



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

Office of Healthcare Inspections

Report No. 11-03653-105

**Community Based Outpatient
Clinic Reviews
Chico, McClellan, and Oakland, CA**

March 12, 2012

Washington, DC 20420

Why We Did This Review

The VA OIG is undertaking a systematic review of the VHA's 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

ADA	Americans with Disabilities Act
C&P	credentialing and privileging
CBOC	community based outpatient clinic
CCHT	care coordination home tele-health
CPRS	Computerized Patient Record System
CT	Computerized Tomography
DM	diabetes mellitus
DX & TX Plan	diagnosis & treatment plan
EKG	electrocardiogram
EOC	environment of care
FPPE	Focused Professional Practice Evaluation
FTE	full-time employee equivalents
FY	fiscal year
HCS	health care system
HF	heart failure
IT	information technology
LCSW	licensed clinical social worker
MedMgt	medication management
MH	mental health
MRI	Magnetic Resonance Imaging
MST	military sexual trauma
NP	nurse practitioner
OIG	Office of Inspector General
OPPE	Ongoing Professional Practice Evaluation
PCP	primary care provider
PET	Positron Emission Tomography
PTSD	post-traumatic stress disorder
STFB	Short-Term Fee Basis
TX	treatment
VAMC	VA Medical Center
VANCHCS	VA Northern California Health Care System
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
VistA	Veterans Health Information Systems and Technology Architecture

Table of Contents

	Page
Executive Summary	i
Objectives and Scope	1
Objectives	1
Scope	1
CBOC Characteristics	2
MH Characteristics	3
Results and Recommendations	4
Management of DM–Lower Limb Peripheral Vascular Disease	4
STFB Care	5
Women’s Health	6
C&P	7
Environment and Emergency Management	9
CBOC Satellite	11
HF Follow-Up	12
Appendixes	
A. HF Follow-Up Results	13
B. VISN 21 Director Comments	14
C. VANCHCS Director Comments	15
D. OIG Contact and Staff Acknowledgments	21
E. Report Distribution	22

Executive Summary

Purpose: We conducted an inspection of three CBOCs during the week of December 5, 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
21	VA Northern California HCS	Chico
		McClellan
		Oakland
Table 1. Sites Inspected		

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

VANCHCS

- Ensure clinicians at the Chico and Oakland CBOCs document foot care education provided for diabetic patients in CPRS.
- Ensure clinicians at the Chico, McClellan, and Oakland CBOCs document a risk level for diabetic patients in CPRS in accordance with VHA policy.
- Establish a process to ensure that patients with normal mammogram results are notified of results within the allotted timeframe and that notification is documented in the medical record at the Chico CBOC.
- Ensure that FPPE results are reported to the medical staff's Executive Committee.
- Strengthen processes to ensure that documents reviewed and the rationale for privileging or re-privileging at the Chico, McClellan, and Oakland CBOCs are documented.
- Maintain adequate competency data in all providers' profiles at the Oakland CBOC.
- Maintain auditory privacy during the check-in process at the Oakland CBOC.
- Ensure that the Chico and Oakland CBOCs' IT server closets are maintained according to IT safety and security standards.
- Ensure that managers update the policy for MH emergencies to reflect the current practice and capability at the Chico, McClellan, and Oakland CBOCs.
- Ensure that all contracted medical care and leased property agreements are executed in accordance with applicable VA directives and regulations.

- Confer with Regional Counsel to determine the amount and collectability of the overpayments made to the contractor.

Comment

The VISN and facility Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendix B–E, pages 15–20 for the full text of the Directors’ comments.) We will follow up on the planned actions until they are completed.



