



# Department of Veterans Affairs Office of Inspector General

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## Healthcare Inspection

### Community Based Outpatient Clinic Reviews Corpus Christi and New Braunfels, TX Long Beach (Cabrillo) and Santa Fe Springs (Whittier), CA San Diego (Mission Valley) and El Centro (Imperial Valley), CA Commerce (East Los Angeles) and Oxnard, CA

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## Executive Summary

### Introduction

The VA OIG, Office of Healthcare Inspections conducted a review of eight community-based outpatient clinics (CBOCs) during the week of April 19–23, 2010. The CBOCs reviewed in Veterans Integrated Service Network (VISN) 17 were Corpus Christi and New Braunfels, TX; and, in VISN 22, Long Beach (Cabrillo) and Santa Fe Springs (Whittier), CA; San Diego (Mission Valley) and El Centro (Imperial Valley), CA; and Commerce (East Los Angeles) and Oxnard, CA. The parent facilities of these CBOCs are South Texas Health Care System (HCS), Long Beach HCS, San Diego HCS, and Greater Los Angeles HCS, respectively. The purpose of the review was to assess whether CBOCs are operated in a manner that provides veterans with consistent, safe, high-quality health care.

### Results and Recommendations

The CBOC review covered five topics. In our review, we noted several opportunities for improvement and made recommendations to address all of these issues. The Directors, VISN 17 and 22, in conjunction with the respective facility managers, should take appropriate actions on the following recommendations:

#### South Texas HCS

- Require the Professional Standards Board (PSB) grant privileges consistent with the services provided at both the New Braunfels and Corpus Christi CBOCs.
- Maintain personally identifiable information (PII) in a secure fashion at the Corpus Christi CBOC.
- Conduct an environmental safety risk analysis at the Corpus Christi CBOC to identify potential safety hazards.
- Ensure the local safety policy at the Corpus Christi CBOC is in compliance with Veterans Health Administration (VHA) guidance.

#### Long Beach HCS

- Require that hand hygiene monitors are collected and reported location specific for both the Cabrillo and Whittier CBOCs.
- Ensure safety plans are developed at the Whittier CBOC for all patients at high risk for suicide.
- Ensure the Primary Care Management Module (PCMM) Coordinator performs in accordance with VHA Handbook 1101.02 to ensure accuracy of the data reported at the Long Beach VAMC and to the VHA Support Service Center (VSSC).

### San Diego HCS

- Require that the Imperial Valley CBOC utilizes VetPro<sup>1</sup> and appropriately documents in accordance with VHA Handbook 1100.19.
- Require that egresses are unobstructed and appropriately marked at the Mission Valley CBOC.
- Conduct an environmental risk analysis to determine if the corded blinds represent a safety hazard at the Mission Valley CBOC.
- Require patient privacy be maintained during the check-in process at the Mission Valley CBOC.
- Provide contract oversight and enforcement in accordance with the terms and conditions as stated in the contract for the Imperial Valley CBOC. Additionally, the Contracting Officer's Technical Representative should research the overpayments attributable to dis-enrolled patients and seek refunds for those overpayments.
- Ensure the PCMM Coordinator performs in accordance with VHA Handbook 1101.02 to ensure accuracy of the data reported at the San Diego HCS and to VSSC.

### Greater Los Angeles HCS

- Require the PSB grant privileges appropriate for the services provided at both the East Los Angeles and Oxnard CBOCs.
- Require the facility Infection Control Program include a hand hygiene component at both the East Los Angeles and Oxnard CBOCs.
- Conduct an environmental safety risk analysis at the East Los Angeles CBOC to identify potential safety hazards.
- Require the glucometer machine be maintained as required at the East Los Angeles CBOC.
- Ensure appropriate measures are taken to protect PII data at the East Los Angeles CBOC.
- Provide contract oversight and enforcement in accordance with the terms and conditions as stated in the contract for the East Los Angeles CBOC. The Greater Los Angeles HCS should research the overpayments attributable to inactive patients and seek reimbursement for those overpayments.
- Provide contract oversight and enforcement in accordance with the terms and conditions as stated in the contract for the Oxnard CBOC, specifically to ensure that payment is made only for patients receiving a qualifying visit within the previous 12 months.

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<sup>1</sup> VetPro is an Internet enabled data bank for the credentialing of VHA health care providers that facilitates completion of a uniform, accurate, and complete credentials file.

- Ensure that the PCMM Coordinator performs in accordance with VHA Handbook 1101.02 to ensure accuracy of the data reported by the Greater Los Angeles HCS and to VSSC.

## Comments

The VISN and VAMC Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes A–D, pages 27–43 for the full text of the Directors’ comments.) We will follow up on the planned actions until they are completed.

*(original signed by:)*  
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Healthcare Inspections

## Part I. Introduction

### Purpose

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.

### Background

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 to 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. For additional background information, see the *Informational Report for the Community Based Outpatient Clinic Cyclical Reports*, 10-00627-124, issued April 6, 2010.

### Scope and Methodology

**Objectives.** The purpose of this review is to assess whether CBOCs are operated in a manner that provides veterans with consistent, safe, high-quality health care in accordance with VA policies and procedures. The objectives of the review are to:

- Determine whether CBOC performance measure scores are comparable to the parent VA medical center (VAMC) outpatient clinics.
- Determine whether CBOC providers are appropriately credentialed and privileged in accordance to VHA Handbook 1100.19.<sup>2</sup>
- Determine whether CBOCs maintain the same standard of care as their parent facility to address the Mental Health (MH) needs of Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) era veterans.
- Determine whether patients who are assessed to be high risk for suicide have safety plans that provide strategies that help mitigate or avert suicidal crises.

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<sup>2</sup> VHA Handbook 1100.19, *Credentialing and Privileging*, November 14, 2008.

- Determine whether CBOCs are in compliance with standards of operations according to VHA Handbook 1006.1<sup>3</sup> in the areas of environmental safety and emergency planning.
- 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 Handbook 1101.02.<sup>4</sup>

**Scope.** We reviewed CBOC policies, performance documents, provider credentialing and privileging (C&P) files, and nurses' training records. For each CBOC, random samples of 50 patients with a diagnosis of diabetes mellitus (DM), 75 patients 50 years of age or older, and 30 patients with a service separation date after September 11, 2001, without a diagnosis of post-traumatic stress disorder (PTSD), were selected, unless fewer patients were available. We reviewed the medical records of these selected patients to determine compliance with VHA performance measures.

We conducted environment of care (EOC) inspections to determine the CBOCs' cleanliness and conditions of the patient care areas; conditions of equipment; adherence to clinical standards for infection control (IC) and patient safety; and compliance with patient data security requirements.

We conducted the inspection in accordance with *Quality Standards for Inspections* published by the President's Council on Integrity and Efficiency.

In this report, we make recommendations for improvement.

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

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

## Part II. CBOC Characteristics

Veterans Integrated Service Network (VISN) 17 has 5 VHA hospitals and 36 CBOCs, and VISN 22 has 5 VHA hospitals and 31 CBOCs. As part of our review, we inspected 8 CBOCs. The CBOCs reviewed in VISN 17 were Corpus Christi and New Braunfels, TX; and, in VISN 22, Long Beach (Cabrillo) and Santa Fee Springs (Whittier), CA; San Diego (Mission Valley) and El Centro (Imperial Valley), CA; and Commerce (East Los Angeles)<sup>5</sup> and Oxnard, CA. The parent facilities of these CBOCs are South Texas Health Care System (HCS), Long Beach HCS, San Diego HCS, and Greater Los Angeles HCS, respectively.

We formulated a list of CBOC characteristics and developed an information request for data collection. The characteristics included identifiers and descriptive information for the CBOC evaluation.

In FY 2009, the average number of unique patients seen at the 4 VA-staffed CBOCs was 11,670 (range 1,002 to 32,293) and at the 4 contract CBOCs was 2,326 (range 947 to 5,329). Table 1 shows characteristics of the 8 CBOCs we reviewed to include size<sup>6</sup> and type of CBOC, rurality, number of full-time equivalent employees (FTE) primary care providers (PCPs), number of unique veterans enrolled in the CBOC, and number of veteran visits.

VISN Number	CBOC Name	Size of CBOC	CBOC Type	Urban/Rural	Number of Clinical Providers (FTE)	Uniques	Visits
17	Corpus Christi, TX	Very Large	VA-Staffed	Urban	7.2	11,628	77,128
17	New Braunfels, TX	Small	Contract	Rural	0.8	947	2,184
22	Long Beach (Cabrillo), CA	Small	VA-Staffed	Urban	1.0	1,002	9,152
22	Santa Fe Springs (Whittier), CA	Mid-size	Contract	Urban	2.0	1,835	4,441
22	San Diego (Mission Valley), CA	Very Large	VA-Staffed	Urban	17.5	32,293	123,585
22	El Centro (Imperial Valley), CA	Small	Contract	Urban	1.2	1,192	4,006
22	Commerce (East Los Angeles), CA	Mid-size	VA-Staffed	Urban	1.0	1,757	14,384
22	Oxnard, CA	Large	Contract	Urban	4.0	5,329	17,268

Table 1 - CBOC Characteristics, FY 2010

Two of the eight CBOCs provide specialty care services (Corpus Christi and Mission Valley), while the other six CBOCs refer patients to another geographically accessible VAMC. Corpus Christi provides women’s health, podiatry, and orthopedics; and Mission Valley provides women’s health, optometry, dermatology, and rheumatology. Veterans have access to tele-retinal services at Corpus Christi, Santa Fe Springs, and Mission Valley.

