



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

Office of Healthcare Inspections

Report No. 11-03655-170

**Community Based Outpatient
Clinic Reviews
Virginia Beach
(Norfolk-Virginia Beach), VA
Bellevue, KY
Hamilton, OH**

May 1, 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
CPRS	Computerized Patient Record System
CT	Computerized Tomography
DM	Diabetes Mellitus
EOC	environment of care
FPPE	Focused Professional Practice Evaluation
FY	fiscal year
HF	heart failure
IT	information technology
IV	intravenous
MH	mental health
MRI	Magnetic Resonance Imaging
OIG	Office of Inspector General
PCP	primary care provider
PET	Positron Emission Tomography
PII	personally identifiable information
PTSD	Post-Traumatic Stress Disorder
STFB	Short-Term Fee Basis
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 three CBOCs during the week of January 9, 2012. 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
6	Hampton VAMC	Norfolk-Virginia Beach, VA
10	Cincinnati VAMC	Bellevue, KY
		Hamilton, OH
Table 1. Sites Inspected		

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

Hampton VAMC

- Establish diabetic patient referral guidelines based on foot risk factors in accordance with VHA policy and ensure Norfolk-Virginia Beach CBOC clinicians document foot care education provided to diabetic patients in CPRS.
- Ensure patients at the Norfolk-Virginia Beach CBOC are sent written notification when a STFB consult is approved.
- Ensure managers at the Norfolk-Virginia Beach CBOC establish a process to ensure clinicians notify patients of mammogram results within the allotted timeframe and document notification in the medical record.
- Maintain a sign-in/out log in the Norfolk-Virginia Beach CBOC IT server closet.
- Ensure that laboratory specimens are secured during transport from the Norfolk-Virginia Beach CBOC to the parent facility.

Cincinnati VAMC

- Ensure that practitioners at the Bellevue and Hamilton CBOCs are granted privileges that are facility and service specific.
- Ensure that FPPEs are implemented on the first day of clinical services for all newly hired providers at the Hamilton CBOC.
- Ensure the local policy for medical emergencies reflects the current practices and capabilities at the Bellevue and Hamilton CBOCs.

Comments

The VISN and Facility Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes B–E, pages 14-23 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 with 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 Clinics 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.

	Norfolk-Virginia Beach	Bellevue	Hamilton
VISN	6	10	10
Parent Facility	Hampton VAMC	Cincinnati VAMC	Cincinnati VAMC
Type of CBOC	VA	VA	VA
Number of Uniques, ³ FY 2011	6,081	4,489	3,369
Number of Visits, FY 2011	29,489	27,100	18,367
CBOC Size ⁴	Large	Mid-size	Mid-size
Locality	Urban	Urban	Urban
Full-time employee equivalents PCP	4	3.26	2.92
Full-time employee equivalents MH	5	4.2	4.2
Types of Providers	Licensed Clinical Social Worker PCP Psychiatrist Psychologist	Licensed Clinical Social Worker Nurse Practitioner PCP Psychiatrist Psychologist	Licensed Clinical Social Worker Nurse Practitioner PCP Psychiatrist Psychologist
Specialty Care Services Onsite	Yes	Yes	Yes
Tele-Health Services	Tele-Mental Health Tele-Retinal Imaging Tele-MOVE Care Coordination Home Telehealth	None	Tele-MOVE Tele-Audiology
Ancillary Services Provided Onsite	Electrocardiogram Laboratory Clinical Pharmacology	Electrocardiogram Laboratory	Electrocardiogram Laboratory Clinical Pharmacology

Table 2. CBOC Characteristics

³ <http://vawww.pssg.med.va.gov/>

⁴ Based on the number of unique patients seen as defined by the 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.