JOHN D. DAIGH, JR., M.D.
Assistant Inspector General for
Healthcare Inspections

Objectives and Scope

Objectives. The purposes of this review are to:

- Evaluate the extent CBOCs have implemented the management of DM–Lower Limb Peripheral Vascular Disease in order to prevent lower limb amputation.
- Assess STFB authorization and follow-up processes for outpatient radiology consults including CT, MRI, and PET scan in an effort to ensure quality and timeliness of patient care in CBOCs.
- Evaluate whether CBOCs comply with selected VHA requirements regarding the provision of mammography services for women veterans.
- Evaluate the continuity of care for enrolled CBOC patients discharged from the parent facility in FY 2011 with a primary discharge diagnosis of HF.
- Determine whether CBOC providers are appropriately credentialed and privileged in accordance to VHA Handbook 1100.19.¹
- Determine whether CBOCs are in compliance with standards of operations according to VHA policy in the areas of environmental safety and emergency planning.²

Scope. The review topics discussed in this report include:

- Management of DM–Lower Limb Peripheral Vascular Disease
- STFB Care
- Women’s Health
- HF Follow-up
- C&P
- Environment and Emergency Management

For detailed information regarding the scope and methodology of the focused topic areas conducted during this inspection, please refer to Report No. 11-03653-283 *Informational Report Community Based Outpatient Clinic Cyclical Report FY 2012*, September 20, 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.

¹ VHA Handbook 1100.19, *Credentialing and Privileging*, November 14, 2008.

² VHA Handbook 1006.1, *Planning and Activating Community-Based Outpatient Clinics*, May 19, 2004.

CBOC Characteristics

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

	Chico	McClellan	Oakland
VISN	21	21	21
Parent Facility	VANCHCS	VANCHCS	VANCHCS
Type of CBOC	VA	VA	VA
Number of Uniques, ³ FY 2011	7,272	18,948	7,521
Number of Visits, FY 2011	44,700	100,229	112,584
CBOC Size ⁴	Large	Very Large	Large
Locality	Urban	Urban	Urban
FTE PCP	5.9	6.27	6.28
FTE MH	5	9.2	20.4
Types of Providers	LCSW NP PCP Psychiatrist Psychologist Audiologist Clinical Pharmacist	LCSW NP Physician Assistant PCP Psychiatrist Psychologist Audiologist Dentist Optometrist Podiatrist	LCSW NP Physician Assistant PCP Psychiatrist Psychologist Clinical Pharmacist
Specialty Care Services Onsite	Yes	Yes	Yes
Tele-health Services	Tele-retinal Imaging CCHT	CCHT	Tele-neurology Tele-orthopedics CCHT
Ancillary Services Provided Onsite	EKG Laboratory Pharmacy	EKG Laboratory Pharmacy Physical Medicine Radiology	EKG Laboratory Pharmacy Physical Medicine Radiology

Table 2. CBOC Characteristics

³ <http://vaww.pssg.med.va.gov/>

⁴ Based on the number of unique patients seen as defined by VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics*, September 11, 2008, 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).

Mental Health CBOC Characteristics

Table 3 displays the MH Characteristics for each CBOC reviewed.

	Chico	McClellan	Oakland
Provides MH Services	Yes	Yes	Yes
Number of MH Uniques, FY 2011	1,759	3,526	4,122
Number of MH Visits	7,394	13,277	52,989
General MH Services	DX & TX Plan MedMgt Psychotherapy PTSD MST	DX & TX Plan MedMgt Psychotherapy PTSD MST	DX & TX Plan MedMgt Psychotherapy PTSD MST
Specialty MH Services	Consult & TX Peer Support MST Clinics Homeless Program Substance Use Disorder	Consult & TX Psychotherapy Mental Health Intensive Case Management Social Skills Training Peer Support PTSD Teams MST Clinics Substance Use Disorder	Consult & TX Psychotherapy Compensated Work Therapy PTSD Teams Homeless Program Substance Use Disorder
Tele-Mental Health	No	No	Yes
MH Referrals	Another VA Facility	Another VA Facility	Another VA Facility
Table 3. MH Characteristics for CBOCs			

