within 14 days from the date on which the results were available.

Communication of Results. We found that one of three medical records at the Charleston CBOC and the one medical record at the Williamson CBOC did not have evidence that the patient was informed about the results within 14 calendar days from the date on which the results were available.

VISN 10, Louis Stokes VAMC – Mansfield and New Philadelphia

There were 31 patients who received services through a Short-Term Fee Basis consult at the Mansfield CBOC and 12 patients at the New Philadelphia CBOC.

Short-Term Fee Basis Justification. We found that the provider did not document a justification for the consult in CPRS in 14 of the 31 (45 percent) medical records at the Mansfield CBOC and in 5 of 12 medical records at the New Philadelphia CBOC.

Consult Approval Process. We found that 11 of 31 (35 percent) consults at the Mansfield CBOC and 6 of 12 consults at the New Philadelphia CBOC were not approved according to VHA or local policy.

Patient Consult Notifications. We found no evidence that 28 of 31 (90 percent) patients at the Mansfield CBOC and 11 of 12 patients at the New Philadelphia CBOC were sent written notification of Short-Term Fee Basis consult approvals.

VISN 21, VA Pacific Islands HCS – Agana Heights and Hilo

There were 44 patients who received services through a Short-Term Fee Basis consult at the Agana Heights CBOC and 41 patients at the Hilo CBOC.

Patient Consult Notifications. We found no evidence that 14 of 44 (32 percent) patients at the Agana Heights CBOC and 8 of 41 (20 percent) patients at the Hilo CBOC were sent written notification of the Short-Term Fee Basis consult approvals.

Report Review. We found no evidence in 17 of 44 (39 percent) medical records at the Agana Heights CBOC and 19 of 41 (46 percent) medical records at the Hilo CBOC that

the ordering provider or surrogate practitioner reviewed the report within 14 days from the date on which the results were available.

Communication of Results. We found no evidence that 36 of 44 (82 percent) patients at the Agana Heights CBOC and 26 of 41 (63 percent) patients at the Hilo CBOC were informed about the results within 14 calendar days from the date on which the results were available.

Women's Health Review

Each VHA facility must ensure that eligible women veterans have access to comprehensive medical care, including care for gender-specific conditions and MH conditions, that is comparable to care provided for male veterans.¹⁶ All eligible and enrolled women veterans, irrespective of where they obtain care in VHA, must have access to all necessary services as clinically indicated.

*Quality of Care Measures*¹⁷

Breast cancer is the second most common type of cancer among American women, with approximately 207,000 new cases reported each year.¹⁸ Timely screening, diagnosis, notification, interdisciplinary treatment planning, and treatment are essential to early detection, appropriate management, and optimal patient outcomes. Screening by mammography (an x-ray of the breast) has been shown to reduce mortality by 20–30 percent among women age 40 and older.

VHA has established gender-specific performance measures in the facility and CBOCs. Breast cancer screening for women ages 50–69 is an ongoing CBOC preventive care performance measure. Table 6 shows a comparative of the parent facilities' and the respective CBOCs' scores.

¹⁶ VHA Handbook 1330.01, *Healthcare Services for Women Veterans*, May 21, 2010.

¹⁷ Parent facility scores were obtained from <http://vaww.pdw.med.va.gov/MeasureMaster/MMReport.asp>. Note: Scores are weighted. The purpose of weighting is to correct for the over-representation of cases from small sites and the under-representation of cases from large sites. Weighting can alter the raw measure score (numerator/denominator). Sometimes the adjustment can be quite significant.

¹⁸ American Cancer Society, *Cancer Facts & Figures 2009*.

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 (%)</i>
<i>Mammography, 50-69 years old</i>	77%	548 West Palm Beach VAMC	22	24	98
		548GA Ft. Pierce	13	15	87
		548GF Okeechobee	14	15	93
		581 Huntington VAMC	22	28	77
		581GB Charleston	7	29	24
		581GD Williamson	1	1	100
		541 Louis Stokes VAMC	34	43	85
		541GD Mansfield	20	22	91
		541GJ New Philadelphia	16	17	94
		459 VA Pacific Islands HCS	25	31	69
		459GE Agana Heights	7	13	54
		459GB Hilo	11	14	79

Table 6. Mammography Screening FY 2011

Charleston CBOC. The Huntington VAMC plans to centralize the consult process. The managers will receive timely notification when a patient is a no-show for a scheduled mammogram. In turn, this information is shared with the ordering team, who contacts the patient, emphasizes the importance of the exam, and submits a new consult as appropriate.

Agana Heights CBOC. To address mammography performance measure scores that fall below the national benchmark of 77 percent, the Agana Heights CBOC has initiated the following:

- Re-education of all PCPs, fee basis, and nursing staff on the mammogram and reporting requirements for women age 50–69 is in process.
- A tracking method to make certain that mammogram orders are completed and that the reports are received and are scanned into VistA. This process will increase the number of reminders being closed/satisfied and thus will help reach the performance measure target.
- Monthly listings of “mammograms due” will be distributed to each Patient Aligned Care Team to ensure timely performance.
- Monthly performance reports will be forwarded to the Director of Women’s Health, Women Veterans Program Manager, and Primary Care Director.

Mammography Management

All enrolled women veterans need to receive comprehensive primary care from a designated women’s health PCP who is interested and proficient in the delivery of comprehensive primary care to women, irrespective of where they are seen.

VHA policy maintains that the full scope of primary care is provided to all eligible veterans seeking ongoing health care.¹⁹ Therefore, regardless of the number of women veterans utilizing a particular facility, all sites that offer primary care services must offer comprehensive primary care to women veterans and all necessary gender specific services must be available at every facility and CBOC. Table 7 shows the areas reviewed for this topic. The facilities identified as noncompliant needed improvement. Details regarding the findings follow the table.

Noncompliant	Areas Reviewed
	Patients are referred to mammography facilities that have current Food and Drug Administration or State-approved certifications.
	Mammogram results are documented using the American College of Radiology’s BI-RADS code categories. ²⁰
	The ordering VHA provider or surrogate was notified of abnormal or critical results within a defined timeframe.
Charleston	Patients with abnormal or critical results are notified within a defined timeframe.
Charleston Agana Heights Hilo	Patients receive written notice of normal mammogram results, and the notifications are documented in the patients’ medical record as required by VHA policy. ²¹
	The facility has an established process for tracking results from mammograms performed off-site.
	Fee Basis mammography reports are scanned into VistA.
Charleston Mansfield New Philadelphia Agana Heights Hilo	All screening and diagnostic mammograms were initiated via an order placed into the VistA Radiology package. ²²
Williamson	Each CBOC has an appointed Women’s Health Liaison.
Agana Heights Hilo	There is evidence that the Women’s Health Liaison collaborates with the parent facility’s Women Veterans Program Manager on women’s health issues.
Table 7. Mammography	

VISN 9, Huntington VAMC - Charleston and Williamson

Communication of Abnormal Results. We found that the patient with an abnormal mammogram at the Charleston CBOC did not have documented evidence in her medical record that she was informed about the results within 14 calendar days.