	Norfolk-Virginia Beach	Bellevue	Hamilton
Provides MH Services	Yes	Yes	Yes
Number of MH Uniques, FY 2011	1,751	1,586	749
Number of MH Visits	8,195	12,166	4,814
General MH Services	Diagnosis & Treatment Plan Medication Management Psychotherapy PTSD Military Sexual Trauma	Diagnosis & Treatment Plan Medication Management Psychotherapy PTSD Military Sexual Trauma	Diagnosis & Treatment Plan Medication Management Psychotherapy PTSD Military Sexual Trauma
Specialty MH Services	Consult & Treatment Psychotherapy PTSD Teams Substance Use Disorder	Consult & Treatment	Consult & Treatment
Tele-Mental Health	Yes	No	No
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 facility 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.
Norfolk-Virginia Beach	The CBOC has referral guidelines for at-risk patients.
Norfolk-Virginia Beach	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.
	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 6, Hampton VAMC – Norfolk-Virginia Beach

Referral Guidelines. Clinical managers did not establish referral guidelines based on foot risk factors that would determine appropriate care and/or referral for patients seen at the Norfolk-Virginia Beach CBOC. VHA policy⁷ requires timely and appropriate referral and ongoing follow-up of patients based on an algorithm.

Foot Care Education. The Norfolk-Virginia Beach CBOC clinicians did not document foot care education for 7 of 22 diabetic patients in CPRS.

Recommendation 1. We recommended that the Norfolk-Virginia Beach CBOC establish diabetic patient referral guidelines based on foot risk factors in accordance

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.

with VHA policy and ensure that clinicians document education of foot care to diabetic patients in CPRS.

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.

We reviewed STFB care to determine whether CBOC providers appropriately ordered and followed up on outpatient radiology procedures (CT, MRI, and PET scan). Table 5 shows the areas reviewed for this topic. The facility identified as noncompliant needed improvement. Details regarding the finding 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. 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
Norfolk-Virginia Beach	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 are 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 are available to the ordering practitioner. ¹³
Table 5. STFB	

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.

There were seven patients who received services through a STFB consult at the Norfolk-Virginia Beach CBOC. There were no patients identified at the Bellevue and Hamilton CBOCs who met criteria for this review.

VISN 6, Hampton VAMC – Norfolk-Virginia Beach

Patient Consult Notifications. We found no evidence that the seven patients at the Norfolk-Virginia Beach CBOC were sent written notification of the STFB consult approvals.

Recommendation 2. We recommended that the patients at the Norfolk-Virginia Beach CBOC are sent written notification when a STFB consult is approved.

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 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. ¹⁶
	The ordering VHA provider or surrogate was notified of results within a defined timeframe.
Norfolk-Virginia Beach	Patients are notified of results within a defined timeframe.
	The facility has an established process for tracking results from 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.

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.

Noncompliant	Areas Reviewed (continued)
	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 33 patients who had a mammogram completed on or after June 1, 2010. There were 13 patients who had a mammogram completed at the Norfolk-Virginia Beach CBOC, 7 patients at the Bellevue CBOC, and 13 patients at the Hamilton CBOC.

VISN 6, Hampton VAMC – Norfolk-Virginia Beach

Patient Notification of Mammography Results. We found 12 patients who had normal/abnormal results and 1 patient who had suspicious results. Clinicians did not notify any of the patients of their results within the required timeframe of 14 days.¹⁸

Recommendation 3. We recommended that the Norfolk-Virginia Beach CBOC establish a process to ensure that patients are notified of mammogram 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.¹⁹ 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 to be monitored.
Hamilton	e. The FPPE was implemented on first clinical start day.
Hamilton	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.

¹⁸ VHA Directive 2009-019, *Ordering and Reporting Test Results*, March 24, 2009.

¹⁹ VHA Handbook 1100.19.