Results and Recommendations

Management of DM—Lower Limb Peripheral Vascular Disease

VHA established its Preservation-Amputation Care and Treatment Program in 1993 to prevent and treat lower extremity complications that can lead to amputation. An important component of this program is the screening of at-risk populations, which includes veterans with diabetes. 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
	The parent facility has established a Preservation-Amputation Care and Treatment Program. ⁵
	The CBOC has developed screening guidelines regarding universal foot checks.
	The CBOC has developed a tracking system to identify and follow patients at risk for lower limb amputations.
	The CBOC has referral guidelines for at-risk patients.
Chico Oakland	The CBOC documents education of foot care for patients with a diagnosis of DM. ⁶
	There is documentation of foot screening in the patient's medical record.
Chico McClellan Oakland	There is documentation of a foot risk score in the patient's medical record.
	There is documentation that patients with a risk assessment level 2 or 3 received therapeutic footwear and/or orthotics.
Table 4. DM	

VISN 21, VANCHCS – Chico, McClellan, and Oakland

Foot Care Education Documentation. Chico CBOC clinicians did not document foot care education for 6 of 30 diabetic patients reviewed in CPRS. Oakland CBOC clinicians did not document foot care education for 6 of 29 diabetic patients reviewed.

Risk Level Assessment. The Chico, McClellan, and Oakland clinicians did not document a risk level for all 88 diabetic patients in CPRS (30 patients at the Chico CBOC, 29 patients at the McClellan CBOC, and 29 patients at the Oakland CBOC). VHA policy⁷ requires identification of high-risk patients with a risk level, based upon foot risk factors that would determine appropriate care and/or referral.

⁵ VHA Directive 2006-050, *Preservation Amputation Care and Treatment (PACT) Program*, September 14, 2006.

⁶ VA/DoD Clinical Practice Guideline, *Management of Diabetes Mellitus (DM)*, August 2010.

⁷ VHA Directive 2006-050, *Preservation-Amputation Care and Treatment (PACT) Program*, September 14, 2006.

Recommendation 1. We recommended that Chico and Oakland clinicians document foot care education for diabetic patients in CPRS.

Recommendation 2. We recommended that the Chico, McClellan, and Oakland clinicians document a risk level for diabetic patients in CPRS in accordance with VHA policy.

STFB 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.

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. ⁸
	The provider documented a justification for using Fee Basis status in lieu of providing staff treatment as required by VHA policy. ⁹
	The date the consult was approved does not exceed 10 days from the date the consult was initiated.
	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. ¹⁰
	Patients were notified of consult approvals in writing as required by VHA policy. ¹¹
	A copy of the imaging report is in CPRS according to VHA policy. ¹²
	There is evidence the ordering provider or surrogate practitioner reviewed the report within 14 days from the date on which the results were available to the ordering practitioner.
	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 were available to the ordering practitioner. ¹³
Table 5. STFB	

There were no patients identified that met criteria for this review.

⁸ VHA Chief Business Office Policy 1601F. *Fee Service*. <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.

⁹ VHA Handbook 1907.01.

¹⁰ VHA Chief Business Office Policy 1601F.

¹¹ VHA Manual M-1, PART I, Chapter 18.

¹² VHA Handbook 1907.01.

¹³ VHA Directive 2009-019, *Ordering and Reporting Test Results*, March 24, 2009.

Women's Health Review

Breast cancer is the second most common type of cancer among American women, with approximately 207,000 new cases reported each year.¹⁴ Each VHA facility must ensure that eligible women veterans have access to comprehensive medical care, including care for gender-specific conditions.¹⁵ Timely screening, diagnosis, notification, interdisciplinary treatment planning, and treatment are essential to early detection, appropriate management, and optimal patient outcomes. Table 6 shows the areas reviewed for this topic. The facility identified as noncompliant needed improvement. Details regarding the finding follow the table.

Noncompliant	Areas Reviewed
	Patients were 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. ¹⁶
	The ordering VHA provider or surrogate was notified of results within a defined timeframe.
Chico	Patients were notified of results within a defined timeframe.
	The facility has an established process for tracking results of mammograms performed off-site.
	Fee Basis mammography reports are scanned into VistA.
	All screening and diagnostic mammograms were initiated via an order placed into the VistA radiology package. ¹⁷
	Each CBOC has an appointed Women's Health Liaison.
	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 6. Mammography	

There were a total of 52 patients who had mammograms done on or after June 1, 2010. There were 18 patients who received mammograms at the Chico CBOC, 12 patients at the McClellan CBOC, and 22 patients at the Oakland CBOC.