¹⁹ VHA Handbook 1330.01.

²⁰ The American College of Radiology’s Breast Imaging Reporting and Database System is a quality assurance guide designated to standardize breast imaging reporting and facilitate outcomes monitoring.

²¹ VHA Handbook 1330.01.

²² VHA Handbook 1330.01.

Patient Notification of Normal Mammography Results. We reviewed medical records of patients at the Charleston CBOC who had normal mammography results and determined that none of the eight patients were notified within the required timeframe. VHA policy²³ requires that there is documented evidence that the patient was provided a lay summary of the written mammography report within 30 days from the date of the procedure.

Mammography Orders and Access. Providers at the Charleston CBOC did not enter CPRS mammogram radiology orders for seven of nine patients. Fee basis or contract agreements must be electronically entered as a CPRS radiology order. All breast imaging and radiology results must be linked to the appropriate radiology mammogram or breast study order.

Appointment of a Women's Health Liaison. The facility had not appointed a Women's Health Liaison for the Williamson CBOC. The Williamson CBOC closed on September 30, 2011, and the contract will not be renewed; therefore, we made no recommendations.

VISN 10, Louis Stokes VAMC – Mansfield and New Philadelphia

Mammogram Orders and Access. Providers at the Mansfield and New Philadelphia CBOCs did not enter CPRS mammogram radiology orders for any of the fee basis mammograms (5 for Mansfield and 10 for New Philadelphia). Fee basis or contract agreements must be electronically entered as a CPRS radiology order. All breast imaging and mammography results must be linked to the appropriate radiology mammogram or breast study order.

VISN 21, VA Pacific Islands HCS – Agana Heights and Hilo

Patient Notification of Normal Mammography Results. All three patients at the Agana Heights CBOC and one of three patients at the Hilo CBOC did not have documented evidence that the patient was provided a lay summary of the written mammography report within 30 days from the date of the procedure.

Mammography Orders and Access. The Agana Heights and Hilo CBOCs did not enter any CPRS mammogram radiology orders for fee base mammograms performed (three at each CBOC). Fee basis or contract agreements must be electronically entered as a CPRS radiology order. All breast imaging and radiology results must be linked to the appropriate radiology mammogram or breast study order.

Women's Health Liaison. We found no evidence that the Women's Health Liaisons at the Agana Heights and Hilo CBOCs collaborated with the parent facility's Women Veterans Program Manager.

²³ VHA Handbook 1330.01.

C&P

We reviewed C&P folders to determine whether facilities had consistent processes to ensure that providers complied with applicable requirements as defined by VHA policy.²⁴ We reviewed nurse personnel files to ensure licensure and education were verified. Table 8 shows the areas reviewed for this topic. The facilities identified as noncompliant needed improvement. Details regarding the findings follow the table.

Noncompliant	Areas Reviewed
	There was evidence of primary source verification for each provider's license.
	Each provider's license was unrestricted.
	There were two efforts made to obtain verification of clinical privileges (currently or most recently held at other institutions) for new providers.
	FPPEs for new providers outlined the criteria to be monitored.
Mansfield	New providers' FPPEs were implemented on first clinical start day.
Agana Heights	There was evidence that the provider was educated about FPPE prior to its initiation.
Agana Heights	FPPE results were reported to the medical staff's Executive Committee.
	Prior to the start of a new privilege, criteria for the FPPE were developed.
	Service Chief, Credentialing Board, and/or Medical Staff's Executive Committee list documents reviewed and the rationale for conclusions reached for granting licensed independent practitioner privileges.
Charleston	Privileges granted to providers are facility, service, and provider specific. ²⁵
	The determination to continue current privileges are based in part on results of OPPE activities.
	The OPPE and reappraisal process included consideration of such factors as clinical pertinence reviews and/or performance measure compliance.
Charleston Williamson	Relevant provider-specific data was compared to aggregated data of other providers holding the same or comparable privileges.
	Scopes of practice are service and provider specific.
	There is documentation that the nurses' licenses were verified.
	There is evidence that the nurses' education was verified.
Table 8. C&P	

²⁴ VHA Handbook 1100.19.

²⁵ VHA Handbook 1100.19.

VISN 9, Huntington VAMC – Charleston and Williamson

Clinical Privileges. The Professional Standards Board granted clinical privileges for procedures that were not performed at the Charleston CBOC. A provider was granted ambulatory care core privileges, which included arterial puncture and aspirations of joints procedures.

Aggregated Data. The OPPEs for seven providers at the Charleston CBOC and one at the Williamson CBOC did not include aggregated and comparison data; although, the providers had comparable privileges.

VISN 10, Louis Stokes VAMC – Mansfield

FPPE. One of the three newly hired physicians at the Mansfield CBOC did not have a FPPE implemented.

VISN 21, VA Pacific Islands HCS – Agana Heights

FPPE. We found no evidence that two newly hired physicians at the Agana Heights CBOC were educated on FPPE criteria prior to their first clinical start day. In addition, FPPE results were not reported to the Executive Committee of the Medical Staff.

Skills Competency

The JC requires that organizations define and verify staff qualifications and ensure that staff are competent to perform their responsibilities. Table 9 shows the areas reviewed for this topic.

Noncompliant	Areas Reviewed
	There is a policy that defines the competencies of the staff that provide patient care, treatment, or services at the CBOC.
	The policy defines who is responsible for competency validation and what the process is for selection of qualified personnel to assess and validate competence.
Charleston Williamson	The CBOC has a policy or process describing actions taken when staff cannot demonstrate competency.
	The facility has identified skill competencies for the CBOC.
	Staff competency was initially assessed and documented as a part of the CBOC orientation.
Charleston Williamson Mansfield New Philadelphia	Patient care staff identified skill competencies were validated and documented.
Table 9. Skills Competency	

VISN 9, Huntington VAMC – Charleston and Williamson

Policy. The Charleston and Williamson CBOCs competency policy does not describe actions taken when staff cannot demonstrate competency.

Core Competencies. We reviewed staff members competency folders at the Charleston and Williamson CBOCs and did not find written documentation that all staff competencies were initially or annually assessed as required by local policy. EKG and phlebotomy were skills performed by staff members; however, competency was not assessed annually.

VISN 10, Louis Stokes VAMC – Mansfield and New Philadelphia

Core Competencies. Annual assessment of core competencies, as selected by nursing management, was not done in accordance with local policy. For example, at the New Philadelphia CBOC, one staff member’s core competencies (EKG, Holter monitor, bladder scan, and intravenous pump) had not been assessed in over 3 years; and another staff member did not have valid documentation of retinal surveillance. In addition, none of the staff members at the Mansfield and New Philadelphia CBOCs had documentation of assistive device competency.