Noncompliant	Areas Reviewed (continued)
	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.
	(6) 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.
Bellevue Hamilton	(7) Privileges granted to providers were facility, service, and provider specific. ²⁰
	(8) The determination to continue current privileges were based in part on results of Ongoing Professional Practice Evaluation activities.
	(9) The Ongoing Professional Practice Evaluation 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 10, Cincinnati VAMC – Bellevue and Hamilton

Clinical Privileges. We found that three of four Bellevue providers and one of two Hamilton providers had privileges for procedures that were not performed at the CBOC. For example, we found privileges granted for paracentesis and thoracentesis. VHA policy requires that privileges granted to an applicant must be facility specific and based on the procedures and types of services that are provided within the health care facility.

FPPE. One of two newly hired providers at the Hamilton CBOC did not have an FPPE implemented on the first day of clinical service, and results of the completed FPPE were not reported to the Medical Executive Committee. VHA policy²¹ requires that an FPPE

²⁰ VHA Handbook 1100.19.

²¹ VHA Handbook 1100.19

be initiated for all physicians who have been newly hired or have requested new privileges and that the results of the FPPE be reported to the Medical Executive Committee.

Recommendation 4. We recommended that practitioners at the Bellevue and Hamilton CBOCs are granted privileges that are facility and service specific.

Recommendation 5. We recommended that the Hamilton CBOC initiate FPPEs on the first day of clinical services for all newly hired providers and that results of completed FPPEs are reported to the Medical Executive Committee.

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 facility 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.
	Privacy is maintained.
Norfolk-Virginia Beach	IT security rules are adhered to.
Norfolk-Virginia Beach	Patients' PII 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.

Noncompliant	Areas Reviewed (continued)
	Staff use two patient identifiers for blood drawing procedures.
	The CBOC is included in facility-wide EOC activities.
Table 8. EOC	

VISN 6, Hampton VAMC – Norfolk-Virginia Beach

IT Security. The Norfolk-Virginia Beach CBOC had a secured room that contained IT equipment. We found a sign-in/out log in the room, but it was not being maintained. VA policy²² requires that access to areas that contain equipment or information critical to IT infrastructure be limited to authorized personnel and that entrances to these areas will have a sign-in/out log for tracking individuals who enter.

PII. We found that the transportation of laboratory specimens was not secured at the Norfolk-Virginia Beach CBOC. CBOC staff placed the specimens in unsecured containers, and a contracted courier transported the specimens to the parent facility for processing. The specimens disclosed the patients’ names and social security numbers. The containers were unsecured; therefore, staff could not ensure the security of patients’ PII.²³

Recommendation 6. We recommended that the Norfolk-Virginia Beach CBOC maintain a sign-in/out log in the IT server closet.

Recommendation 7. We recommended that laboratory specimens are secured during transport from the Norfolk-Virginia Beach CBOC to the parent facility.

Emergency Management

VHA policy requires each CBOC to have a local policy or standard operating procedure defining how medical emergencies, including MH, are handled.²⁴ 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
Bellevue Hamilton	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.
	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	

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

²³ The Health Insurance Portability and Accountability Act (HIPPA), 1996.

²⁴ VHA Handbook 1006.1

VISN 10, Cincinnati VAMC – Bellevue and Hamilton

Local Medical Emergency Management Plan. The local policy instructing staff on how to respond when a patient presented with a medical emergency did not reflect current practices at the Bellevue and Hamilton CBOCs. The policy instructs staff to call 911 and obtain the automatic external defibrillator along with the emergency supply bag containing IV equipment. Additionally, the locked medication dispensing bins at both sites contained IV emergency medications. Nursing staff were not trained in IV therapy or the use of IV emergency medications. The Associate Director of Nursing, who oversees the CBOCs, told us that they would remove both the emergency supply bag and IV emergency medications and change the policy to reflect current practice.

Recommendation 8. We recommended that the local policy for medical emergencies reflects the current practices and capabilities at the Bellevue and Hamilton CBOCs.