VISN 21, VANCHCS – Chico

Patient Notification of Normal Mammography Results. We reviewed medical records of patients at the Chico CBOC who had normal mammography results and determined that 17 of 18 patients were not notified within the required timeframe of 14 days.

¹⁴ American Cancer Society, Cancer Facts & Figures 2009.

¹⁵ VHA Handbook 1330.01, *Healthcare Services for Women Veterans*, May 21, 2010.

¹⁶ 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.

¹⁷ VHA Handbook 1330.01

Recommendation 3. We recommended that the Chico CBOC establish a process to ensure that patients with normal mammogram results are notified of results within the allotted timeframe and that notification is documented in the medical record.

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.¹⁸ 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
	(1) There was evidence of primary source verification for each provider's license.
	(2) Each provider's license was unrestricted.
	(3) New Provider:
	a. Efforts were made to obtain verification of clinical privileges currently or most recently held at other institutions.
	b. FPPE was initiated.
	c. Timeframe for the FPPE was clearly documented.
	d. The FPPE outlined the criteria monitored.
	e. The FPPE was implemented on first clinical start day.
Oakland	f. The FPPE results were reported to the medical staff's Executive Committee.
	(4) Additional New Privilege:
	a. Prior to the start of a new privilege, criteria for the FPPE were developed.
	b. There was evidence that the provider was educated about FPPE prior to its initiation.
	c. FPPE results were reported to the medical staff's Executive Committee.
	(5) FPPE for Performance:
	a. The FPPE included criteria developed for evaluation of the practitioners when issues affecting the provision of safe, high-quality care were identified.
	b. A timeframe for the FPPE was clearly documented.
	c. There was evidence that the provider was educated about FPPE prior to its initiation.
	d. FPPE results were reported to the medical staff's Executive Committee.
Chico McClellan Oakland	(6) The 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.

¹⁸ VHA Handbook 1100.19.

Noncompliant	Areas Reviewed (continued)
	(7) Privileges granted to providers were facility, service, and provider specific. ¹⁹
Oakland	(8) The determination to continue current privileges were based in part on results of OPPE activities.
Oakland	(9) The OPPE and reappraisal process included consideration of such factors as clinical pertinence reviews and/or performance measure compliance.
	(10) Relevant provider-specific data was compared to aggregated data of other providers holding the same or comparable privileges.
	(11) Scopes of practice were facility specific.
Table 7. C&P	

VISN 21, VANCHCS – Chico, McClellan, and Oakland

FPPE. A newly hired provider at the Oakland CBOC did not have evidence that FPPE results were reported to the medical staff's Executive Committee for consideration in making the recommendation on privileges as required by VHA policy.²⁰

Documentation of Privileging Decisions. We reviewed the C&P folders for 12 licensed independent practitioners (five at the Chico, four at the McClellan, and three at the Oakland CBOC). In three of the folders (Chico, McClellan, and Oakland CBOCs), we did not find evidence of documentation used to arrive at the decision to grant clinical privileges to the providers. According to VHA policy, the list of documents reviewed and the rationale for conclusions reached by the service chief must be documented.

OPPE. We did not find evidence of OPPE data for the previous two 6-month evaluation periods in one of the three licensed independent practitioner profiles reviewed at the Oakland CBOC. The same profile did not have documentation of clinical pertinence reviews and/or performance measure compliance. VHA policy²¹ requires that data consistent with service-specific competency criteria, which includes clinical pertinence reviews and/or performance measure compliance, be collected, maintained in each provider's profile, and reviewed on an ongoing periodic basis.

Recommendation 4. We recommended that processes be strengthened to ensure that FPPE results are reported to the medical staff's Executive Committee.

Recommendation 5. We recommended that processes be strengthened to ensure that documents reviewed and the rationale for privileging or re-privileging at the Chico, McClellan, and Oakland CBOCs are documented.