Environment and Emergency Management

EOC

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, infection control, and general maintenance. Table 10 shows the areas reviewed for this topic. The facilities identified as noncompliant needed improvement. Details regarding the findings follow the table.

Noncompliant	Areas Reviewed
	There is handicap parking, which meets the ADA requirements.
	The CBOC entrance ramps meet ADA requirements.
	The entrance door to the CBOC meets ADA requirements.
	The CBOC is well maintained (e.g., ceiling tiles clean and in good repair, walls without holes, etc.).
	The CBOC is clean (walls, floors, and equipment are clean).
Agana Heights Hilo	The patient care area is safe.
	Medical equipment is checked routinely (biomedicine tags when applicable).
	There is an alarm system or panic button installed in high-risk areas as identified by the vulnerability risk assessment.

Noncompliant	Areas Reviewed (continued)
	Privacy is maintained.
Ft. Pierce Mansfield	IT security rules are adhered to.
	Patients' personally identifiable information is secured and protected.
	There is alcohol hand wash or a soap dispenser and sink available in each examination room.
	The sharps containers are less than $\frac{3}{4}$ full.
	There is evidence of fire drills occurring at least annually.
Agana Heights	Fire extinguishers are easily identifiable.
	The CBOC collects, monitors, and analyzes hand hygiene data.
	Staff use two patient identifiers for blood drawing procedures.
	The CBOC is included in facility-wide EOC activities.
Table 10. EOC	

VISN 8, West Palm Beach VAMC – Ft. Pierce

IT Security. We inspected the IT closet at the Ft. Pierce CBOC and found the door was unlocked. VHA policy²⁶ requires the IT closet to be secured.

VISN 9, Huntington VAMC –Williamson

We did not conduct an EOC inspection at the Williamson CBOC. The CBOC clinic had been closed since August 4, 2011, due to identified patient safety issues. Patients were transferred to a nearby CBOC for care. The contract for the Williamson CBOC expired on September 30, 2011; and the decision was made by senior management not to renew the contract.

VISN 10, Louis Stokes VAMC – Mansfield

IT Security. An IT closet at the Mansfield CBOC had functioning water access/piping and storage for cleaning supplies, thus exposing the IT system to potential water damage and fire safety issues. These security and safety issues were identified in 2010 by an Information Technology Oversight Compliance review. A work order to bring the closet up to IT standards was issued and subsequently signed off as completed in October 2010. However, we found that the identified infractions were not corrected, and the IT closet still did not meet IT standards.

VISN 21, VA Pacific Islands HCS – Agana Heights and Hilo

Environmental Safety. We found unsecured sharps in cabinets and drawers in three exam rooms and in the patient check-in area at the Hilo CBOC. At the Agana Heights

²⁶ VA Handbook 6500, *Information Security Program*, August 4, 2006.

CBOC, we found unsecured items containing chemicals such as betadine, alcohol, and disinfectant in patient exam rooms.

Fire Extinguishers. The Agana Heights CBOC had no signage identifying the location of fire extinguishers. All fire extinguishers were recessed in the wall and obscured from view. The National Fire Protection Association Life Safety Code requires identification of fire extinguisher locations when they are obscured from view.²⁷

Infection Control. We found biohazardous waste containers stored with office and medical supplies at the Agana Heights CBOC. The JC²⁸ requires proper storage of equipment and supplies to minimize infection. Additionally, VA policy²⁹ requires physical separation of soiled and clean areas to include patient care supplies and equipment.

Emergency Management

VHA policy requires each CBOC to have a local policy or standard operating procedure defining how medical emergencies, including MH, are handled.³⁰ Table 11 shows the areas reviewed for this topic. The facilities identified as noncompliant needed improvement. Details regarding the findings follow the table.

Noncompliant	Areas Reviewed
Mansfield New Philadelphia	There is a local medical emergency management plan for this CBOC.
	The staff can articulate the procedural steps of the medical emergency plan.
	The CBOC clinical staff are trained in cardiopulmonary resuscitation with the use of an AED.
	The CBOC has an AED onsite for cardiac emergencies.
Mansfield New Philadelphia	There is a local MH emergency management plan for this CBOC.
	The staff can articulate the procedural steps of the MH emergency plan.

Table 11. Emergency Management

VISN 9, Huntington VAMC – Charleston and Williamson

The Emergency Management review was not conducted at the Williamson CBOC and the Charleston CBOC was in compliance with the topic areas; therefore, we made no recommendations.

²⁷ National Fire Protection Association, Standard for Portable Fire Extinguishers, 10 6.1.3.3.1.

²⁸ The JC Hospital Accreditation Program Manual 2009 Addition, Standard IC 02.02.01.

²⁹ VHA Handbook 7176, *Supply, Processing, and Distribution (SPD) Operational Requirements*, Washington, DC, August 16, 2002.

³⁰ VHA Handbook 1006.1.

VISN 10, Louis Stokes VAMC – Mansfield and New Philadelphia

Local Standard Operating Procedure. The local policy or standard operating procedure to instruct staff on how they were to respond if a patient presented with a medical or MH emergency did not reflect current practice and/or capability at the Mansfield and New Philadelphia CBOCs. For example, during a cardiac arrest, staff are required to overhead page the cardiac response team. However, neither CBOC had an overhead paging system or a response team. The CBOCs’ staff call 911, initiate cardiopulmonary resuscitation, and use an AED as indicated.

PCMM

We conducted reviews of the PCMM administration to assess VHA’s management of the primary care panels. VHA policy states that the PCMM Coordinator is responsible for ensuring that the information in the PCMM database is accurate and current.³¹

Table 12 shows the areas reviewed for this topic. The CBOCs identified as noncompliant needed improvement. Details regarding the finding follow the table.

Noncompliant	Areas Reviewed
	A system is in place to ensure patients are not assigned to a panel prior to being seen for their first appointment.
Ft. Pierce Okeechobee Agana Heights Hilo	The facility assigns a new patient to a panel after it has been confirmed that the patient is not assigned to a provider at another facility.
	Patients are identified for removal from the PCMM panel on a monthly basis (at a minimum).
	Panel sizes are reasonable compared to the PCMM guide of 1,200 patients for a full-time PCP.
	PCPs have been kept current in PCMM
	The number of patients invoiced is comparable to the total number of patients assigned to the PCP panels.
Table 12. PCMM	

VISN 8, West Palm Beach VAMC – Ft. Pierce and Okeechobee

Panel Assignment to More Than One PCP. The West Palm Beach VAMC had approximately 56,400 active patients, with 4,200 and 1,955 assigned to the Ft. Pierce and Okeechobee CBOCs, respectively. There were 210 patients (5 percent of the panel) assigned to a Ft. Pierce PCP in PCMM that were also assigned to an additional PCP at other facilities and 229 patients (12 percent of the panel) assigned to an Okeechobee PCP. Patients with two or more PCPs assigned inflate primary care panel sizes and could lead to increased medical care costs for contracted care. We commend

³¹ VHA Handbook 1101.02.

the effort to reduce dual assignments; however, the number of Ft. Pierce and Okeechobee dual assignments remained high. The West Palm Beach VAMC has developed a process that has shown significant progress in reducing dual assignments; therefore, we will make no further recommendations.