<sup>5</sup> The East Los Angeles CBOC has two separate locations. Primary Care services are provided at a clinic which is contract staffed, and MH is provided at the other clinic and VA staffed. On the VHA website, East Los Angeles CBOC is identified as VA leased (VA-staffed): [http://vaww.pssg.med.va.gov/PSSG/pssg\\_vast\\_data.htm](http://vaww.pssg.med.va.gov/PSSG/pssg_vast_data.htm).

<sup>6</sup> 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).

All CBOCs, with the exception of New Braunfels and Imperial Valley, provide MH services onsite (Imperial Valley provides MH services through tele-mental health). MH services provided onsite at the CBOCs are displayed in Table 2.

CBOC Station Number	CBOC Name	CBOC Type	Substance Use Disorder	PTSD	MST	Homelessness	Psychosocial rehab
671BZ	Corpus Christi, TX	VA-Staffed	Yes	Yes	Yes	Yes	No
671GL	New Braunfels, TX	Contract	No	No	No	No	No
600GC	Long Beach (Cabrillo), CA	VA-Staffed	No	No	No	No	Yes
600GD	Santa Fe Springs (Whittier), CA	Contract	No	Yes	No	No	No
664BY	San Diego (Mission Valley), CA	VA-Staffed	Yes	Yes	Yes	Yes	No
664GA	El Centro (Imperial Valley), CA	Contract	No	No	No	No	No
691GF	Commerce (East Los Angeles), CA	VA-Staffed	No	Yes	No	Yes	No
691GM	Oxnard, CA	Contract	No	Yes	Yes	Yes	No

**Table 2. Mental Health Services**

The type of clinicians that provide MH services varied among the CBOCs to include PCPs, psychologists, psychiatrists, nurse practitioners (NPs), licensed clinical social workers, and addiction counselors. The two very large CBOCs had a suicide prevention coordinator (SPC) onsite, as required by VHA policy.<sup>7</sup>

All eight CBOCs have plans for responding to MH emergencies outside hours of operation. Six of the eight CBOC plans identify at least one assessable VA or community-based emergency department where veterans are directed to seek emergent care. Two CBOCs (Corpus Christi and New Braunfels) direct veterans to call 911 emergency services or to call the local suicide hotline.

Tele-mental health is available at four CBOCs (Imperial Valley, Corpus Christi, Mission Valley, and Oxnard). Corpus Christi, Imperial Valley, and Oxnard used tele-mental health for medication management. In addition, Imperial Valley utilizes tele-mental health for group and individual therapy as well as case management, Corpus Christi for group therapy and substance use evaluation and treatment, and Mission Valley and Oxnard for individual therapy.

<sup>7</sup> VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics*, September 11, 2008.

## Part III. Overview of Review Topics

The review topics discussed in this report include:

- Quality of Care Measures.
- C&P.
- EOC and Emergency Management.
- Suicide Safety Plans.
- CBOC Contracts.

The criteria used for these reviews are discussed in detail in the *Informational Report for the Community Based Outpatient Cyclical Reports*, 10-00627-124, issued April 6, 2010.

We evaluated the quality of care measures by reviewing 50 patients with a diagnosis of DM, 75 patients 50 years of age or older, and 30 patients with a service separation date after September 11, 2001 (without a diagnosis of PTSD), unless fewer patients were available. We reviewed the medical records of these selected patients to determine compliance with first (1<sup>st</sup>) quarter (Qtr), FY 2010 VHA performance measures.

We conducted an overall review to assess whether the medical center's C&P process complied with VHA Handbook 1100.19. We reviewed CBOC providers' C&P files and nursing staff personnel folders. We conducted EOC inspections at each CBOC, evaluating cleanliness, adherence to clinical standards for IC and patient safety, and compliance with patient data security requirements. We evaluated whether the CBOCs had a local policy/guideline defining how health emergencies, including MH emergencies, are handled.

A previous OIG review of suicide prevention programs in VHA facilities<sup>8</sup> found a 74 percent compliance rate with safety plan development. The safety plan issues identified in the review were that plans were not comprehensive, not developed timely, or not developed at all. At the request of VHA, the OIG agreed to follow up on the prior findings. Therefore, we reviewed the records of 10 patients (unless fewer are available) assessed to be at high risk for suicide to determine if clinicians developed timely safety plans that included all required elements.

We evaluated whether the five CBOC contracts (New Braunfels, Whittier, Imperial Valley, East Los Angeles, and Oxnard) provided guidelines that the contractor needed to follow in order to address quality of care issues. We also verified that the number of enrollees or visits reported was supported by collaborating documentation.

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<sup>8</sup> *Healthcare Inspection – Evaluation of Suicide Prevention Program Implementation in Veterans Health Administration Facilities January–June, 2009*, Report No. 09-00326-223, September 22, 2009.

## Part IV. Results and Recommendations

### A. VISN 17, South Texas HCS – Corpus Christi and New Braunfels

#### Quality of Care Measures

The New Braunfels and Corpus Christi CBOCs quality measure scores equaled or exceeded the parent facility's quality measures scores with the exception of the following. The Corpus Christi CBOC scored below the parent facility in both age groups for influenza; all DM foot exam indicators, low density lipoprotein-cholesterol (LDL-C) testing; and patient screen with PTSD. The New Braunfels CBOC scored below the parent facility in the influenza, both age groups, and DM retinal eye exam. (See Appendix H.)

#### Credentialing and Privileging

We reviewed the C&P files of two providers and the personnel folder for one nurse at the New Braunfels CBOC and reviewed the files of five providers and four nurses at Corpus Christi CBOC. All providers and nursing staff possess a full, active, current, and unrestricted license. However, we identified the following area that needed improvement:

##### *Clinical Privileges*

The Professional Standards Board (PSB) granted providers clinical privileges for procedures that were not performed at the CBOCs. For example, providers were granted admitting privileges, cryotherapy, and cast application. According to VHA Handbook 1100.19, providers may only be granted privileges that are actually performed at the VA-specific facility.

**Recommendation 1.** We recommended that the VISN 17 Director ensure that the South Texas HCS Director requires that PSB grant privileges consistent with the services provided at both the New Braunfels and Corpus Christi CBOCs.

The VISN and VAMC Directors concurred with our finding and recommendation. Approved privileges have been changed to include only those privileges that are consistent with the services provided. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

## **Environment and Emergency Management**

### Environment of Care

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, IC, and general maintenance. The clinics met most standards, and the environments were generally clean and safe. However, we identified the following areas that needed improvement:

#### *Personally Identifiable Information*

According to the Health Insurance Portability and Accountability Act (HIPAA) regulations,<sup>9</sup> control of the environment includes control of personally identifiable information (PII). At the Corpus Christi CBOC, we found two files located in the staff break room that was not under continuous surveillance. The files contained documents (dated 1990–1997) with patient names and social security numbers (SSNs). The CBOC manager told us the documents belonged to a Licensed Independent Practitioner (LIP) who retired several years prior. We were informed, prior to the completion of our onsite review, the documents had been shredded.

#### *Environmental Safety Issues*

MH services are provided in an adjacent building to the Corpus Christi CBOC. We found the following areas of concern at this location:

- The window at the receptionist’s desk was not shatter resistant.
- Pictures frames were not secured to the walls by using tamper resistant screws or anchors.
- Fire extinguishers were not enclosed and secured.
- Television cords within the laboratory waiting area were over 12 inches in length.

An environmental safety risk analysis of the clinic had not been completed at the time of our site inspection. The Joint Commission (JC)<sup>10</sup> requires organizations to identify and manage safety risks. Risks associated with the physical environment include those that might contribute to suicide or acts of violence.

**Recommendation 2.** We recommended that the VISN 17 Director ensure that the South Texas HCS Director requires clinical managers at the Corpus Christi CBOC maintain PII in a secure fashion.

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<sup>9</sup> The Health Insurance Portability and Accountability Act of 1996 (HIPAA), privacy rule’s protection of the privacy of individually identifiable health information.

<sup>10</sup> JC Standard EC.02.01.01.

The VISN and VAMC Directors concurred with our finding and recommendation. All documents containing personally identifiable information were properly shredded after being identified on April 21, 2010. Assessment of privacy violations will be conducted through Information Security Officer (ISO) surveys every six months, through EOC quarterly rounds, and at least monthly by the CBOC Nurse Manager and/or the CBOC Administrative Officer to assess compliance. The improvement plans are acceptable, and we consider this item closed.

**Recommendation 3.** We recommended that the VISN 17 Director ensure that the South Texas HCS Director requires that an environmental safety risk analysis be conducted at the Corpus Christi CBOC to identify potential safety hazards, if any exist.

The VISN and VAMC Directors concurred with our finding and recommendation. The areas of concern have been corrected, and a team of appropriate staff will conduct an environmental safety risk analysis of the clinic. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

### Emergency Management

VHA Handbook 1006.1 requires each CBOC to have a local policy or Standard Operating Procedure (SOP) defining how medical emergencies, including MH, are handled. Both CBOCs had policies that outlined management of medical and MH emergencies. Our interviews revealed staff at each facility articulated responses that accurately reflected the local emergency response guidelines.