¹⁹ VHA Handbook 1100.19.

²⁰ VHA Handbook 1100.19.

²¹ VHA Handbook 1100.19.

Recommendation 6. We recommended that adequate competency data be maintained in all providers' profiles at the Oakland CBOC.

Environment and Emergency Management

EOC

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, infection control, and general maintenance. 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 is handicap parking, which meets the ADA requirements.
	The CBOC entrance ramp meets ADA requirements.
	The entrance door to the CBOC meets ADA requirements.
	The CBOC restrooms meet 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).
	The patient care area is safe.
	The CBOC has a process to identify expired medications.
	Medications are secured from unauthorized access.
	There is an alarm system or panic button installed in high-risk areas as identified by the vulnerability risk assessment.
Oakland	Privacy is maintained.
Chico Oakland	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 ¾ full.
	There is evidence of fire drills occurring at least annually.
	There is evidence of an annual fire and safety inspection.
	Fire extinguishers are easily identifiable.
	The CBOC collects, monitors, and analyzes hand hygiene data.
	Staff used two patient identifiers for blood drawing procedures.
	The CBOC is included in facility-wide EOC activities.
Table 8. EOC	

VISN 21, VANCHCS – Chico and Oakland

Auditory Privacy. The auditory privacy was inadequate for patients during the check-in process at the Oakland CBOC. Patients communicate with staff at a clerk's station located in the waiting area. Patients are asked to provide, at a minimum, their name

and full social security number. There were no instructions to inform incoming patients to allow patients at the clerk's station a zone of audible privacy during the check-in process.

IT Security. At the Chico and Oakland CBOCs, we inspected the IT closets and found discarded corrugated boxes, exposed wall wiring, unclean floors, and disposed food packaging. Additionally, the access list of authorized IT personnel was not current. This locked location contains equipment or information critical to the information infrastructure. The list of authorized personnel must be approved, maintained, and reviewed according to VA policy.²² Lack of oversight of IT space access could lead to potential loss of secure information.

Recommendation 7. We recommended that the auditory privacy be maintained during the check-in process at the Oakland CBOC.

Recommendation 8. We recommended that the Chico and Oakland CBOCs' IT server closets are maintained according to IT safety and security standards.

Emergency Management

VHA policy requires each CBOC to have a local policy or standard operating procedure defining how medical and MH emergencies are handled.²³ Table 9 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 a local medical emergency management plan for this CBOC.
	The staff can articulate the procedural steps of the medical emergency plan.
	The CBOC has an automated external defibrillator onsite for cardiac emergencies.
Chico McClellan Oakland	There is a local MH emergency management plan for this CBOC.
	The staff can articulate the procedural steps of the MH emergency plan.
Table 9. Emergency Management	

VISN 21, VANCHCS – Chico, McClellan, and Oakland

Local Policy. The Chico, McClellan, and Oakland CBOCs did not have an updated policy that included the use of panic alarms in response to MH emergencies. The policy referenced was outdated, and we found that staff members' practices did not reflect its guidance.

²² VA Handbook 6500, *Information Security Program*, September 18, 2007.

²³ VHA Handbook 1006.1.

Recommendation 9. We recommended that managers update the policy for MH emergencies to reflect the current practice and capability at the Chico, McClellan, and Oakland CBOCs.

McClellan CBOC Satellite

VISN 21, VANCHCS – McClellan CBOC Satellite

While conducting the review for the McClellan CBOC, we found that the VANCHCS had been operating a contracted satellite clinic in Yuba City, CA since September 2009 without a contract. The clinic is operated by Feather River Tribal Health, which the VA has been paying through purchase orders inappropriately. Purchase orders are used to obligate funds but are not a substitute for a contract. VANCHCS failed to comply with the provisions of 38 U.S.C. Section 8153, VA Directive 1663, and applicable Federal Acquisition Regulations and VA Acquisition Regulations. The applicable laws and regulations required competition and the inclusion of specific contract terms and conditions. There are many provisions required to be incorporated in a VA contract that are designed to protect the VA and the veteran, such as performance measures and liability provisions.