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.	Hampton VAMC		
	Norfolk-Virginia Beach	X	
	Cincinnati VAMC		
	Bellevue		X
	Hamilton		X
The CBOC has a process to identify enrolled patients that have been admitted to the parent facility with a HF diagnosis.	Hampton, VAMC		
	Norfolk-Virginia Beach	X	
	Cincinnati VAMC		
	Bellevue	X	
	Hamilton	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.	Hampton VAMC		
	Norfolk-Virginia Beach	5	5
	Cincinnati VAMC		
	Bellevue	2	7
	Hamilton	2	11
A clinician documented a review of the patients' medications during the first follow-up primary care or cardiology visit.	Hampton VAMC		
	Norfolk-Virginia Beach	5	5
	Cincinnati VAMC		
	Bellevue	7	7
	Hamilton	7	7
A clinician documented a review of the patients' weight during the first follow-up primary care or cardiology visit.	Hampton VAMC		
	Norfolk-Virginia Beach	5	5
	Cincinnati VAMC		
	Bellevue	6	7
	Hamilton	6	7

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.	Hampton VAMC		
	Norfolk-Virginia Beach	5	5
	Cincinnati VAMC		
	Bellevue	1	7
	Hamilton	5	7
A clinician documented a review of the patients' fluid intake during the first follow-up primary care or cardiology visit.	Hampton VAMC		
	Norfolk-Virginia Beach	5	5
	Cincinnati VAMC		
	Bellevue	0	7
	Hamilton	4	7
A clinician educated the patients, during the first follow-up primary care or cardiology visit, on key components that would trigger the patients to notify the provider.	Hampton VAMC		
	Norfolk-Virginia Beach	5	5
	Cincinnati VAMC		
	Bellevue	1	7
	Hamilton	1	7

VISN 6 Director Comments

Department of
Veterans Affairs

Memorandum

Date: April 16, 2012

From: Director, VA Mid-Atlantic Health Care Network (10N6)

Subject: **CBOC Review: Virginia Beach (Norfolk-Virginia Beach), VA**

To: Director, Washington, DC Office of Healthcare Inspections (54DC)

Director, Management Review Service (VHA 10A4A4)

1. The Mid-Atlantic Health Care Network submits the following responses to recommendations on the Draft report resulting from the Office of Inspector General visit to the Norfolk/Virginia Beach CBOC dated January 11, 2012. We concur with the findings and have initiated processes to prevent any future occurrences.
2. Thank you for providing me the opportunity to review the document and respond.
3. If you have any questions and/or concerns, please feel free to contact the Medical Center Director, DeAnne M. Seekins, MBA, at (757) 722-9961, ext. 3100.

(original signed by:)

DANIEL F. HOFFMANN

Hampton VAMC Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: April 16, 2012
From: Director, Hampton VAMC (590/00)
Subject: **CBOC Review: Virginia Beach (Norfolk-Virginia Beach), VA**
To: Director, VA Mid-Atlantic Health Care Network (10N6)

1. I have reviewed the draft report and concur with the recommendations. The findings outlined in the OIG report reflect a thorough evaluation.
2. We have implemented processes to ensure that variations in the processes are resolved.

(original signed by:)
DEANNE M. SEEKINS, MBA

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 Norfolk-Virginia Beach CBOC establish diabetic patient referral guidelines based on foot risk factors in accordance with VHA policy and that clinicians document education of foot care to diabetic patients in CPRS.

Concur

During the OIG Survey, it was recognized that the current Clinical Reminder utilized to perform a complete diabetic foot exam did not provide sufficient guidance to providers regarding referral strategies based on the risk assessment levels as outlined in VHA Directive 2006-05, Preservation-Amputation Care and Treatment (PACT) Program. The Chief of Primary Care and the Acting Chief of Surgery in collaboration with two staff Podiatrist immediately reviewed the current clinical reminder and VHA Directive 2006-050 and identified appropriate referral strategies for each of the Risk Assessment Levels outlined in the VHA Directive and our Medical Center Memorandum (MCM) 590-112-15, Preservation-Amputation Care and Treatment Program.