### **Suicide Safety Plans**

Safety plans should have patient and/or family input, be behavior oriented, and identify warning signs preceding crisis and internal coping strategies. They should also identify when patients should seek non-professional support, such as from family and friends, and when patients need to seek professional help. Safety plans must also include information about how patients can access professional help 24 hours a day, 7 days a week.<sup>11</sup>

We reviewed the medical records of four Corpus Christi CBOC patients assessed to be at high risk for suicide and found three patients did not receive a copy of the safety plan. Furthermore, the local policy<sup>12</sup> does not require that the patient receive a copy of the safety plan. The Deputy Under Secretary for Health for Operations and Management (DUSHOM) requires that a copy of the safety plan be provided to the patient. The sole act of providing a copy of the safety plan does not guarantee that the patient will not engage in a self-injurious act; however, without a copy of the safety plan, adherence to the written arrangements in a time of crisis cannot be assured.

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<sup>11</sup> Deputy Under Secretary for Health for Operations and Management, *Patients at High-Risk for Suicide* Memorandum, April 24, 2008.

<sup>12</sup> South Texas Veterans Health Care System Policy Memorandum, *Patient Record Flags to Identify Patients at High Risk for Suicide*, Number 116A-2009-16, January 5, 2010.

**Recommendation 4.** We recommended that the VISN 17 Director ensure that the South Texas HCS Director requires the local safety policy at the Corpus Christi CBOC is in compliance with VHA guidance.

The VISN and VAMC Directors concurred with our finding and recommendation. Local policy was revised to incorporate the requirement that the patient be provided a copy of the completed safety plan, and staff will receive training on the requirements of the policy. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

## **CBOC Contract**

### *New Braunfels CBOC*

The contract for the New Braunfels CBOC is administered through the South Texas HCS for delivery and management of primary and preventative medical care for all eligible veterans in VISN 17. Contracted services with CR Associates, Inc. began on November 1, 2008, with option years extending through October 31, 2013. The contract terms state that the CBOC will have (1) a physician licensed in the State of Texas to serve as medical director and (2) other PCPs to include Physician Assistants (PAs) and NPs. There were 0.8 FTE PCPs for the 1<sup>st</sup> Qtr, FY 2010. The contractor was compensated by the number of enrollees at monthly capitated rate per enrollee. The CBOC had 947 unique primary medical care enrollees with 2,134 visits as reported on the FY 2009 CBOC Characteristics report (see Table 1).

We reviewed the contract to determine the contract type, the services provided, the invoices submitted, and supporting information. We also performed inquiries of key South Texas HCS and contractor personnel. Our review focused on documents and records for the 1<sup>st</sup> Qtr, FY 2010. We reviewed the methodology for tracking and reporting the number of enrollees in compliance with the terms of the contract. We reviewed capitation rates for compliance with the contract; form and substance of the contract invoices for ease of data analysis by the Contracting Officer's Technical Representative (COTR); and duplicate, missing, or incomplete SSNs on the invoices.

We reviewed the process that South Texas HCS uses monthly to prepare a list of valid billable enrollees by utilizing VA data and reports. South Texas HCS uses the Ambulatory Care Reporting Package (ACRP) in Veterans Health Information System and Technological Architecture (VistA) to generate reports for enrollees who were deceased, transferred, submitted an annual means test, and had a vesting visit within contractually defined time parameters. The COTR analyzes the data and prepares a list of enrollees eligible for billing which is provided to the contractor for review and preparation of the invoice.

The Primary Care Management Module (PCMM) Coordinator is responsible for maintaining currency of information in the PCMM database. The South Texas HCS has approximately 78,000 active patients with approximately 1,200 being assigned to the New Braunfels CBOC. We reviewed PCMM data reported by VHA Support Service Center (VSSC) and the South Texas HCS and analyzed select data for compliance with VHA policies. We made inquiries about the number of patients assigned to more than one PCP and unassigned or potentially deceased patients.

We commend South Texas HCS's level of oversight and implementation of business processes designed to more effectively manage VA healthcare resources. We particularly were impressed that South Texas HCS provides the list of eligible enrollees to the contractor, which ensures the accuracy of the number of veterans paid for at the capitated rate at the CBOC.

Based upon our inspection of the contract, invoices, and other supporting documents for New Braunfels, there were no findings or recommendations noted for the period October 1 through December 31, 2009.

## **B. VISN 22, Long Beach HCS – Cabrillo and Whittier**

### **Quality of Care Measures**

The Cabrillo CBOC quality measure scores equaled or exceeded the parent facility's scores with the exception of the following reviews: influenza ages, 50–64 (40 percent) and influenza, 65 and older (80 percent). CBOC managers reported that the low performance measure scores for the influenza review were related to patients declining the vaccination. The facility continues to promote immunizations by informing veterans through postcard reminders and offering influenza vaccines during events such as a Town Hall Meeting. (See Appendix I.)

The Whittier CBOC was closed (July 1–November 30, 2009) during our study months (October/November 2009). Therefore, we were unable to assess the quality measure scores for this clinic.

### **Credentialing and Privileging**

We reviewed the C&P files of three providers and the personnel folders for two nurses at the Cabrillo CBOC and reviewed the files of two providers and three nurses at the Whittier CBOC. All providers possess a full, active, current, and unrestricted license. All nurses' licenses and education requirements were verified and documented.

### **Environment and Emergency Management**

#### Environment of Care

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, IC, and general maintenance. Both CBOCs met most standards, and the environments were generally clean and safe. However, we identified the following areas that needed improvement:

#### *Hand Hygiene Monitor*

The Cabrillo CBOC collected and reported monthly hand hygiene data to the parent facility while the Whittier CBOC only provided the hand hygiene data to the contracting agency. The parent facility reports hand hygiene data for CBOCs collectively. Since Whittier CBOC did not provide data to the parent facility, they could not have been included in this CBOC collective report. In addition, the parent facility only reported CBOC data for the 1<sup>st</sup> and 3<sup>rd</sup> Qtrs of FY 2009. The way the parent facility currently reports the hand hygiene data, it is not possible to identify individual performance of each CBOC or ensure that all CBOCs are represented. Hand hygiene monitors should be reported quarterly and be CBOC specific.

### *Personal Protective Equipment*

We found the Cabrillo CBOC did not have disposable gowns in their personal protective equipment (PPE) kits. The JC requires that “the hospital use standard precautions, including the use of PPE, to reduce the risk of infection.”<sup>13</sup> CBOCs managers reported they had requested the gowns and were awaiting approval from the medical center. At the time of our inspection, disposable gowns were provided to the Cabrillo CBOC; therefore, we made no recommendations.

**Recommendation 5.** We recommended that the VISN 22 Director ensure that the Long Beach HCS Director requires that hand hygiene monitors are collected and reported location specific for both the Cabrillo and Whittier CBOCs.

The VISN and VAMC Directors concurred with our finding and recommendation. Hand hygiene data will be collected and made available to the facility and CBOC staff to educate and establish proper hand hygiene initiatives. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

### Emergency Management

VHA Handbook 1006.1 requires each CBOC to have a local policy or SOP defining how medical emergencies, including MH, are handled. Both CBOCs had policies that outlined the management of medical and MH emergencies. Our interviews revealed staff at each facility articulated responses that accurately reflected the local emergency response guidelines.

### **Suicide Safety Plans**

Safety plans should have patient and/or family input, be behavior oriented, and identify warning signs preceding crisis and internal coping strategies. They should also identify when patients should seek non-professional support, such as from family and friends, and when patients need to seek professional help. Safety plans must also include information about how patients can access professional help 24 hours a day, 7 days a week.

One patient at the Whittier CBOC was assessed to be at high risk for suicide. We found evidence that the patient made numerous telephone contacts with the National Suicide Hotline and that the parent facility was aware of these calls. However, we found no documentation that a safety plan had been developed with this patient. A sole act of providing a safety plan does not guarantee that the patient will not engage in self-injurious acts; however, a safety plan provides a pre-determined list of potential coping strategies to help a patient lower his imminent risk of suicidal behavior.

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<sup>13</sup> The JC Standard IC.02.01.01.

**Recommendation 6.** We recommended that the VISN 22 Director ensure that the Long Beach HCS Director requires safety plans are developed at the Whittier CBOC for all patients at high risk for suicide.

The VISN and VAMC Directors concurred with our finding and recommendation. The SPC is providing education and training at the Whittier CBOC to ensure providers and staff are aware of the proper procedures for helping all patients at high risk for suicide. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

## **CBOC Contract**

### *Whittier CBOC*

The contract for the Whittier/Santa Fe Springs CBOC is administered through the Long Beach HCS for delivery and management of primary and preventative medical care for all eligible veterans in VISN 22. The contract also provides for MH care services for the assessment, diagnosis, and treatment of patients in an individual, group or telemedicine setting. Contracted services with Valor Healthcare, Inc. began on December 1, 2009, with option years extending through November 30, 2014. The contract terms state that the CBOC will have (1) a physician licensed in the State of California to serve as medical director and (2) other PCPs to include PAs and NPs. MH services are to be provided by a psychiatrist, psychologist, licensed clinical social worker, or other medical professionals with prior MH experience. There were 2.0 FTE PCPs for the 1<sup>st</sup> Qtr, FY 2010. The contractor was compensated by the number of enrollees at monthly capitated rate per enrollee. The CBOC had 12 MH encounters, which included individual and telemedicine therapy sessions in 1<sup>st</sup> Qtr, FY 2010. The CBOC had 1,835 unique primary medical care enrollees with 4,441 visits as reported on the FY 2009 CBOC Characteristics report (see Table 1).