We found that the payment provisions used were not to the benefit of the VA. VANCHCS paid one annual capitated payment to the contractor but did not track the amount of time that passed between payments. As a result, the contractor was overpaid by receiving more than one payment over a 12-month period for some of the patients. Our review of invoices identified several examples in which the contractor was paid the annual capitated rate in September and again the next month. There were no provisions for reimbursement to the VA for patients moving out of the area or death. Additionally when the primary services transitioned to the VA, the contractor continued to receive the full annual capitated rate and not a prorated amount. The lack of these provisions caused a significant overpayment for the services received.

In August 2011, VA staff took over the primary care services. At that time VANCHCS began to pay Feather River Tribal Health for leased space at the clinic, again without a contract. We were told that VANCHCS plans to lease the space until a new Yuba City CBOC opens in 2012.

VANCHCS did not take the steps to ensure compliance with VA contracting policies or to ensure the effective use of VA resources.

Recommendation 10. We recommended that the Facility Director and Contracting Officer ensure that all contracted medical care and leased property agreements are executed in accordance with applicable VA directives and regulations.

Recommendation 11. We recommended that the Facility Director and Contracting Officer confer with Regional Counsel to determine the amount and collectability of the overpayments made to the contractor.

HF Follow Up

The VA provides care for over 212,000 patients with HF. Nearly 24,500 of these patients were hospitalized during a 12-month period during FYs 2010 and 2011. The purpose of this review is to evaluate the continuity of care for enrolled CBOC patients discharged from the parent facility in FY 2011 with a primary discharge diagnosis of HF. The results of this topic review are reported for informational purposes only. After the completion of the FY 2012 inspection cycle, a national report will be issued detailing cumulative and comparative results for all CBOCs inspected during FY 2012. The results of our review of the selected CBOCs discussed in this report are found in Appendix A.

HF Follow-Up Results

Areas Reviewed			
CBOC Processes			
<i>Guidance</i>	<i>Facility</i>	<i>Yes</i>	<i>No</i>
The CBOC monitors HF readmission rates.	VANCHCS		
	Chico	X	
	McClellan	X	
	Oakland	X	
The CBOC has a process to identify enrolled patients that have been admitted to the parent facility with a HF diagnosis.	VANCHCS		
	Chico	X	
	McClellan	X	
	Oakland	X	
Medical Record Review Results			
<i>Guidance</i>	<i>Facility</i>	<i>Numerator</i>	<i>Denominator</i>
There is documentation in the patients' medical records that communication occurred between the inpatient and CBOC provider regarding the HF admission.	VANCHCS		
	Chico	0	4
	McClellan	1	22
	Oakland	NA*	NA
A clinician documented a review of the patients' medications during the first follow-up primary care or cardiology visit.	VANCHCS		
	Chico	4	4
	McClellan	21	21
	Oakland	NA	NA
A clinician documented a review of the patients' weight during the first follow-up primary care or cardiology visit.	VANCHCS		
	Chico	0	4
	McClellan	3	21
	Oakland	NA	NA

*There were no patients identified at the Oakland CBOC who met the criteria for this informational topic review.

HF Follow-Up Results

Medical Record Review Results (continued)			
<i>Guidance</i>	<i>Facility</i>	<i>Numerator</i>	<i>Denominator</i>
A clinician documented a review of the patients' restricted sodium diet during the first follow-up primary care or cardiology visit.	VANCHCS		
	Chico	2	4
	McClellan	6	21
	Oakland	NA	NA
A clinician documented a review of the patients' fluid intake during the first follow-up primary care or cardiology visit.	VANCHCS		
	Chico	2	4
	McClellan	3	21
	Oakland	NA	NA
A clinician educated the patient, during the first follow-up primary care or cardiology visit, on key components that would trigger the patients to notify the provider.	VANCHCS		
	Chico	0	4
	McClellan	3	21
	Oakland	NA	NA

VISN 21 Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: February 17, 2012
From: Director, VISN 21 (10N21)
Subject: **CBOC Reviews: Chico, McClellan, and Oakland, CA**
To: Director, 54LA Healthcare Inspections Division (54LA)
Director, Management Review Service (VHA 10A4A4)

1. Thank you for allowing us to review the draft CBOC report for VA Northern California Health Care System. Your team identified a number of issues some of which the facility had been working on.
2. Attached is their action plan to the findings. I am confident that they will ensure the plans are implemented and monitored appropriately.
3. If you have any questions regarding the plan, please contact Terry Sanders, Associate Quality Manager for VISN 21 at (707) 562-8370.