On January 18, 2012 a consensus was reached by both services to modify the current Diabetic Foot Exam (DFE) Clinical Reminder to ensure any patient identified as being at risk for amputation is referred to the appropriate level of care based on their Risk Assessment Level to foster preservation of limb(s).

The Complete Diabetic Foot (DFE) Clinical Reminder was modified as follows:

On February 21, 2012, the DFE Clinical Reminder now links the screening risk assessment to the identified appropriate level of care based on the Veteran's identified Risk Assessment Level.

On January 19, 2012, the patient education portion of the DFE Clinical Reminder was modified to include a forced or mandatory field. Now the patient education portion of the DFE Clinical Reminder must be completed as part of each documented foot exam before the provider can advance to the next screen.

The Chief of Primary Care or designee performs monthly reviews of the Clinical Reminder Due Report to monitor compliance with completion of the Complete Diabetic Foot Clinical Reminder, to include monitoring for documentation of diabetic foot education, and that the Veteran was referred to the appropriate level of care based on their documented Risk Assessment Level. Results of the review of the monthly Clinical Reminder due report will

be reported via the Clinical Champions Workgroup to the Medical Executive Board (MEB) for Executive Leadership oversight.

Target date for completion: August 9, 2012

Recommendation 2. We recommended that the patients at the Norfolk-Virginia Beach CBOC are sent written notification when a STFB consult is approved.

Concur

The Chief, Health Administration Service (HAS) reviewed the ten medical records that had been reviewed on-site by the survey team for documentation of short term FEE Basis (STFB) Authorizations. It was noted that nine out of the ten medical records contained written documentation of the authorization, and that the Veteran had been contacted by a CBOC Registered Nurses via telephone to notify the veteran of the STFB appointment date and time. However, the CPRS documentation process at the time of the survey was to document the Veteran notification information in either the Primary Care Nurse progress note or in an addendum on the actual FEE consult.

Upon review of the FEE Basis process that was in place at the time of the inspection, an opportunity for improvement was identified regarding standardizing the CPRS documentation by the CBOC Registered Nurses of the notification of the Veterans for STFB consults. The revised process is to have all CBOC Registered Nurses document their contact with Veterans for STFB consults in an addendum note in the actual FEE Consult. Standardizing the documentation in one location in CPRS is now consistent with the present notification process of the FEE staff and facilitates more efficient navigation of the medical record to validate the Veteran has been contacted and the contact has been documented in the electronic medical record.

On February 7, 2012, all CBOC Registered Nurses involved in the STFB consult process were educated via an email message regarding standardizing their documentation of contact with the Veteran in an addendum note attached to the actual STFB consult. Additionally, a face-to-face training session that included both CBOC Registered Nurses and Fee staff was completed on February 10, 2012 by the Fee Supervisor. The objective of the educational training was to ensure CBOC Registered Nurses and all Fee staff were educated on the revised process of all CBOC Registered Nurses and Fee staff to document their contact with Veterans for STFB consults in an addendum note in the actual FEE Consult.

The FEE Supervisor performs monthly audits of STFB consults to validate the STFB documentation in an addendum note attached to the FEE consult in the Veterans' medical record; that they were in fact contacted by a CBOC Registered Nurse, and notified of their STFB consult appointment. The first monthly audit began on February 20, 2012. Results of the monthly audits are being reported to the Administrative Executive Board (AEB) for Executive Leadership oversight.

Target date for completion: June 12, 2012

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

Concur

As of April 12, 2012, the Mammogram Standard Operating Procedure (SOP) was amended as follows:

As of April 12, 2012, an Acting Mammogram Care Manager, receives written reports for all mammograms, according to VHA guideline timelines for normal, abnormal, suspicious, and highly suggestive mammogram results.

The Acting Mammogram Care Manager ensures delivery of the mammogram reports to the ordering provider according to VHA guideline timelines for normal, abnormal, suspicious, and highly suggestive mammogram results.