We reviewed the contract to determine the contract type, the services provided, the invoices submitted, and supporting information. We also performed inquiries of key Long Beach HCS and contractor personnel. Our review focused on documents and records for the 1<sup>st</sup> Qtr, FY 2010. We reviewed the methodology for tracking and reporting the number of enrollees in compliance with the terms of the contract. We reviewed capitation rates for compliance with the contract; form and substance of the contract invoices for ease of data analysis by the COTR; and duplicate, missing, or incomplete SSNs on the invoices.

The PCMM Coordinator is responsible for maintaining currency of information in the PCMM database. The Long Beach HCS has approximately 40,000 active patients with approximately 2,000 being assigned to the Whittier CBOC. We reviewed PCMM data reported by VSSC and the Long Beach HCS and analyzed select data for compliance

with VHA Handbook 1101.02. We made inquiries about the number of patients assigned to more than one PCP and unassigned or potentially deceased patients.

We noted the following:

In inquiries with the PCMM Coordinator, we noted that Long Beach PCMM panels had approximately 1,800 patients with two or more PCPs assigned. VHA Handbook 1101.02 states that each patient must have only one assigned PCP within the VA system unless approval has been obtained for more than one provider. Long Beach HCS has approximately 128 patients that have been approved for more than one PCP.

We commend Long Beach HCS's level of oversight and implementation of business processes designed to more effectively manage VA healthcare resources.

**Recommendation 7.** We recommended that the VISN 22 Director ensure that the Long Beach HCS Director ensures that the PCMM Coordinator performs in accordance with VHA Handbook 1101.02 to ensure accuracy of the data reported at the Long Beach VAMC and to VSSC.

The VISN and VAMC Directors concurred with our finding and recommendation. A Long Beach HCS SOP has been created for PCMM. The Office of Data Collection and Analysis shall certify that the procedure is being followed and data is collected accurately in accordance with VHA Handbook 1101.02. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

## C. VISN 22, San Diego HCS – Mission Valley and Imperial Valley

### Quality of Care Measures

The Imperial Valley and Mission Valley CBOCs met or exceeded their parent facility's quality measure scores with the following exceptions. The Mission Valley CBOC quality measure scores were lower than the parent facility for influenza vaccines, ages 50–64 (53 percent); and DM lipid profiles and monitoring of glycosylated hemoglobin molecule (HgbA1c). The Imperial Valley CBOC quality measure scores were lower than the parent facility for influenza, ages 50-64 (60 percent); DM retinal eye exams, HgbA1c, and renal testing; and patient screening for PTSD. Influenza immunizations' low scores were due to patients refusing the vaccination. (See Appendix J.)

### Credentialing and Privileging

We reviewed the C&P files of five providers and the personnel folders for four nurses at the Mission Valley CBOC and reviewed the files of three providers and the personnel folders for two nurses at the Imperial Valley CBOC. All providers possess a full, active, current and unrestricted license. However, we found the following areas that required improvement:

#### *Credentialing and Privileging*

We did not find evidence that VetPro was being utilized for credentialing purposes at the Imperial Valley CBOC as required by VHA Handbook 1100.19. All licensed, registered, and certified health care professional, regardless if they are VA-staffed or contract employees, must be credentialed through VetPro.

Review of the Medical Executive Committee (MEC) minutes did not reflect what documents were utilized to arrive at the decision to grant clinical privileges to the provider. According to VHA policy, information utilized and the decision made by the MEC to grant requested privileges must be documented.

**Recommendation 8.** We recommended that the VISN 22 Director ensure that the San Diego HCS Director requires that the Imperial Valley CBOC utilizes VetPro and appropriately documents in the MEC minutes in accordance with VHA Handbook 1100.19.

The VISN and VAMC Directors concurred with our finding and recommendation. All of the VetPro appointments have been completed for Imperial Valley providers. The minutes of the Credentialing Committee will include required VHA elements and become a part of the MEC minutes. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

## **Environment and Emergency Management**

### Environment of Care

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, IC, and general maintenance. Both clinics met most standards, and the environments were generally clean and safe. However, we found the following areas that needed improvement:

#### *Blocked Egress*

At the Mission Valley CBOC, we found an exit that did not have the required signage. In addition, the exit was blocked by a desk. In October 2009, an external inspector also identified this issue. A work order to remove the desk was initiated in February 2010; however, we found the work order had not been completed. The National Fire Protection Association's Life Safety Code standards<sup>14</sup> require that, in the event of an emergency evacuation, all occupied structures must have visible exit signs and all means of egress must be clear of obstructions. The CBOC managers opened a new work order on April 21, 2010.

#### *Environmental Safety*

We found corded window blinds in exam rooms and the MH treatment area at the Mission Valley CBOC. The cords could potentially be used by patients to cause harm to self or others. The JC<sup>15</sup> requires organizations to identify and manage safety risks. Risks associated with the physical environment include those that might contribute to suicide or acts of violence.

#### *Patient Privacy*

According to HIPAA regulations, patient privacy should be maintained during the check-in process. At the Mission Valley CBOC, the check-in station was an open area without barriers or partitions. The work area permits multiple clerks to simultaneously assist patients. Communication between the patients and the clerks can be easily heard by other patients and visitors. In addition, the clerks' computer monitors were not equipped with appropriate privacy screens, and we were able to view information from various angles and at a distance. Therefore, auditory and visual privacy was compromised.

**Recommendation 9.** We recommended that the VISN 22 Director ensure that the San Diego HCS Director requires egresses are unobstructed and appropriately marked at the Mission Valley CBOC.

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<sup>14</sup> National Fire Protection Association (NFPA) Standard 101, Life Safety Code.

<sup>15</sup> The JC Standard EC.02.01.01.

The VISN and VAMC Directors concurred with our finding and recommendation. Engineering is working with the building owner to complete the assigned work order. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

**Recommendation 10.** We recommended that the VISN 22 Director ensure that the San Diego HCS Director conducts an environmental risk analysis to determine if the corded blinds represent a safety hazard at the Mission Valley CBOC.

The VISN and VAMC Directors concurred with our finding and recommendation. A risk assessment of the Mission Valley CBOC will be conducted by the MH EOC Committee. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

**Recommendation 11.** We recommended that the VISN 22 Director ensure that the San Diego HCS Director requires patient privacy be maintained during the check-in process at the Mission Valley CBOC.

The VISN and VAMC Directors concurred with our finding and recommendation. An action plan has been established to ensure the Mission Valley CBOC maintains patient privacy during the check-in process. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

### Emergency Management

VHA Handbook 1006.1 requires each CBOC to have a local policy or SOP defining how medical and MH emergencies are handled. Both CBOCs had policies that outlined management of medical and MH emergencies. Our interviews revealed staff at each facility articulated responses that accurately reflected the local emergency response guidelines.

### **Suicide Safety Plans**

Safety plans should have patient and/or family input, be behavior oriented, and identify warning signs preceding crisis and internal coping strategies. Safety plans should also identify when patients should seek non-professional support, such as from family and friends, and when patients need to seek professional help. Additionally, safety plans must include information about how patients can access professional help 24 hours a day, 7 days a week.

We reviewed the medical records of 16 patients (13 at Mission Valley and 3 at Imperial Valley) assessed to be at high risk for suicide and found that clinicians had developed timely safety plans that included all required elements. We also found evidence to support that the patients and/or their families participated in the development of the plans.

## **CBOC Contract**

### *Imperial Valley CBOC*

The contract for the Imperial Valley CBOC is administered through the San Diego HCS for delivery and management of primary and preventative medical care for all eligible veterans in VISN 22. The contract also provides for office space for tele-mental health care services. Contracted services with Sterling Medical Associates, Inc. (Sterling) began on June 1, 2008, with option years extending through May 31, 2013. The contract terms state that the CBOC will have a licensed registered nurse responsible for care coordination. The physician assigned shall be licensed and board certified by the college or board of their specialty field by the appropriate American Specialty Board. There were 1.2 FTE PCPs for the 1<sup>st</sup> Qtr, FY 2010. The contractor was compensated by the number of enrollees at an annual capitated rate per enrollee with a provision for the VA to be reimbursed for the unused months remaining when patients move or pass away. The CBOC had 1,192 unique primary medical care enrollees with 4,006 visits as reported on the FY 2009 CBOC Characteristics report (see Table 1).

We reviewed the contract to determine the contract type, the services provided, the invoices submitted, and supporting information. We also performed inquiries of key San Diego HCS and contractor personnel. Our review focused on documents and records for the 1<sup>st</sup> Qtr, FY 2010. We reviewed the methodology for tracking and reporting the number of enrollees in compliance with the terms of the contract. We reviewed capitation rates for compliance with the contract; form and substance of the contract invoices for ease of data analysis by the COTR; and duplicate, missing, or incomplete SSNs on the invoices.

The PCMM Coordinator is responsible for maintaining currency of information in the PCMM database. The San Diego HCS has approximately 50,000 active patients with approximately 1,270 being assigned to the Imperial Valley CBOC. We reviewed PCMM data reported by VSSC and the San Diego HCS and analyzed select data for compliance with VHA policies. We made inquiries about the number of patients assigned to more than one PCP and about potentially deceased patients still assigned to active primary care panels.

We noted the following:

1. We reviewed with the COTR the procedures used to approve the monthly invoice. Under an annual capitated rate, the contractor bills the VA once a year for an enrollee after a qualifying office visit. The COTR verified that invoiced enrollees were not billed the previous month, but had no means to determine if the VA had already paid for that veteran within the previous 12 months. Our analysis did not find any double billing; however, we did feel that the procedures used were not adequate to check for

overbilling or for ensuring the VA receives proper credit for veterans that have moved to a new location or passed away.