VISN 21, VA Pacific Islands HCS – Agana Heights and Hilo

Panel Assignment to More Than One PCP. The VA Pacific Islands HCS had approximately 22,200 active patients, with 1,995 and 1,978 assigned to the Agana Heights and Hilo CBOCs, respectively. There were 133 patients (7 percent of the panel) assigned to an Agana Heights PCP in PCMM that were also assigned to an additional PCP at other facilities without dual assignment approval and 112 patients (6 percent of the panel) assigned to a Hilo PCP. Patients with two or more PCPs assigned inflate PCP sizes and could lead to increased medical care costs for contracted care.

CBOC Contract

We conducted reviews of contracted primary care at the Williamson, Okeechobee, and Ft. Pierce CBOCs to evaluate the effectiveness of VHA oversight and administration for selected contract provisions relating to quality of care and payment of services. Okeechobee and Ft. Pierce CBOCs provided telemental health services. MH services were not provided at the Williamson CBOC, but were referred to another local VA facility. Each CBOC engagement included: (1) a review of the contract, (2) analysis of patient care encounter data, (3) corroboration of information with VHA data sources, (4) site visits, and (5) interviews with VHA and contractor staff. Our review focused on documents and records for the 1st Qtr, FY 2011.

Table 13 summarizes the areas we reviewed and identifies the CBOCs that were not compliant in those areas. Details regarding the findings follow the table.

Noncompliant	Areas Reviewed
	(1) Contract provisions relating to payment and quality of care:
	a. Requirements for payment.
Williamson	b. Rate and frequency of payment.
Williamson	c. Invoice format.
	d. Performance measures (including incentives/penalties).
	e. Billing the patient or any other third party.
Williamson	(2) Technical review of contract modifications and extensions.
Williamson	(3) Invoice validation process.
	(4) The COTR designation and training.
	(5) Contractor oversight provided by the COTR.
	(6) Timely access to care.
Table 13. Review of PC and MH Contract Compliance	

VISN 9, Huntington VAMC – Williamson

Rate and Frequency of Payment. The contractor inappropriately increased the capitated rate on invoices submitted October 2010 to March 2011. VA paid these invoices without confirming the accuracy of the contracted rate, which resulted in overpayments of approximately \$2,500.

Invoice Format. The invoices did not include the detailed list of patients as described in the contract, which requires that monthly invoices contain supporting data for the following three categories: (1) total number of enrolled patients from previous month's invoice, (2) new patients enrolled since previous month's invoice, and (3) disenrolled patients since previous month's invoice. Providing this detailed list would allow for a more efficient invoice validation process and could serve as a monthly reconciliation. Due to the expiration of the contract, we make no recommendations on this issue.

Technical Review. The contract was due to expire on September 30, 2010. A modification was processed to extend the contract for 6 months, through March 31, 2011. A second modification extended the services for an additional 6 months for a total extension period of 1 year. Services extended from April 1, 2011, through September 30, 2011, should have been extended under an interim contract authority.

Additionally, the capitated rate was inappropriately increased when the contract was extended from April 1, 2011, to September 30, 2011. This increase was inappropriate because the contract does not allow a change in rates when exercising the option to extend services.

Invoice Validation Process. VA's invoice validation process did not include verifying that a patient had an annual qualifying visit as required by the contract. Therefore, the contractor was compensated for patients who did not qualify for payment. The resulting overpayments for these patients were approximately \$8,000 for the months of October, November, and December 2010.

VISN 8 Director Comments

Department of
Veterans Affairs

Memorandum

Date: November 9, 2011
From: Director, VISN 8 (10N8)
Subject: **CBOC Reviews: Ft. Pierce and Okeechobee, FL**
To: Director, 54F Healthcare Inspections Division (54F)
Director, Management Review Service (VHA 10A4A4)

1. The recommendations made during the Office of Inspector General (OIG) Community Based Outpatient Clinic (CBOC) Reviews of Ft. Pierce and Okeechobee, FL conducted September 26 - 30, 2011, have been reviewed and the facility implementation plan is provided.
2. If you have any questions or require additional information, please do not hesitate to contact my office.



Nevin M. Weaver, FACHE

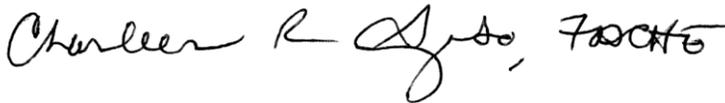
West Palm Beach VAMC Director Comments

Department of
Veterans Affairs

Memorandum

Date: November 7, 2011
From: Director, West Palm Beach VAMC (548/00)
Subject: **CBOC Review: Ft. Pierce and Okeechobee, FL**
To: Director, VISN 8 (10N8)

Thank you for the OIG CBOC report from the survey conducted the week of September 26, 2011. We concur with all the findings and have submitted actions for review with consideration for closure requested.



Charleen R. Szabo, FACHE
Director, West Palm Beach VA Medical Center (548/00)

Comments to Office of Inspector General's Report

The following Director's comments are submitted in response to the recommendations to the Office of Inspector General's report:

OIG Recommendations

Recommendation 1. We recommended that the Short-Term Fee Basis consults are approved for the Ft. Pierce and Okeechobee CBOCs no later than 10 days from the date the consult was initiated.

Concur

Target date for completion: October 30, 2011

A Standard Operating Procedure (SOP) was developed by the FEE Supervisor and implemented on 09-30-11 to ensure consults are completed within 10 days of the consult being initiated. The SOP was disseminated at the weekly "Huddle" on September 30, 2011 and education outlining expectations was provided. Monthly audits were implemented in October and compliance was 100%. Quarterly reports will be submitted to the Compliance Committee in FY12 to ensure sustainability. This action for the recommendation was completed on October 30, 2011 and we are requesting the action be accepted and closed.

Recommendation 2. We recommended that the Short-Term Fee Basis consults for the Okeechobee CBOC are approved by appropriate leadership or designee in accordance with VHA and local policy.

Concur

Target date for completion: October 30, 2011

A process change has been implemented where the FEE Nurse Clinic Coordinator randomly pulls FEE authorizations and monitors compliance by verifying the Chief of Staff designee has approved the authorization prior to scheduling and has complied with VHA and local policy consistently. In October, a monthly audit was initiated and compliance was at 100%. Quarterly compliance reports will be presented to the Compliance Committee in FY12 to ensure sustainability. This action for the recommendation was completed on October 30, 2011 and we are requesting the action be accepted and closed.