(original signed by:)
Sheila M. Cullen

Attachments

VA Northern California HCS Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: February 15, 2012
From: Director, VA Northern California HCS (612/00)
Subject: **CBOC Reviews: Chico, McClellan, and Oakland, CA**
To: Director, VISN 21 (10N21)

1. Thank you for the opportunity to review the draft CBOC Reviews for Chico, McClellan, and Oakland. We concur with the recommendations and will ensure completion as described in the action plan.
2. Please find our responses to each recommendation in the attached action plan.
3. If you have any questions regarding the response to the recommendations in the report feel free to contact me at (916) 843-9058.

(original signed by:)
Brian J. O'Neill, M.D.

Attachment

Comments to Office of Inspector General's Report

The following Director's comments are submitted in response to the recommendations

OIG Recommendations

Recommendation 1. We recommended that Chico and Oakland clinicians document foot care education for diabetic patients in CPRS.

Concur

Target date for completion: 8/1/2012

Facility response: The Medicine Service is working with Clinical Applications Coordinator to create/revise a clinician template to address the diabetic foot care education and documentation in CPRS with planned completion date of 3/15/2012. Providers will be educated on the VHA Directive and new template for diabetic foot care by 3/30/2012. We will monitor compliance of use for 90 days once implemented.

Recommendation 2. We recommended that the Chico, McClellan, and Oakland clinicians document a risk level for diabetic patients in CPRS in accordance with VHA policy.

Concur

Target date for completion: 8/1/2012

Facility response: The Medicine Service is working with Clinical Applications Coordinator to create/revise a clinician template to address the diabetic foot risk level assessment and documentation in CPRS with planned completion date of 3/15/2012. Providers will be educated on the VHA Directive and new template for diabetic foot care by 3/30/2012. We will monitor compliance of use for 90 days once implemented.

Recommendation 3. We recommended that the Chico CBOC establish a process to ensure that patients with normal mammogram results are notified of results within the allotted timeframe and that notification is documented in the medical record.

Concur

Target date for completion: 7/1/2012

Facility response: For internal and purchased mammograms, VANCHCS is implementing a new system for mammogram results notification. Upon receipt of the mammogram result, the provider or another appropriate PACT member will create a notification letter using the new CPRS template for BIRADS 1/2 and BIRADS 3 mammogram results. The CPRS letter template incorporates the mammogram results into the CPRS progress notes which also serve to update the plan of care. Veterans

with BIRADS 4, 5, and 6 results will receive a telephone call to discuss the results and plan of care. The telephone encounter is documented in CPRS progress note and the plan of care is updated. If the Veteran is unable to be reached by telephone, then a CPRS letter template will be completed and sent certified mail to the Veteran. Education on the use of the CPRS Letter Notification system and implementation will be completed by 3/30/2012. We will monitor compliance for 90 days once implemented.

Recommendation 4. We recommended that processes be strengthened to ensure that FPPE results are reported to the Medical Executive Committee.

Concur

Target date for completion: 4/30/2012

Facility response: VANCHCS Medical Staff Office, Quality Management, and the Chief of Staff implemented use of an electronic tracking system for FPPE to ensure results are reported and reviewed by the medical staff's executive committee for final approval of the Service recommendations; completion date was 1/12/2012. We will monitor compliance for 90 days.

Recommendation 5. We recommended that processes be strengthened to ensure that documents reviewed and the rationale for privileging or re-privileging at the Chico, McClellan, and Oakland CBOCs are documented.