2. Analytical tests performed on the list of patients that moved or passed away during the months of October, November, and December 2009 resulted in identifying 12 patients that were invoiced, but the VA was not reimbursed the unused portion of the annual capitation rate. The amount of the reimbursement attributable to these enrollees is approximately \$5,000 for the period.
3. In inquiries with the PCMM Coordinator, we noted that San Diego PCMM panels had approximately 2,000 patients with two or more PCPs assigned. VHA Handbook 1101.02 states that each patient must have only one assigned PCP within the VA system unless approval has been obtained for more than one provider. San Diego HCS has approximately 360 patients that have been approved for more than one PCP.

**Recommendation 12.** We recommended that the VISN 22 Director ensure that the San Diego HCS Director provides contract oversight and enforcement in accordance with the terms and conditions as stated in the contract for the Imperial Valley CBOC. Additionally, the COTR should research the overpayments attributable to dis-enrolled patients and seek refunds for those overpayments.

The VISN and VAMC Directors concurred with our finding and recommendation. An action plan has been set up to ensure the facility provides contract oversight and enforcement. An administrative clerk will provide assistance to the COTR to research the overpayments and seek refunds. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

**Recommendation 13.** We recommended that the VISN 22 Director ensure that the San Diego HCS Director ensures that the PCMM Coordinator performs in accordance with VHA Handbook 1101.02 to ensure accuracy of the data reported at the San Diego HCS and to VSSC.

The VISN and VAMC Directors concurred with our finding and recommendation. The PCMM will take steps to ensure accuracy of reported data. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

## D. VISN 22, Greater Los Angeles HCS – East Los Angeles and Oxnard

### Quality of Care Measures

The Oxnard CBOCs met or exceeded the parent facility's quality measure scores except for the PTSD screening. The East Los Angeles CBOC met or exceeded the parent facility quality measure scores except for PTSD screening and influenza vaccination for both age groups. (See Appendix K.)

### Credentialing and Privileging

We reviewed the C&P files of six providers and one nurse at the East Los Angeles CBOC and five providers and four nurses at the Oxnard CBOC. All providers possess a full, active, current, and unrestricted license. All nurses' licenses and education requirements were verified and documented. However, we identified the following area that needed improvement:

#### *Clinical Privileges*

The PSB granted providers internal medicine core clinical privileges for procedures that were not performed at both CBOCs, such as lumbar puncture, paracentesis,<sup>16</sup> and thoracentesis.<sup>17</sup> VHA Handbook 1100.19 requires that clinical privileges be granted that are facility specific, setting specific, and provider specific.

**Recommendation 14.** We recommended that the VISN 22 Director ensure that the Greater Los Angeles HCS Director requires that the PSB grant privileges appropriate for the services provided at both the East Los Angeles and Oxnard CBOCs.

The VISN and VAMC Directors concurred with our finding and recommendation. The facility will develop a list of the procedures that can be supported and are appropriate to the care of patients in primary care as well as selected specialty care at each CBOC. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

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<sup>16</sup> A procedure to remove fluid that has accumulated in the abdominal cavity (peritoneal fluid), a condition called ascites.

<sup>17</sup> An invasive procedure to remove fluid or air from the pleural space (body cavity that surrounds the lungs) for diagnostic or therapeutic purposes.

## **Environment and Emergency Management**

### Environment of Care

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, IC, and general maintenance. Both CBOCs met most standards, and the environments were generally clean and safe. However, we identified the following areas that needed improvement:

#### *Hand Hygiene Monitor*

We found that the contractor collected 1<sup>st</sup> and 2<sup>nd</sup> Qtrs, FY 2010 hand hygiene data for the East Los Angeles CBOC and 3<sup>rd</sup> Qtr, FY 2009 through 2<sup>nd</sup> Qtr, FY 2010 for the Oxnard CBOC. The data was not shared with the parent facility. The Oxnard CBOC initiated a recent hand hygiene pilot, and it is expected there will be sufficient data to incorporate into the parent facility's IC program (FY 2010).

The local policy<sup>18</sup> does not specifically identify hand hygiene as a monitoring activity. The JC, National Patient Safety Goals (NPSG), CDC, and/or the World Health Organization (WHO)<sup>19</sup> recommend that healthcare facilities develop a comprehensive IC program with a hand hygiene component, which includes monitors, data analysis, and provider feedback. The intent is to foster a culture of hand hygiene compliance that ensures the control of infectious diseases.

#### *Environmental Safety*

At the East Los Angeles CBOC (MH location), we found items in patient care areas that could be used to cause harm to self or others. For example:

- Multiple model planes suspended from the ceiling with unknown cording material.
- Various electrical cords and cables coming from a portable TV and recording devices.

Clinic managers informed us that there have been no behavioral incidents in the last year and that each patient has been assessed for appropriateness to the program's level of care; however, a vulnerability risk analysis of the clinic has not been completed. The JC<sup>20</sup> requires organizations to identify and manage safety risks. Risks associated with the physical environment include those that might contribute to suicide or acts of violence.

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<sup>18</sup> Greater Los Angeles HCS Infection Control Program, Infection Control Plan FY 2004.

<sup>19</sup> WHO is the directing and coordinating authority for health within the United Nations System.

<sup>20</sup> The JC Standard EC.02.01.01.

### *Equipment Maintenance*

We found that clinical staff at the East Los Angeles CBOC did not conduct glucometer<sup>21</sup> quality control checks as outlined in the parent facility's governing operating procedure.<sup>22</sup> The CBOC staff reported the parent facility's ancillary coordinator checks the glucometer monthly. The operating procedure lists specific conditions and times to conduct quality control checks. In addition, staff is responsible for reviewing the quality control results daily, prior to using the glucometer to test patients. Without quality control checks, the accuracy and reliability of patient glucose test results cannot be assured.

### *Patient Privacy*

Computer monitors were not equipped with appropriate privacy screens at the East Los Angeles CBOC (MH location). PII data was visible by anyone standing at the check-in counter. Due to the ineffective screens, protection of PII data could not be ensured.

**Recommendation 15.** We recommended that the VISN 22 Director ensure that the Greater Los Angeles HCS Director requires the facility IC program include a hand hygiene component at both the East Los Angeles and Oxnard CBOCs.

The VISN and VAMC Directors concurred with our finding and recommendation. The hand hygiene program now includes all CBOCs, and data will be provided for aggregation of ambulatory care data and inclusion in the facility's hand hygiene data. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

**Recommendation 16.** We recommended that the VISN 22 Director ensure that the Greater Los Angeles HCS Director requires that an environmental safety risk analysis be conducted at the East Los Angeles CBOC to identify potential safety hazards, if any exist.

The VISN and VAMC Directors concurred with our finding and recommendation. An environmental safety risk analysis will be conducted. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

**Recommendation 17.** We recommended that the VISN 22 Director ensure that the Greater Los Angeles HCS Director requires that the glucometer machine be maintained as required at the East Los Angeles CBOC.

The VISN and VAMC Directors concurred with our finding and recommendation. Glucometer inspection will be done by the facility's laboratory, and appropriate

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<sup>21</sup> Machine to test blood glucose.

<sup>22</sup> VAGLAHCS, West Los Angeles Pathology and Laboratory Medicine Program on Whole Blood Glucose Testing Procedure Point of Care Testing Procedure, POC00001.00 Accu-Chek Inform System Whole Blood Glucose Testing.

instructions for maintenance will be provided. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

**Recommendation 18.** We recommended that the VISN 22 Director ensure that the Greater Los Angeles HCS Director requires that appropriate measures are taken to protect PII data at the East Los Angeles CBOC.

The VISN and VAMC Directors concurred with our finding and recommendation. Privacy screens will be installed on all computers at the East Los Angeles CBOC. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

### Emergency Management

VHA Handbook 1006.1 requires each CBOC to have a local policy or SOP defining how medical and MH emergencies are handled. The East Los Angeles and Oxnard CBOCs had a policy for emergency management that detailed how medical and MH emergencies would be handled. Our interviews revealed staff at each facility articulated responses that accurately reflected the local emergency response guidelines.

### **Suicide Safety Plans**

Safety plans should have patient and/or family input, be behavior oriented, and identify warning signs preceding crisis and internal coping strategies. They should also identify when patients should seek non-professional support, such as from family and friends, and when patients need to seek professional help. Additionally, safety plans must include information about how patients can access professional help 24 hours a day, 7 days a week.

We reviewed medical records of two patients from the East Los Angeles CBOC and two patients from the Oxnard CBOC assessed to be at high risk for suicide. We found that clinicians developed safety plans that included all required elements.

### **CBOC Contract**

The contract for the East Los Angeles and Oxnard CBOCs are administered through the Greater Los Angeles HCS for delivery and management of primary and preventative medical care for all eligible veterans in VISN 22. The contract also provides that the Greater Los Angeles HCS will provide MH clinical support. Contracted services for one year with Valor Healthcare, Inc. (Valor) began on October 1, 2009 for the East Los Angeles CBOC and on March 1, 2009, with option years extending through February 28, 2014 for the Oxnard CBOC. The contract terms state that the all providers are properly licensed at all times under California state law and/or regulations and shall be subject to credential approvals by Greater Los Angeles HCS. The contract for both CBOCs further states that all physicians and NPs are to be licensed as independent practitioners. For the

1<sup>st</sup> Qtr, FY 2010, there were 1.0 FTE PCPs at the East Los Angeles CBOC and 4.0 FTE PCPs at the Oxnard CBOC. The contractor was compensated by the number of enrollees at a monthly capitated rate per enrollee. The East Los Angeles CBOC had 1,757 unique primary medical care enrollees with 14,384 visits and the Oxnard CBOC had 5,329 unique primary medical care enrollees with 17,268 visits as reported on the FY 2009 CBOC Characteristics report (see Table 1).