Recommendation 3. We recommended that the local policy be revised to include that patients at the Ft. Pierce and Okeechobee CBOCs receive written notification when a Short-Term Fee Basis consult is approved.

Concur

Target date for completion: September 30, 2011

The Standard Operating Procedure (SOP) was developed and communicated to Fee Staff at the weekly "Huddle" on September 30, 2011. A letter notifying the veteran of Fee Basis approval and authorization was created and implemented. Required documentation elements were identified and documentation expectations were outlined. This action for the recommendation was completed on September 30, 2011 and we are requesting the action be accepted and closed.

Recommendation 4. We recommended that the Ft. Pierce and Okeechobee CBOCs ordering practitioners document in the medical record that they reviewed the Short-Term Fee Basis imaging report within 14 days from the date made available to the provider.

Concur

Target date for completion: November 9, 2011

By September 30, 2011, all cases identified by the OIG had a review completed with the individual providers and future expectations were outlined. On November 9, 2011, Medical Center Memorandum (MCM) 548-11-122 entitled Ordering and Reporting Test Results was reviewed to communicate expectations to all CBOC providers. This MCM outlines expectations as follows:

(e) Communicates outpatient test results to patients in accordance with the following standards:

1. Results are communicated to patients no later than 14 calendar days from the date on which the results are available to the ordering practitioner. Significant abnormalities may require review and communication in shorter timeframes and 14 days represents the outer acceptable limit. For abnormalities that require immediate attention, the 14-day limit is irrelevant, as the communication should occur in the timeframe that minimizes risk to the patient.
- b. For normal or abnormal results of testing, the Provider will either notify the patient by phone, or involve support staff to provide the results to the patient, or a letter will be sent to the patient with the information of the test results. A note will be placed in the chart by the Provider, support staff or electronically generated when sent via letter.

To ensure actions taken are sustained with this low volume group (FY10 = 10 patients), a quarterly review will be conducted. The results of the quarterly audit will be reviewed at the CBOC Meeting and further action plans will be developed as necessary.

This action for the recommendation was completed on November 9, 2011 and we are requesting the action be accepted and closed.

Recommendation 5. We recommended that the ordering practitioners, or surrogate practitioners, at the Ft. Pierce and Okeechobee CBOCs communicate the Short-Term Fee Basis results to the patients within 14 days from the date the results are made available to the provider.

Concur

Target date for completion: November 9, 2011

By September 30, 2011, all cases identified by the OIG had a review completed with the individual providers and future expectations were outlined. On November 9, 2011, MCM 548-11-122 entitled Ordering and Reporting Test Results was reviewed to communicate expectations to all CBOC providers. This MCM outlines expectations as follows:

(e) Communicates outpatient test results to patients in accordance with the following standards:

1. Results are communicated to patients no later than 14 calendar days from the date on which the results are available to the ordering practitioner. Significant abnormalities may require review and communication in shorter timeframes and 14 days represents the outer acceptable limit. For abnormalities that require immediate attention, the 14-day limit is irrelevant, as the communication should occur in the timeframe that minimizes risk to the patient.
- b. For normal or abnormal results of testing, the Provider will either notify the patient by phone, or involve support staff to provide the results to the patient, or a letter will be sent to the patient with the information of the test results. A note will be placed in the chart by the Provider, support staff or electronically generated when sent via letter.

To ensure actions taken are sustained with this low volume group (FY10 = 10 patients), a quarterly review will be conducted. The results of the quarterly audit will be reviewed at the CBOC Meeting and further action plans will be developed as necessary.

This action for the recommendation was completed on November 9, 2011 and we are requesting the action be accepted and closed.

Recommendation 6. We recommended that the Ft. Pierce CBOC ensure that the IT closet door is locked at all times.

Concur

Target date for completion: October 11, 2011

The lock was replaced, October 11, 2011, with a lock that does not allow the locking mechanism to be in an unlocked position. Staff at the CBOCs who have access to this closet were provided educational reinforcement identifying expectations to maintain

security by ensuring the IT equipment closet door be constantly closed at all times when staff are not in the closet. This action for the recommendation was completed on October 11, 2011 and we are requesting the action be accepted and closed.

VISN 9 Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: November 14, 2011

From: Network Director, VISN 9 (10N9)

Subject: **CBOC Reviews: Charleston and Williamson, WV**

To: Director, 54F Healthcare Inspections Division (54F)

Director, Management Review Service (VHA 10A4A4)

1. I concur with the attached facility draft responses to the recommendations for improvement contained in the CBOC Reviews: Charleston and Williamson, WV.

2. If you have additional questions or concerns, please contact Tammy Williams, RN, VISN 9 Continuous Readiness Review Coordinator or Joseph Schoeck, VISN 9 Staff Assistant to the Network Director at 615-695-2200.

(original signed by:)

John Dandridge, Jr.

Huntington VAMC Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: November 15, 2011

From: Director, Huntington VAMC (581/00)

Subject: **CBOC Review: Charleston and Williamson, WV**

To: Director, VISN 9 (10N9)

1. On behalf of the Huntington VA Medical Center, I would like to thank you for the opportunity to review the OIG report. I concur with the findings and recommendations.
2. Included are our responses to the recommendations in the report.
3. Requesting Concurrence.

(original signed by Dr. Jeffrey Breaux, Chief of Staff, for:)

Edward H. Seiler
Medical Center Director

Comments to Office of Inspector General's Report

The following Director's comments are submitted in response to the recommendations to the Office of Inspector General's report:

OIG Recommendations

Recommendation 7. We recommended that the Short-Term Fee Basis consults at the Charleston CBOC are approved no later than 10 days from the date the consult was initiated.

Concur

Target date for completion: November 30, 2011

Fee Consults are reviewed daily by appropriate delegation of authority to ensure action has been taken in less than 10 days. Fee Basis in collaboration with the clinical services will regularly run reports to ensure compliance.

Recommendation 8. We recommended that the Short-Term Fee Basis consults at the Charleston CBOC are approved by appropriate leadership or designee in accordance with VHA and local policy.

Concur

Target date for completion: November 30, 2011

Business Office to institute processes and provide staff education to ensure that the Delegation of Authority is followed. Consult approvals will be reviewed for appropriate approval by Fee Basis Supervisor.

Recommendation 9. We recommended that the patients at the Charleston CBOC are sent written notification when a Short-Term Fee Basis consult is approved.

Concur

Target date for completion: November 30, 2011

A copy of the approved authorization, with the date, time and place of appointment is mailed to the Veteran. This information is also entered in CPRS.

Recommendation 10. We recommended that the ordering practitioners, or surrogate practitioners, at the Charleston CBOC document in the medical record that they reviewed the Short-Term Fee Basis report.

Concur

Target date for completion: November 30, 2011

New process for documentation of results and patient notification of diagnostic test results has been instituted. Additional education will be provided to all CBOC staff by November 30, 2011. This process will require that ordering providers document review of diagnostic test results and document patient notification within 14 days of receipt of results. Compliance will be continuously reviewed on a monthly basis via chart review.