The Mammography Technologist communicates the results of the mammogram to the Veteran, according to VHA guideline timelines for normal, abnormal, suspicious, and highly suggestive mammogram results. Communication of mammogram results to the Veteran is documented by the Mammography Technologist utilizing the Mammography Letter, which is documented in CPRS as a Note.

As of April 11, 2012, all providers were notified of this amended process via email. Additionally, a face-to-face training of all providers was conducted April 12, 2012 at the General Medical Staff meeting. The training on April 12, 2012 reviewed: the amended mammogram SOP and documentation of the Mammography Letter in CPRS. Additionally, the Primary Care Provider Meeting on April 17, 2012 will re-emphasize the amended mammogram SOP and the documentation of the Mammography Letter in CPRS.

As of May 2012, the Acting Mammogram Care Manager and the Women's Veteran Program Manager will collect, review, and analyze all mammogram data monthly, to include timely receipt and documentation per VHA guidelines, and report the findings to the Chief, Primary Care. Any significant variation will be reported monthly to the Chief of Staff. Quarterly this analyzed data will be reported to Medical Executive Board by the Chief, Primary Care for Leadership oversight.

Target date for Completion: August 9, 2012

Recommendation 6. We recommended that the Norfolk-Virginia Beach CBOC maintain a sign-in out log in the IT server closet.

Concur

At the time of the inspection the log was blank, because the only personnel who had access to the room were authorized personnel, who are not required to sign in, per policy (below).

Per Attachment 2 to IRM Standard Operating Procedure (SOP) 14: Access to Sensitive Areas, reference VA Handbook 6500, Appendix D, section PE-2 and National Institute of Standards and Technology Special Publication 800-53.

The following sign is posted in the IT closet:

Unescorted access to this space is limited to the following personnel, in order that they may perform official duties:

- Current VA Office of Information Technology Staff
- Current Hampton VA Medical Center Police Staff
- Current Hampton VA Medical Center Facilities Management Staff

All other personnel must be escorted and must sign in to the Visitor Log.

The access list is reviewed quarterly and evidence of review is posted in the VA Security Management and Reporting Tool (SMART) as a document artifact.

IRM SOP 14, "Access to the Computer Room," was reviewed and reinforced with IT staff in March 2012.

The Facility Chief Information Officer (CIO) maintains oversight review of the IT Closet entry logs, to ensure entry to the IT closet is only by approved personnel. The Facility CIO reports the results of the monthly IT closet log audit to Information Management Committee for Leadership oversight.

Target date for completion: July 30, 2012

Recommendation 7. We recommended that laboratory specimens are secured during transport from the Norfolk-Virginia Beach CBOC to the parent facility.

Concur

At the time of survey, laboratory specimens from the Virginia Beach Community Based Outpatient Clinic (CBOC) were not being transported to the Hampton VA Medical Center in lockable transport containers. Specimens from the Virginia Beach CBOC and the Albemarle Primary Outpatient Clinic (APOC) in North Carolina are picked up and transported by a contract courier service to the Hampton VA Medical Center Laboratory. The contract courier service supervisor was contacted on January 18, 2012 and the new requirement for transporting the specimens in lockable transport containers was

reviewed and verified. The contract courier supervisor is part of the implementation team.

On January 18, 2012, the Chief, Medical Technologist and the Chief, Pathology and Laboratory Medicine began evaluating available lockable totes and boxes that could be locked with detachable locks. A determination of the best type of lockable box or tote to purchase was made on February 10, 2012. One set of lockable boxes was ordered on February 15, 2012 to evaluate and validate the functionality of the box prior to ordering additional multiple boxes. A total of six sets of lockable boxes are required to be purchased as the courier service is a one-way daily service and the locked box dropped off at the Medical Center would not be available for transport back to the CBOC or the APOC until the next day. Five additional sets of the lockable boxes were ordered on March 5, 2012 and received on of March 13, 2012. Each set includes three boxes; one for specimens at room temperature, one for refrigerated specimens and one for frozen specimens. Combination locks will be utilized so staff at the CBOC, the APOC and the Medical Center will all have access to be able to open the boxes.