We reviewed the contract to determine the contract type, the services provided, the invoices submitted, and supporting information. We also performed inquiries of key Greater Los Angeles HCS and contractor personnel. Our review focused on documents and records for the 1<sup>st</sup> Qtr, FY 2010. We reviewed the methodology for tracking and reporting the number of enrollees in compliance with the terms of the contract. We reviewed capitation rates for compliance with the contract; form and substance of the contract invoices for ease of data analysis by the COTR; and duplicate, missing, or incomplete SSNs on the invoices.

The PCMM Coordinator is responsible for maintaining currency of information in the PCMM database. The Greater Los Angeles HCS has approximately 69,800 active patients with approximately 1,095 being assigned to the East Los Angeles CBOC and approximately 6,100 being assigned to the Oxnard CBOC. We reviewed PCMM data reported by VSSC and the Greater Los Angeles HCS and analyzed select data for compliance with VHA Handbook 1101.02. We made inquiries about the number of patients assigned to more than one PCP and about potentially deceased patients still assigned to active primary care panels.

#### *East Los Angeles CBOC*

We noted the following regarding contract administration and oversight:

The contractor was not paid according to the terms of the contract, which has caused the VA to overpay for these services. This was a one-year contract with the provision that the contractor “shall be paid monthly, in arrears, the capitated rate for each enrolled patient commencing upon initial qualifying visit.” The VA provided an initial enrollee list to the contractor that included inactive patients and then paid the monthly capitated rate without requiring a qualifying visit. We found that the list provided by the VA had approximately 345 enrollees that had not been seen for over a year. During the period of October through December 2009, there were 529 patients that had qualifying visits when the VA paid for an average of 1,400 patients per month. This has resulted in an overpayment of approximately \$110,000.

#### *Oxnard CBOC*

We noted the following regarding contract administration and oversight:

1. The contract includes performance measures in the areas of clinical reminders, access, encounters, pharmacy, pharmacy-new drug order requests, patients, and appointment cancellation. These performance measures included disincentives for performance below acceptable levels varying from 5–15 percent of the monthly invoice amount. The performance measures were being tracked, but were not being enforced, when the contractor did not meet contracted standards.
2. In inquiries with the PCMM Coordinator, we noted that Greater Los Angeles HCS PCMM panels had approximately 2,000 patients with two or more PCPs assigned. VHA Handbook 1101.02 states that each patient must have only one assigned PCP within the VA system unless approval has been obtained for more than one provider. The Greater Los Angeles HCS has approximately 18 patients that have been approved for more than one PCP.

**Recommendation 19.** We recommended that the VISN 22 Director ensure that the Greater Los Angeles HCS Director provides contract oversight and enforcement in accordance with the terms and conditions as stated in the contract for the East Los Angeles CBOC. The Greater Los Angeles HCS should research the overpayments attributable to inactive patients and seek reimbursement for those overpayments.

The VISN and VAMC Directors concurred with our finding and recommendation. Ineligible patients will be removed on a monthly basis. An automated process has been established to hasten data collection for validating payment amounts and ensuring correct reimbursement. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

**Recommendation 20.** We recommended that the VISN 22 Director ensure that the Greater Los Angeles HCS Director provides contract oversight and enforcement in accordance with the terms and conditions as stated in the contract for the Oxnard CBOC, specifically to ensure that payment is made only for patients receiving a qualifying visit within the previous 12 months.

The VISN and VAMC Directors concurred with our finding and recommendation. Work has begun on an automated process to ensure appropriate payment for a qualifying visit within the previous 12 months. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

**Recommendation 21.** We recommended that the VISN 22 Director ensure that the Greater Los Angeles HCS Director ensures that the PCMM Coordinator performs in accordance with VHA Handbook 1101.02 to ensure accuracy of the data reported by the Greater Los Angeles HCS and to VSSC.

The VISN and VAMC Directors concurred with our finding and recommendation. A PCCM Coordinator is in place and will begin the verification of the accuracy of reported

data and will ensure appropriate compliance. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

## VISN 17 Director Comments

**Department of  
Veterans Affairs**

**Memorandum**

**Date:** June 16, 2010

**From:** Acting Director, Veterans Integrated Service Network 17  
(10N17)

**Subject:** **Healthcare Inspection – CBOC Reviews: Corpus Christi and  
New Braunfels, TX**

**To:** Director, CBOC/Vet Center Program Review, Office of  
Healthcare Inspections (54F)

1. I appreciate the opportunity to provide comments to the draft report of the Community Based Outpatient Clinic Reviews of Corpus Christi and New Braunfels CBOCs.
2. I concur with all of the findings and recommendations. Please note that most corrective actions have been completed. The remaining actions will be completed within the next two months.
3. If you have additional questions, please contact Deborah Antai-Otong, VISN 17 Continuous Readiness Officer at 817 385 3794.

(Original signed by:)

Joseph M. Dalpiaz  
Acting Network Director

## South Texas HCS Director Comments

**Department of  
Veterans Affairs**

**Memorandum**

**Date:** June 11, 2010

**From:** Director, South Texas Health Care System (671/00)

**Subject:** **Healthcare Inspection – CBOC Reviews: Corpus Christi and New Braunfels, TX**

**To:** Director, Veterans Integrated Service Network 17 (10N17)

1. Attached please find the OIG Community Based Outpatient Clinic Review draft response from the South Texas Veterans Health Care System. I have reviewed the draft report and concur with the findings and recommendations.
2. We would like to extend our appreciation to the entire OIG CBOC Review Team that conducted our review. The team, led by Nancy Albaladejo, was consultative and professional and provided excellent feedback to our staff.
3. If you have any questions, please contact Donna Gladstone, Chief of Quality Management at 210-617-5300, extension 16167.

*(Original signed by:)*

Marie L. Weldon, FACHE

## **South Texas Health Care System Director's Comments to Office of Inspector General's Report**

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

### **OIG Recommendations**

**Recommendation 1.** We recommended that the VISN 17 Director ensure that the South Texas HCS Director requires that PSB grant privileges consistent with the services provided at both the New Braunfels and Corpus Christi CBOCs.

Concur **Target Completion Date: Completed**

Primary Care Core Privileges were approved by the Professional Standards Board on April 13, 2010 and by the Clinical Executive Board on April 20, 2010. The core procedure list reflects only the types of procedures and techniques expected of a Primary Care Physician. Admitting privileges were removed; however, the Basic Privileges for Active and Associate Medical Staff in Primary Care include the ability to make the determination to admit to acute inpatient care through referral to an inpatient team and the Primary Care Physician can then follow the course of inpatient care. These privileges will be implemented immediately for all new applicants for Primary Care and existing staff will be converted to these core privileges upon the designated renewal time frame. Recommend closure.

**Recommendation 2.** We recommended that the VISN 17 Director ensure that the South Texas HCS Director requires clinical managers at the Corpus Christi CBOC maintain PII in a secure fashion.

Concur **Target Completion Date: Completed**

The issue identified involved two file cabinets containing personally identifiable information located in a locked staff area that was not under continuous surveillance. All documents containing personally identifiable information were properly disposed of in the authorized *Confidential Paper Shredding and Recycling System (Shred-it®)* immediately after being identified on April 21, 2010. Assessment of privacy violations will be conducted through Information Security Officer (ISO) surveys every six months, through EOC rounds quarterly and at least monthly by the CBOC

Nurse Manager and/or the CBOC Administrative Officer to assess compliance. Recommend closure.

**Recommendation 3.** We recommended that the VISN 17 Director ensure that the South Texas HCS Director requires that an environmental safety risk analysis be conducted at the Corpus Christi CBOC to identify potential safety hazards, if any exist.

Concur **Target Completion Date: July 30, 2010**

The following OIG findings have been corrected in the Mental Health Services/Laboratory building at the Corpus Christi Outpatient Clinic:

1. The window at the receptionist's desk was replaced with a shatter resistant Plexiglas on April 30, 2010. **Action complete.**
2. Picture frames were all secured to the walls by using tamper resistant screws on May 28, 2010. **Action complete.**
3. Fire extinguishers that were not enclosed are now secured with metal brackets/Velcro as of May 13, 2010. **Action complete.**
4. Television cords within the laboratory have been shortened to less than 12 inches in length by installing a conduit to enclose all exposed wiring on April 22, 2010. **Action complete.**

A team of appropriate staff will conduct an environmental safety risk analysis of the clinic by July 30, 2010.

**Recommendation 4.** We recommended that the VISN 17 Director ensure that the South Texas HCS Director requires the local safety policy at the Corpus Christi CBOC is in compliance with VHA guidance.

Concur **Target Completion Date: June 30, 2010**

Policy Memorandum 116A-10-16 *Patient Record Flags to Identify Patients at High Risk for Suicide* was revised to incorporate the requirement that the patient be provided a copy of the completed Safety Plan. The revised policy was approved by the Clinical Executive Board on June 9, 2010. Staff will receive training on the requirements of the revised policy by June 30, 2010.