Recommendation 11. We recommended that the ordering practitioners, or surrogate practitioners, at the Charleston CBOC communicate the Short-Term Fee Basis results to the patients within 14 days from the date the results are made available to the provider.

Concur

Target date for completion: November 30, 2011

New process for documentation of results and patient notification of diagnostic test results has been instituted. Additional education will be provided to all CBOC staff by November 30, 2011. This process will require that ordering providers document review of diagnostic test results and document patient notification within 14 days of receipt of results. Compliance will be continuously reviewed on a monthly basis via chart review.

Recommendation 12. We recommended that the Charleston CBOC manager ensures that their providers notify patients with abnormal mammography results within 14 calendar days and that notification is documented in the medical record.

Concur

Target date for completion: November 30, 2011

An amended mammography process has been created. A collaborative effort between the Charleston CBOC manager and the Women Veterans Program Manager will be used to track all mammograms, ensure proper follow-up with the patient within 14 days, and ensure appropriate documentation of contact within the patient's medical record. This process is continuously reviewed with report to Medical Staff Council on a quarterly basis.

Recommendation 13. We recommended that the Charleston CBOC manager establishes a process to ensure patients with normal mammograms are provided written notification of results within the allotted timeframe and that notification is documented in the medical record.

Concur

Target date for completion: November 30, 2011

An amended mammography process has been created. A collaborative effort between the Charleston CBOC manager and the Women Veterans Program Manager will be used to track all mammograms, ensure proper follow-up with the patient within 14 days,

and ensure appropriate documentation of contact within the patient's medical record. This will include result notification for all normal and abnormal exams. This process is continuously reviewed with report to Medical Staff Council on a quarterly basis.

Recommendation 14. We recommended that the Charleston CBOC manager establishes a process to ensure all fee basis mammogram orders are entered into the radiology package and that all mammography results are linked to the appropriate radiology mammogram or breast study order.

Concur

Target date for completion: November 30, 2011

A work group comprised of the Women Veterans Program Manager and representatives from Fee Basis and Radiology has established a process for ensuring mammogram orders are appropriately entered into the radiology package and results are appropriately linked to the respective study. This process will be continuously reviewed to ensure appropriate entry of orders and that reports are appropriately linked to the radiology order. This will be reported to Medical Staff Council on a quarterly basis.

Recommendation 15. We recommended that the Professional Standards Board grants privileges consistent with the services provided at the Charleston CBOC.

Concur

Target date for completion: Completed

Completed. The physician privileging form has been modified to account for privileges consistent with services provided in the CBOC setting.

Recommendation 16. We recommended that relevant Charleston CBOC provider-specific data is compared to aggregate data of other providers holding the same or comparable privileges.

Concur

Target date for completion: November 30, 2011 and ongoing

Provider performance will be monitored on a continual and monthly basis. Department-wide pertinence reviews will be conducted twice annually and reported to the Medical Records Committee, comparing performance of all providers within the service. Consistent with Medical Center Memorandum QA/IC-46, On-Going Professional Practice Evaluation (OPPE), a Focused Professional Practice Evaluation will be conducted for those providers whose performance significantly differs from peers.

Recommendation 17. We recommended that the policy includes what actions are taken when staff cannot demonstrate competency at the Charleston CBOC.

Concur

Target date for completion: Completed effective September 2011

Medical Center Memorandum PM-29 Competency Assessment Program was recently updated. Policy states all staff must maintain competence in identified areas of practice and skills and must participate in all mandatory training required to maintain safe patient care and administrative environment. If training needs are identified, the supervisor will take action to provide needed knowledge and skills and ensure competency is attained.

If after training, staff demonstrates inadequate competency, as observed by CBOC Supervisor, staff will be retrained and repeat competency will be completed. On-going monitoring of staff performance will be conducted by CBOC Supervisor and/or Nurse Manager, and reported to appropriate service chief.

Recommendation 18. We recommended that competencies are assessed and documented in accordance with local policy at the Charleston CBOC.

Concur

Target date for completion: Completed effective September 2011

Medical Center Memorandum PM-29 Competency Assessment Program states the policy of this Medical Center is to assure that all staff are selected, prepared and determined competent for their responsibilities through pre-employment interviews, orientation, in-service training, continuing and mandatory education programs and through initial and annual competency verification. It is the policy of this Medical Center that a Competency Folder be established and maintained for each employee covered by this policy. Each employee is accountable for his/her own individual competence through continuous self-assessment and participation in education/training opportunities to meet identified needs. On an on-going basis, employees will review their competency document and make the supervisor aware of any areas where competencies need to be validated or checked.

All staff must maintain competence in identified areas of practice and skills and must participate in all mandatory training required to maintain safe patient care and administrative environment. The mechanism for assuring on-going competence includes an annual verification of competency specific to the assignment. Verification will be accomplished by the supervisor completing the Competency Assessment Checklist covering every applicable employee and forwarding to Human Resources for compilation and reporting to the governing body.

Recommendation 19. We recommended that the Facility Director, with the assistance of the Regional Counsel, ensure that the total amount of overpayments is determined and assess the collectability of the overpayment.

Concur

Target date for completion: January 1, 2012

The Contracting Officer Technical Representative (COTR) along with the Facility Director will collaborate with Regional Counsel to calculate the total amount of overpayments and determine the collectability of the overpayment.

Recommendation 20. We recommended that the Contracting Officer follows contract clauses for contract extensions and interim contracts.

Concur

Target date for completion: Ongoing

The aforementioned contract has been allowed to expire. Future contract negotiations will be consistent with contract clauses for contract extensions and interim contracts and coordinated through the Network Contracting Office.

VISN 10 Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: November 8, 2011

From: Director, VISN 10 VA Healthcare System of Ohio (10N10)

Subject: **CBOC Reviews: Mansfield and New Philadelphia, OH**

To: Director, 54F Healthcare Inspections Division (54F)

Director, Management Review Service (VHA 10A4A4)

1. I have reviewed the recommendations and concur with responses and action plans submitted by the Louis Stokes VAMC, Cleveland, Ohio.

2. If you have questions or require additional information, please contact Jane Johnson, VISN 10 Deputy Quality Management Officer at (513) 247-4631.

(original signed by:)

Jack G. Hetrick, FACHE

Director, VA Healthcare System of Ohio (10N10)

Louis Stokes VAMC Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: November 4, 2011

From: Director, Louis Stokes Cleveland VAMC (541/00)

Subject: **CBOC Reviews: Mansfield and New Philadelphia, OH**

To: Network Director, VA Healthcare System of Ohio (10N10)

1. I have reviewed the response to the Draft Report and concur with all recommendations.

(original signed by Murray D. Altose, Chief of Staff, for:)

Susan M. Fuehrer

Comments to Office of Inspector General's Report

The following Director's comments are submitted in response to the recommendations to the Office of Inspector General's report:

OIG Recommendations

Recommendation 21. We recommended that a plan be developed to define how MH emergencies that require a higher level of care are addressed at the Mansfield and New Philadelphia CBOCs.