The Laboratory Specimen Transportation Standard Operating Procedure (SOP) was revised on March 22, 2012 to include the new requirement and procedure for the transportation of laboratory specimens from the CBOC and the APOC in lockable specimen boxes. On March 21, 2012, the contracted courier staff was educated by the courier supervisor on the revised Laboratory Specimen Transportation SOP. As of March 23, 2012, CBOC and APOC staffs have been educated on the revised SOP. As of March 27, 2012, Medical Center Laboratory staffs have been educated on the revised SOP. Courier and VA staff education on the new Laboratory Specimen Transportation SOP was documented on VA Form 3913 and is maintained by the Medical Center Pathology and Laboratory Medicine Service Automated Supervisor.

The Laboratory Automated Supervisor or their designee monitors the packing slip daily to verify the laboratory specimens from the CBOC and the APOC are transported in and arrive at the Medical Center Laboratory in the locked specimen boxes. Any deviations from this practice will be investigated, resolved, and documented on the Laboratory Quality Assurance log. Daily monitoring of this process began on March 26, 2012. The results of the daily monitoring will be reported quarterly to the Medical Executive Board (MEB) for Executive Leadership oversight.

Target date for completion: July 12, 2012

VISN 10 Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: April 13, 2012
From: Director, VA Healthcare System of Ohio (10N10)
Subject: **CBOC Reviews: Bellevue, KY; and Hamilton, OH**
To: Director, Washington, DC Office of Healthcare Inspections
(54DC)

Director, Management Review Service (VHA 10A4A4)

1. I have reviewed the recommendations and concur with responses and action plans submitted by the Cincinnati VA Medical Center.
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)