## VISN 22 Director Comments

**Department of  
Veterans Affairs**

**Memorandum**

**Date:** June 15, 2010

**From:** Director, VA Desert Pacific Healthcare Network VISN 22  
(10N22)

**Subject:** **Healthcare Inspection – CBOC Reviews: Cabrillo and Whittier, Mission Valley and Imperial Valley, and East Los Angeles and Oxnard**

**To:** Director, CBOC/Vet Center Program Review, Office of Healthcare Inspections (54F)

1. VA Desert Pacific Healthcare Network submits the Draft Report: Community Based Outpatient Clinic Reviews for Cabrillo, Whittier, Mission Valley and Imperial Valley, and East Los Angeles and Oxnard.
2. Please contact Barbara Fallen, Deputy Network Director, VA Desert Pacific Healthcare Network, at (562) 826-5963 should you have questions or need further information.

*(original signed by:)*

Ronald B. Norby

Attachments

## Long Beach HCS Director Comments

**Department of  
Veterans Affairs**

**Memorandum**

**Date:** June 15, 2010  
**From:** Director, VA Long Beach Healthcare System (600/00)  
**Subject:** **Healthcare Inspection – CBOC Review: Cabrillo and Whittier**  
**To:** Director, VA Desert Pacific Healthcare Network, VISN 22 (498/10N22)

1. Please see attached response to the VA Office of Inspector General's (OIG) recommendations for the VA Long Beach Healthcare System CBOC Review conducted April 19-23, 2010.
2. We concur with all recommendations.

(original signed)

Isabel Duff, MS

Attachment

## **Long Beach HCS Director's Comments to Office of Inspector General's Report**

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

### **OIG Recommendations**

**Recommendation 5.** We recommended that the VISN 22 Director ensure that the Long Beach HCS Director requires that hand hygiene monitors are collected and reported location specific for both the Cabrillo and Whittier CBOCs.

Concur **Target Completion Date: 06/30/10**

Hand hygiene data will be collected for all facilities within VA Long Beach Healthcare System. These data will be made available to the VALBHS Director and CBOC staff to educate and establish proper hand hygiene initiatives. Daily observations of hand hygiene are noted on a spreadsheet by staff at the VAMC and CBOCs. These findings are sent monthly per unit to the Nurse Manager and the Infection Control Coordinator. If a concern arises that calls for any action, the Nurse Manager and Infection Control Department collaborate on corrective measures to best resolve the issue. The Infection Control Department reports quarterly to the Clinical Practice Executive Council on any findings.

**Recommendation 6.** We recommended that the VISN 22 Director ensure that the Long Beach HCS Director requires safety plans are developed at the Whittier CBOC for all patients at high risk for suicide.

Concur **Target Completion Date: 06/30/10**

The Suicide Prevention Coordinator is providing targeted education and training at the Whittier CBOC to ensure providers and staff are aware of proper procedure for all patients at high risk for suicide. CBOCs were sent a Suicide Prevention PowerPoint presentation and advised to contact the Suicide Prevention Coordinator for any further training. The Suicide Prevention Coordinator will work with health care group chiefs and the CBOC nurse managers to ensure safety credits are noted in TEMPO and LMS records. Additionally, instructions were sent on "How to default computer to the CPRS Note Titles." All standard, mandatory suicide

training for CBOC staff has been completed. The Suicide Prevention Coordinator will report any non-compliance to the health care group chiefs and Executive Management.

**Recommendation 7.** We recommended that the VISN 22 Director ensure that the Long Beach HCS Director ensures that the PCMM Coordinator performs in accordance with VHA Handbook 1101.02 to ensure accuracy of the data reported at the Long Beach VAMC and to VSSC.

Concur

**Target Completion Date: 06/18/10**

A VA Long Beach Healthcare System Standard Operating Procedure (SOP) has been created for PCMM. The Office of Data Collection and Analysis shall certify that the procedure is being followed and data is collected accurately in accordance with VHA Handbook 1101.02. The SOP states that all duplicate and deceased assignments shall be removed from the panels. PCMM Coordinators are working on backlog of duplicate and deceased patients on panel. Also, for preventive measures all current data is being checked as new patients are assigned. The Office of Data Collection and Analysis will report the findings to Executive Management.

## San Diego HCS Director Comments

**Department of  
Veterans Affairs**

**Memorandum**

**Date:** June 11, 2010

**From:** Director, VA San Diego Healthcare System (664/00)

**Subject:** **Healthcare Inspection – CBOC Review: Mission Valley and Imperial Valley**

**To:** Director, VA Desert Pacific Healthcare Network, VISN 22 (498/10N22)

1. Enclosed are the responses to the recommendations in the draft Office of the Inspector General's report of our Community Based Outpatient Clinic (CBOC) review in Mission Valley and Imperial Valley.
2. If you have any questions or would like to discuss the report, please contact me at (858) 642-3201.

*(original signed by:)*

Stan Johnson

## **San Diego HCS Director's Comments to Office of Inspector General's Report**

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

### **OIG Recommendations**

**Recommendation 8.** We recommended that the VISN 22 Director ensure that the San Diego HCS Director requires that the Imperial Valley CBOC utilizes VetPro and appropriately documents in the MEC minutes in accordance with VHA Handbook 1100.19.

Concur

**Target Completion Date: 6/30/10**

1. We wish to elaborate on the statement that "Imperial Valley CBOC providers were not consistently credentialed utilizing VetPro as required in VHA Handbook 1100.19." It is the practice of the VASDHS to credential all clinical providers utilizing the VetPro application as required by VHA Handbook 1100.19. Of the five files reviewed by the OIG pertaining to the providers working at the Imperial Valley Community Clinic, three were fully appointed in VetPro, while two of the physician providers were entered in VetPro but their appointment was not finalized in that system. All of the aforementioned files have been fully audited for content and all the providers have appropriate appointments. In the latter two instances, the privileging files of the providers in question were managed by a former Medical Staff Office (MSO) employee who had left the VetPro entries incomplete. The AA/COS was detailed full time to the MSO in December 2009, to review, improve, and document the status of all credentialing files, and to ensure that all providers were appropriately licensed, credentialed, and privileged. This work was in progress at the time of the OIG visit.
2. In regards to the lack of documentation in the Medical Executive Council (MEC) minutes, the minutes of the Professional Standards Board (Credentialing Committee) were not completed for the time period of the Imperial Valley provider's credentialing and so did not become part of the MEC minutes. While those prior meeting minutes have been finalized and presented to the MEC for approval, their content did not include all the necessary elements.

**Action Plan:** All of the VetPro appointments have since been completed for Imperial Valley providers.

The Credentialing Committee serves as a “Subcommittee of the Whole” for the MEC and is composed of the clinical Service Chiefs who are also members of the MEC and meets immediately before the MEC. The minutes of the Credentialing Committee will be further revised to include the additional required elements and those minutes will become part of the MEC minutes as of June 30, 2010.

**Recommendation 9.** We recommended that the VISN 22 Director ensure that the San Diego HCS Director requires egresses are unobstructed and appropriately marked at the Mission Valley CBOC.

Concur **Target Completion Date: 6/30/10**

**Action Plan:** Engineering is working with the building owner to complete the assigned work order.

**Recommendation 10.** We recommended that the VISN 22 Director ensure that the San Diego HCS Director conducts an environmental risk analysis to determine if the corded blinds represent a safety hazard at the Mission Valley CBOC.

Concur **Target Completion Date: 6/30/10**

**Action Plan:** Members of the Mental Health Environment of Care Committee will perform a risk assessment of the MV CBOC for environmental risks.

**Recommendation 11.** We recommended that the VISN 22 Director ensure that the San Diego HCS Director requires patient privacy be maintained during the check-in process at the Mission Valley CBOC.

Concur **Target Completion Date: 9/30/10**

**Action Plan:** A complete review of the VA San Diego Healthcare System (VASDHS) Mission Valley CBOC was conducted regarding Engineering, Security and Privacy compliance.

1. All workstations were reviewed and are in compliance with the VHA HBK 6500 “To the extent possible, computer monitors will be

positioned to eliminate viewing by unauthorized personnel. When computer monitors cannot be positioned to eliminate viewing by unauthorized personnel, the deployment of a privacy screen, which allows viewing only from straight on, will be used.” However, these privacy screens do not affect the auditory issues and the incidental disclosures.

2. The incidental disclosures that occur in the patient check-in areas are related to a lack of physical space and engineering design. The VASDHS staff has been trained in privacy policies to keep voices low (low as practical). However, there are patient safety issues that are of concern (i.e. positive patient identification has to be performed). The Privacy and Security Officer complete compliance rounds throughout the CBOCs on a semi-annual basis; to date, there have been no privacy and/or security complaints from patients within the CBOCs.
3. A method of utilizing a line within a signed area for patients to wait to be called to the front desk will be established. The patient waiting line will be approximately 8 feet from each of the check-in clerk’s desks, and the patient will be notified by the clerk calling “next” instead of their name; this will maximize patient privacy.

**Recommendation 12.** We recommended that the VISN 22 Director ensure that the San Diego HCS Director provides contract oversight and enforcement in accordance with the terms and conditions as stated in the contract for the Imperial Valley CBOC. Additionally, the COTR should research the overpayments attributable to dis-enrolled patients and seek refunds for those overpayments.