Concur

Target date for completion: November 30, 2011

The VA Community Based Clinic (CBOC) Emergency Operations Plan (EOP) is being revised to include the procedure for handling Mental Health emergencies that require a higher level of care at the CBOCs. In accordance with VHA Handbook 1160.01, the EOP references "Referral of Patients to Non-VA Healthcare Facilities" (MCP136-016) which is being revised to include process for payment of authorized mental health emergency services and process for sharing information between the facilities, when applicable. All CBOC staff will receive formal education from the Nurse Manager upon completion and approval of final plan. The revised plan will be discussed at the November 2011 Environment of Care (EOC) meeting.

Recommendation 22. We recommended that the providers document a justification in the medical record for the use of Short-Term Fee Basis care at the Mansfield and New Philadelphia CBOCs.

Concur

Target date for completion: November 30, 2011

Within CPRS there is a non-VA care consult template, which includes a mandatory field for justification of reason procedure cannot be provided at the VA that is used for Fee Base care referrals. Specific to mammography the CPRS template will be modified to include justification service can't be provided at the VA. Because it is a mandatory field, we will not be doing medical record reviews for this field.

Recommendation 23. We recommended that the Short-Term Fee Basis consults for the Mansfield and New Philadelphia CBOCs are approved by appropriate leadership or designee in accordance with VHA or local policy.

Concur

Target date for completion: March 23, 2012

Cleveland VAMC has a Delegation of Authority memo signed by the Associate Chief of Staff of Ambulatory Care which delegates authority to authorize Fee Based care. We will be auditing this process once method of review approved by Chief of Staff.

Recommendation 24. We recommended that the patients receive written notification when a Short-Term Fee Basis consult is approved at the Mansfield and New Philadelphia CBOCs.

Concur

Target date for completion: November 30, 2011

Each patient receives a fee basis authorization sheet that allows them to see a non-VA provider within 30 days. The written authorization is either mailed to the patient or given to the patient at the time of their appointment. We are in the process of developing a CPRS nursing template to document patient education of preparatory appointment information. The template will include a field for the nurse to confirm that written notification of authorization was given or mailed to the patient. A health factor will be built into the CPRS template for compliance reports and monitoring.

Recommendation 25. We recommended that managers at the Mansfield and New Philadelphia CBOCs establish a process to ensure that all fee basis mammogram orders are entered into the radiology package and that all mammography results are linked to the appropriate radiology mammogram or breast study order.

Concur

Target date for completion: April, 2011

Records reviewed were prior to April, 2011. The mammogram ordering/scanning process related to the new radiology package requirements was revised in April, 2011. The new ordering system links the scanned mammogram image to the appropriate radiology order. The BI-RADS category is entered in CPRS under the mammogram results template note. A Women's Health mammogram registry was also developed to document mammography results and follow-up recommendations. The Registry allows Women Health staff to pull a list of patients with normal results (BI-RADS 1 & 2) and generate a letter that is sent to the patient and also conforms to local policy and American College of Radiology (ACR) guidelines. We will be requesting closure of this item.

Recommendation 26. We recommended that FPPEs are initiated for all physicians who have been newly hired or have requested new privileges at the Mansfield CBOC.

Concur

Target date for completion: September 30, 2011

The credentialing and privileging (C&P) form of a newly hired physician at the Mansfield CBOC was incorrectly marked as OPPE instead of FPPE. The error was immediately corrected upon discovery. Despite this documentation error, the FPPE was in process for this newly hired physician. The importance of correctly completing all C&P forms was re-emphasized by the Chief of Staff at the Medical Executive Committee (MEC) meeting on October 18, 2011. We will be requesting closure of this item.

Recommendation 27. We recommended that core competencies identified at the Mansfield and New Philadelphia CBOCs are assessed and documented as required by JC and local policy.

Concur

Target date for completion: January 3, 2012

The medical center is currently monitoring and maintaining competency in accordance with medical center policy which is more currently robust than the Joint Commission requirement. It is an expectation of supervisors to ensure all competencies are updated according to policy. Two newly hired Nurse Educators have been assigned to support the CBOCs in competency assessment and evaluation. Quality Management will audit the process on a quarterly basis to ensure compliance.

Recommendation 28. We recommended that the Mansfield CBOC IT server closet is maintained according to IT safety and security standards.

Concur

Target date for completion: November 14, 2011

Engineering service has determined building a barrier wall will bring the IT service closet into compliance with IT safety and security. Installation of the barrier wall is scheduled for the week of November 7, 2011.

Recommendation 29. We recommended that managers update the local policy for medical and MH emergencies to reflect the current practice and capability at the Mansfield and New Philadelphia CBOCs.

Concur

Target date for completion: December 20, 2011

Medical Center policy (011-009) Emergency Paging and Response will be revised to reflect current practice for medical and mental health emergencies at each CBOC. All staff will be retrained on the revised policy upon completion and final approval. Sign-in sheets will be maintained to ensure staff has received training. We will use Environment of Care (EOC) rounds as an opportunity to evaluate staff knowledge about medical and mental health emergency protocols. A question will be added to the EOC rounds database to monitor deficiencies.

VISN 21 Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: November 15, 2011
From: Director, VISN 21 (10N21)
Subject: **CBOC Reviews: Agana Heights, GU and Hilo, HI**
To: Director, 54F Healthcare Inspections Division (54F)
Director, Management Review Service (VHA 10A4A4)

1. Thank you for the opportunity to review the draft OIG CBOC report for the Pacific Island Health Care System site visit that occurred in September at the Agana Heights and Hilo CBOCs. I concur with the recommendations on the attached plan.
2. If you have any questions regarding the attached response or action for the recommendations, please contact Ms Terry Sanders, VISN 21 Associate Quality Management Officer at (707) 562-8370.

(original signed by:)
Sheila M. Cullen

VA Pacific Islands HCS Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: November 15, 2011

From: Director, VA Pacific Islands HCS (459/00)

Subject: **CBOC Reviews: Agana Heights, GU and Hilo, HI**

To: Director, VISN 21 (10N21)

1. VA Pacific Island Health Care System submits the Agana Heights, GU and Hilo, Hawaii Office of Inspector General after action report for your review and submission to the Office of Inspector General.
2. If you have any questions, please contact the Chief of Staff Office at (808) 433-0650.

(original signed by Kalautie Jangdhari, Associate Director, for:)
James E. Hasting, M.D. FACP

Comments to Office of Inspector General's Report

The following Director's comments are submitted in response to the recommendations to the Office of Inspector General's report:

OIG Recommendations

Recommendation 30. We recommended that patients at the Agana Heights and Hilo CBOCs receive written notification when a Short-Term Fee Basis consult is approved.