Cincinnati VAMC Director Comments

**Department of
Veterans Affairs**

Memorandum

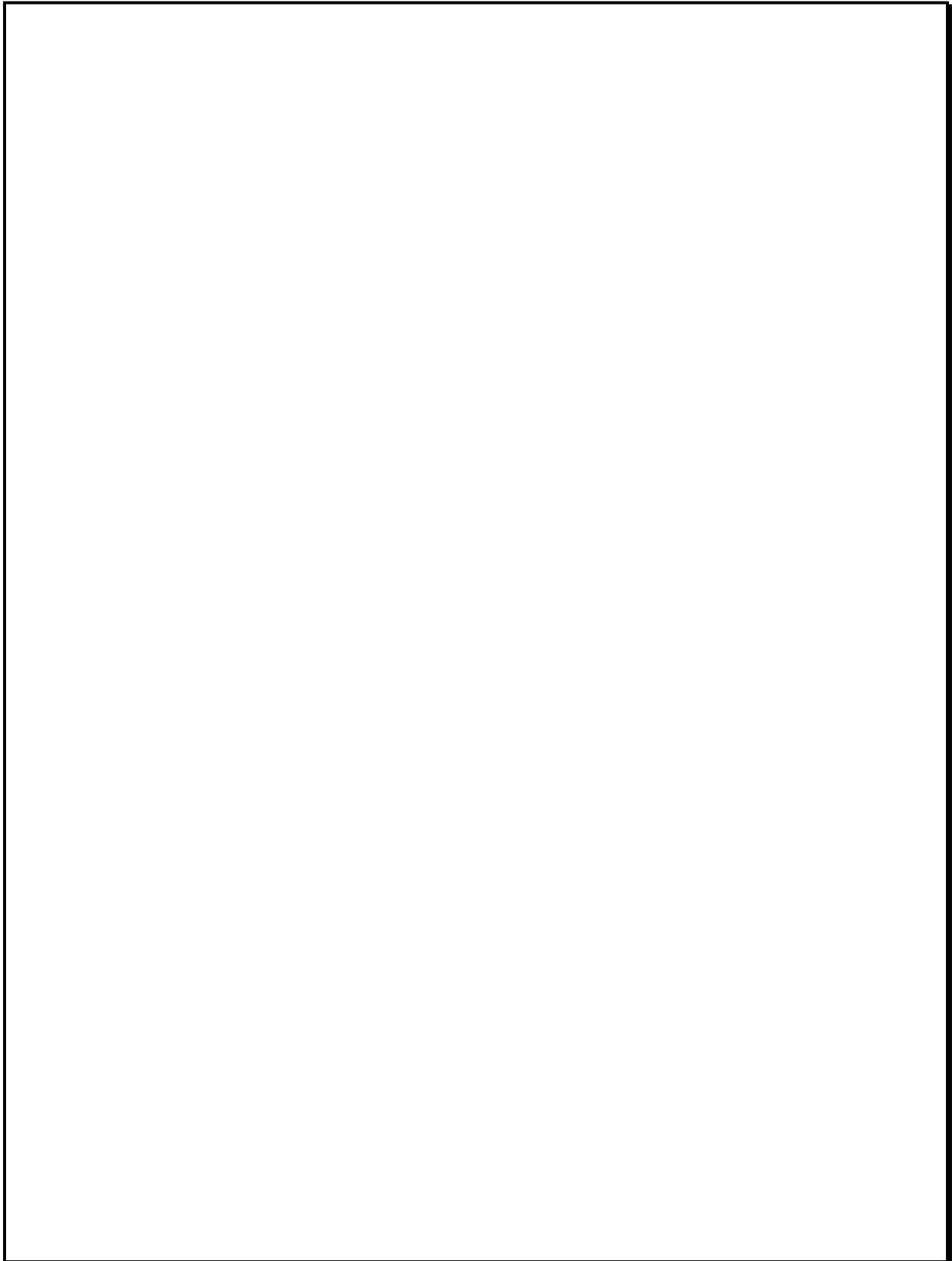
Date: April 13, 2012
From: Director, Cincinnati VAMC (539/00)
Subject: **CBOC Reviews: Bellevue, KY; and Hamilton, OH**
To: Director, VA Healthcare System of Ohio (10N10)

1. Attached please find the VHACIN responses and relevant action plan for the 3 recommendations from the Office of the Inspector General Community Based outpatient Clinic Reviews conducted on January 9-11, 2012.
2. We appreciate the professionalism demonstrated by the OIG Team and the consultative attitude demonstrated during the review process.
3. If you have any questions regarding this report, please contact Lisa Sporing, Cincinnati VA Medical Center Accreditation Specialist, at 513 861-3100, extension 5249.

(original signed by:)

LINDA D. SMITH, FACHE

Cincinnati VAMC Director Comments



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 4. We recommended that practitioners at the Bellevue and Hamilton CBOCs are granted privileges that are facility and service specific.

Concur

Target date for Completion: January 19, 2012

Response: Privileges for the providers were updated on January 12, 2012 and presented and approved at the Clinical Executive Board on January 19, 2012.

Recommendation 5. We recommended that Hamilton CBOC initiate FPPEs on the first day of clinical services for all newly hired providers and that results of completed FPPEs are reported to the Clinical Executive Board.

Concur

Target date for Completion: April 20, 2012

Response: The New Provider Privilege Acknowledgment letter for the CBOC has been updated to include the start date. The FPPE review process will begin the first day the provider starts and will be reported/reviewed at the Clinical Executive Board meeting within six months of the start date or sooner.

Recommendation 8. We recommended that the local policy for medical emergencies reflects the current practices and capabilities at the Bellevue and Hamilton CBOCs.

Concur

Target date for completion: January 12, 2012

Response: The emergency bags and IV medications have been removed from all CBOCs to reflect local practice and policy.

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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