Concur

Target date for completion: 4/30/2012

Facility response: VANCHCS Medical Staff Office, Quality Management, and the Chief of Staff implemented use of an electronic tracking system to ensure documents reviewed and the rationale for privileging or re-privileging at all VA NCHCS sites are documented in the Credentialing and Privileging Committee minutes with further concurrence with the Service recommendations sent to the Medical Executive Committee for concurrence; completion date was 1/12/2012. We will monitor compliance for 90 days.

Recommendation 6. We recommended that adequate competency data be maintained in all providers' profiles at the Oakland CBOC.

Concur

Target date for completion: 4/30/2012

Facility response: VA NCHCS Service Chief's are to ensure adequate competency data is maintained in all providers' profiles. Services have processes for Ongoing Professional Practice Evaluations which includes the ongoing collect and review of Service specific data prior to recredentialing and reprivileging. The Services maintain this data in their provider profiles which is presented to the Medical Staff's Executive

Committee to make recommendations on provider renewal actions at the time of renewal. We will monitor compliance for 90 days.

Recommendation 7. We recommended that the auditory privacy be maintained during check-in process at the Oakland CBOC.

Concur

Target date for completion: 1/09/2012

Facility response: Auditory privacy at Oakland CBOC had been addressed by the following: 1) establishing visual signage for maintaining separation of space from patients waiting to check in and those being actively interviewed by clerks (Blue Lines) and, 2) installation of a sound masking system in the second and third floor waiting areas as well as in the pharmacy dispensing and pickup areas for auditory privacy.

Recommendation 8. We recommended that the Chico and Oakland CBOCs' IT server closets are maintained according to IT safety and security standards.

Concur

Target date for completion: 7/1/2012

Facility response: OIT and Engineering & Facilities Management Service (E&FMS) collaborated regarding:

1. Complete inventory of OIT closets at McClellan, Chico, and Oakland OPC; completion date: 3/30/2012
2. E&FMS request cleaning of the OIT closets by the contract housekeeping vendor(s). Execute contract amendment(s) with defined schedule and quality of cleaning; completion date: 3/30/2012
3. Cleaning of all OIT closets in progress with completion date: 3/1/2012.
4. Coordinate access to the closets with OIT at the scheduled cleaning; completion date: 3/30/2012
5. E&FMS will secure exposed wall wiring; completion date: 7/1/2012
6. OIT will ensure closet access list is updated and kept current; completion date: 3/30/2012.
7. Monitor recurring access/maintenance/cleaning/safety of OIT closets for 90 days.

Recommendation 9. We recommended that managers update the policy for MH emergencies to reflect the current practice and capability at the Chico, McClellan, and Oakland CBOCs.

Concur

Target date for completion: 4/1/2012

Facility response: Associate Chief of Staff, Mental Health to update and standardize the policy for Mental Health emergencies for VANCHCS CBOCs to include current use of panic alarms.

Recommendation 10. We recommended that the Facility Director and Contracting Officer ensure that all contracted medical care and leased property agreements are executed in accordance with applicable VA directives and regulations.

Concur

Target date for completion: 2/10/2012

Facility response: National Contracting Office (NCO) has taken steps to include all applicable laws and regulations and specific terms and conditions in its contracts. A new system for contracting called Electronic Contract Management System (ECMS) was designed to guide the contracting officer in the process of completing a complete, legally sufficient contract. NCO has a peer review program to review contracts and ensure the required elements are present. Management trained everyone involved in the process, namely the Services and their Contracting Officer Representatives (CORs) to work with NCO as a team. VA NCHCS Yuba City leased clinic is planned to open on February 27, 2012. The lease has been reviewed by NCO to ensure the lease meets applicable laws, regulations, and requirements.

Recommendation 11. We recommended that the Facility Director and Contracting Officer confer with Regional Counsel to determine the amount and collectability of the overpayments made to the contractor.

Concur

Target date for completion: 3/1/2012

Facility response: National Contracting Office has begun working with Fiscal and the COR has recovered \$44,000 in funds to date. Ongoing review continues to determine if any further recovery is required.

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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