Concur

Target date for completion: April 30, 2012

This deficiency was addressed so that the Veteran is sent a copy of the 7079 indicating that the fee-basis appointment was approved along with a personal notification letter. This letter is generated by the authorization clerks in the Fiscal Office of the Fee program. VAPIHCS has a system to monitor the status of Non VA consults. This process will be centralized under the Managed Care Service. The consult closure RN and clerk will conduct weekly random chart reviews of fee-basis consults including CBOC's to assure compliance. This will be reported to the Associate Chief of Staff (ACOS) of Managed Care and to Quality Management Service (QMS) monthly.

Recommendation 31. We recommended that the ordering providers, or surrogate practitioners, at the Agana Heights and Hilo CBOCs review the Short-Term Fee Basis report within 14 days from the date on which the results are available.

Concur

Target date for completion: April 30, 2012

Results are provided to the provider via an alert in the electronic medical record. This alert is generated when the results are scanned and indexed into the patient's record. Providers are reminded to document these results within 14 days at staff meetings, via e-mail as well as by individual notification. The provider will review and document in CPRS all test results, including Short-Term Fee Basis results in CPRS within 14 days of receipt. The consult closure RN and clerk will conduct weekly random chart reviews of fee-basis consults including CBOC's to assure compliance. This will be reported to the ACOS of Managed Care and QMS monthly.

Recommendation 32. We recommended that the ordering providers, or surrogate practitioners, at the Agana Heights and Hilo CBOCs communicate the Short-Term Fee Basis results to the patient within 14 days from the date made available to the provider.

Concur

Target date for completion: April 30, 2012

Providers will communicate by phone, in person or via letter the results. Each CBOC will have a designated individual who tracks notifications to the patient. The provider will also use MyHealthe Vet and secure messaging to notify the patient of Short-Term Fee Basis test results within 14 days from the date made available to the provider as more patients begin to use the system. The consult closure RN and clerk will conduct weekly random chart reviews of fee-basis consults to assure compliance. This will be reported to the ACOS of Managed Care and QMS monthly.

Recommendation 33. We recommended that the Agana Heights and Hilo CBOCs establish a process to ensure that patients with normal mammogram results are provided written notification of results within the allotted timeframe and that notification is documented in the medical record.

Concur

Target date for completion: April 30, 2012

All CBOC's including Guam and Hilo will maintain an electronic tracking log of mammograms ordered and provide these patients with written notification of mammogram results within 14 days from the date made available to the provider. Monitoring of the log and notification of the Veteran will be reviewed monthly and results reported to the ACOS for Primary Care and QMS monthly.

Recommendation 34. We recommended that a process is established at the Agana Heights and Hilo CBOCs to ensure that all mammogram orders are entered into the radiology package and that all mammography results are linked to the appropriate radiology mammogram or breast study order.

Concur

Target date for completion: November 30, 2011

Radiology Service will now be responsible for the process and has developed an SOP. Monitoring will be accomplished and entered into a database with quarterly reporting to the Chief of Radiology and to the Performance Initiative Committee.

Recommendation 35. We recommended that the Women's Health Liaison at the Agana Heights and Hilo CBOCs collaborates with the Women Veterans Program Manager.

Concur

Target date for completion: December 30, 2011

Women's Clinic will establish a V-tel conference call with the CBOC Women's Health Liaisons to facilitate ongoing collaboration. This will be done on a quarterly basis and will require a change in the policy. The Women's Health Liaison/ designee will maintain

meeting minutes and forward these minutes to the Women Veteran's Health Care Advisory Committee, ACOS of Primary Care and QMS.

Recommendation 36. We recommended that physicians are educated on FPPE criteria prior to their first clinical start day and FPPE results are reported to the Executive Committee of the Medical Staff.

Concur

Target date for completion: December 31, 2011

The ACOS for each service (Primary Care, Mental Health, Geriatrics, Specialty) will meet with the provider during NEO, prior to first clinical start day. They will review the FPPE form and explain that all privileges being requested will be reviewed. The new provider will receive and sign a standardized letter that indicates all privileges being evaluated. The ACOs for each service will report on compliance at least quarterly to the ECMS.

Recommendation 37. We recommended that sharps are secured in all patient care areas at the Hilo CBOC.

Concur

Target date for completion: September 29, 2011

This was corrected the day of the survey. All sharps and related supplies were removed and placed in a locked cabinet residing in exam room # 213. Only the nurses have control of this key and this cabinet is kept locked at all times. The Hilo CBOC Team leader will conduct random unannounced weekly rounds x 3 months and track and trend the findings with the assistance of the Quality Management Service. The Facility Administrative/Environment of Care inspections will continue to evaluate for unsecured sharps due to the high risk nature.

Recommendation 38. We recommended that chemicals are secured in patient exam rooms at the Agana Heights CBOC.

Concur

Target date for completion: September 28, 2011

All chemical containers within the CBOC (e.g., Lysol, room deodorizer, rubbing alcohol) were immediately placed in a lockable cart during the survey. Only the clinical staff have keys to unlock these carts. The CBOC Lead RN on a daily basis conducts administrative and environmental care rounds of the CBOC and monitors for any chemical containers that may be stored outside of these carts. All staff were made aware of this patient safety requirement immediately after the OIG survey.

Recommendation 39. We recommended that signage is installed at the Agana Heights CBOC to clearly identify the location of fire extinguishers.

Concur

Target date for completion: January 30, 2012

The Fire Safety Officer has ordered and will install Fire Extinguisher signage for the CBOC. A photo picture will be taken upon installation completion and provided to QMS for inclusion in this report for closure.

Recommendation 40. We recommended that biohazardous waste containers at the Agana Heights CBOC are stored appropriately.

Concur

Target date for completion: December 30, 2011

The Facility Safety Officer and the Biohazard Waste Coordinator have identified a lockable room outside of the Guam CBOC, which is connected to the CBOC generator building. The Biohazard Waste Coordinator has selected a larger Biohazard Waste Container which has been ordered. Compliance will be monitored by the CBOC lead RN on a daily basis and this will also be evaluated by the Facility Administrative Environmental Inspection Team when Guam is inspected.

Recommendation 41. We recommended that PCMM is maintained in accordance with VHA Handbook 1101.02, specifically to reduce the number of veterans assigned to more than one PCP.

Concur

Target date for completion: Feb 1, 2012.

The Facility PCMM Coordinator has developed a specific procedure for CBOC staff assigning patients to CBOC PACTs to prevent dual provider assignment. The PCMM Coordinator has created working groups with CBOC staff to communicate all assignments and discharges of patients from PIHCS PACTs. The PCMM Coordinator will review monthly the Multiple Assignment Report and resolve any issues. A monthly status report will be provided to the Performance Initiative Committee.

OIG Contact and Staff Acknowledgments

OIG Contact For more information about this report, please contact the Office of Inspector General at (202) 461-4720.

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