Concur

**Target Completion Date: 6/30/10**

**Action Plan:** Submit a modification of contract to NLO to modify the existing payment model (PPPY: per patient per year) changed to a PPPM (per patient per month) model. With the PPPM model, the VA is invoiced only on the months when an enrolled Veteran has been seen at the clinic.

The PCMM coordinator of the facility to provide COTR with a monthly report of all disenrolled Veterans by the third day of the following month. This report will be forwarded to the contractor and will be utilized to calculate the total amount of invoice for the previous month.

An administrative clerk will provide assistance to perform monthly verification process and research the overpayments to seek refunds.

**Recommendation 13.** We recommended that the VISN 22 Director ensure that the San Diego HCS Director ensures that the PCMM Coordinator performs in accordance with VHA Handbook 1101.02 to ensure accuracy of the data reported at the San Diego HCS and to VSSC.

Concur

**Target Completion Date: 9/30/10**

The occurrence of Veterans with more than one PCP identified in PCMM occurs for a variety of reasons. The correction of duplicate assignments (for Veterans receiving care within more than one VA facility) is a time consuming process because each unique patient must be researched for each site. Some Veterans list up to 30 facilities, with everyone's needs reviewed to determine placement. On average, it takes approximately five minutes to research each Veteran and can take considerable coordination with other sites in order to correct or resolve the assignments. Once corrected, there is also a lag before the information is reflected at the VSSC.

**Action Plan:** When new patients are enrolled or scheduled for a primary care appointment, the scheduling clerk will determine if a patient is already assigned in Primary Care (PC). If the patient is new to PC, the clerk can assign the patient into PCMM. If the patient is a duplicate, the clerk will notify the PCMM coordinator who will work with the PCMM coordinator from the other site to correct the duplicate assignment. This will markedly reduce duplication of assignment among patients at VASDHS and those enrolled at other facilities.

If the duplicate assignment is not able to be determined during the initial assessment, these patients will be listed on the VSSC duplicate list. A VSSC report will be run weekly identifying patients with duplicate assignments. This will be done by the PCMM coordinator who will then research the record and a determination will be made as to the patient's preferred site. Duplicate records will be reduced using this method.

## Greater Los Angeles HCS Director Comments

**Department of  
Veterans Affairs**

**Memorandum**

**Date:** June 11, 2010

**From:** Director, VA Greater Los Angeles Healthcare System  
(691/00)

**Subject:** **Healthcare Inspection – CBOC Review: East Los Angeles  
and Oxnard**

**To:** Director, VA Desert Pacific Healthcare Network, VISN 22  
(498/10N22)

1. Enclosed are the responses to the recommendations in the draft Office of the Inspector General's report of our Community Based Outpatient Clinic (CBOC) review in Commerce (East Los Angeles) and Oxnard, CA CBOCs.
2. If you have any questions or would like to discuss the report, please contact me at (310) 268-3132.

*(original signed by:)*

Donna M. Beiter, R.N., M.S.N.

## **Greater Los Angeles HCS Director's Comments to Office of Inspector General's Report**

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

### **OIG Recommendations**

**Recommendation 14.** We recommended that the VISN 22 Director ensure that the Greater Los Angeles HCS Director requires that the PSB grant privileges appropriate for the services provided at both the East Los Angeles and Oxnard CBOCs.

Concur **Target Completion Date: 7/30/2010**

The privileges at issue include minor procedures, i.e., those that do not require moderate sedation, which is not permitted at any CBOC. GLA will develop a list of the procedures that can be supported at and are appropriate to the care of patients in primary care as well as selected specialty care at each CBOC in the system. The privilege sheets for primary care/internal medicine and all other specialties that may see patients at CBOCs will be modified to indicate which procedures may be performed at which CBOC. Privileges that are not considered to represent the core cognitive and procedural skills of the discipline will be requested separately by providers based on their individual practices and sites.

**Recommendation 15.** We recommended that the VISN 22 Director ensure that the Greater Los Angeles HCS Director requires the facility IC program include a hand hygiene component at both the East Los Angeles and Oxnard CBOCs.

Concur **Target Completion Date: 9/30/2010**

The Hand Hygiene program does now include all CBOC's and data will be sent to WLA for aggregation of ambulatory care data and inclusion in the Hand Hygiene data for GLA.

**Recommendation 16.** We recommended that the VISN 22 Director ensure that the Greater Los Angeles HCS Director requires that an environmental safety risk analysis be conducted at the East Los Angeles CBOC to identify potential safety hazards, if any exist.

Concur **Target Completion Date: 7/30/2010**

Safety will conduct an environmental safety risk analysis and make any recommendations for action.

**Recommendation 17.** We recommended that the VISN 22 Director ensure that the Greater Los Angeles HCS Director requires that the glucometer machine be maintained as required at the East Los Angeles CBOC.

Concur **Target Completion Date: 9/30/2010**

Glucometer inspection by will be done by GLA Laboratory and appropriate instructions for maintenance will be provided with a three-month review period for maintenance logs.

**Recommendation 18.** We recommended that the VISN 22 Director ensure that the Greater Los Angeles HCS Director requires that appropriate measures are taken to protect PII data at the East Los Angeles CBOC.

Concur **Target Completion Date: 9/30/2010**

Install privacy screens for all computers at ELA.

**Recommendation 19.** We recommended that the VISN 22 Director ensure that the Greater Los Angeles HCS Director provides contract oversight and enforcement in accordance with the terms and conditions as stated in the contract for the East Los Angeles CBOC. The Greater Los Angeles HCS should research the overpayments attributable to inactive patients and seek reimbursement for those overpayments.

Concur **Target Completion Date: 9/30/2010**

This recommendation is in process and ineligible patients were removed in April 2010, and will continue to be removed monthly. Work has begun on an automated process that will hasten data collection in order to validate payment amounts and ensure correct reimbursement, if indicated.

**Recommendation 20.** We recommended that the VISN 22 Director ensure that the Greater Los Angeles HCS Director provides contract oversight and enforcement in accordance with the terms and conditions as stated in the contract for the Oxnard CBOC, specifically to ensure that payment is made only for patients receiving a qualifying visit within the previous 12 months.

Concur

**Target Completion Date: 9/30/2010**

This recommendation is in process by removing the ineligible patients (accomplished for April 2010) and will continue on a monthly basis. Work has begun on an automated process to ensure appropriate payment for a qualifying visit within previous 12 months.

**Recommendation 21.** We recommended that the VISN 22 Director ensure that the Greater Los Angeles HCS Director ensures that the PCMM Coordinator performs in accordance with VHA Handbook 1101.02 to ensure accuracy of the data reported by the Greater Los Angeles HCS and to VSSC.

Concur

**Target Completion Date: 9/30/2010**

PCCM Coordinator is in place and will begin the verification of the accuracy of the reported data according to the VHA Handbook 1101.02 and will ensure appropriate compliance.

### CBOC Characteristics

CBOC Station Number	CBOC Name	Parent VA	Specialty Care	Women's Health	Podiatry	Orthopedics	Optometry	Dermatology	Rheumatology
671BZ	Corpus Christi, TX	South Texas HCS	Yes	Yes	Yes	Yes	No	No	No
671GL	New Braunfels, TX	South Texas HCS	No	No	No	No	No	No	No
600GC	Long Beach (Cabrillo), CA	Long Beach HCS	No	No	No	No	No	No	No
600GD	Santa Fe Springs (Whittier), CA	Long Beach HCS	No	No	No	No	No	No	No
664BY	San Diego (Mission Valley), CA	San Diego HCS	Yes	Yes	No	No	Yes	Yes	Yes
664GA	El Centro (Imperial Valley), CA	San Diego HCS	No	No	No	No	No	No	No
691GF	Commerce (East Los Angeles), CA	Greater Los Angeles HCS	No	No	No	No	No	No	No
691GM	Oxnard, CA	Greater Los Angeles HCS	No	No	No	No	No	No	No

### Specialty Care Services

CBOC Station Number	CBOC Name	Parent VA	Laboratory (draw blood)	Radiology	Onsite Pharmacy	EKG	Physical Medicine
671BZ	Corpus Christi, TX	South Texas HCS	Yes	Yes	Yes	Yes	Yes
671GL	New Braunfels, TX	South Texas HCS	Yes	No	No	Yes	No
600GC	Long Beach (Cabrillo), CA	Long Beach HCS	Yes	No	No	Yes	No
600GD	Santa Fe Springs (Whittier), CA	Long Beach HCS	Yes	Yes	No	Yes	No
664BY	San Diego (Mission Valley), CA	San Diego HCS	Yes	Yes	No	Yes	Yes
664GA	El Centro (Imperial Valley), CA	San Diego HCS	Yes	No	No	Yes	No
691GF	Commerce (East Los Angeles), CA	Greater Los Angeles HCS	Yes	No	No	Yes	No
691GM	Oxnard, CA	Greater Los Angeles HCS	Yes	Yes	No	Yes	No

### Onsite Ancillary Services

CBOC Station Number	CBOC Name	Internal Medicine Physician	Primary Care Physician	Nurse Practitioner	Physician Assistant	Psychiatrist	Psychologist	Licensed Clinical Social Worker	Others
671BZ	Corpus Christi, TX	Yes	Yes	Yes	No	Yes	Yes	Yes	No
671GL	New Braunfels, TX	No	Yes	No	No	No	No	No	No
600GC	Long Beach (Cabrillo), CA	No	No	Yes	No	No	No	No	No
600GD	Santa Fe Springs (Whittier), CA	No	Yes	Yes	No	No	Yes	No	No
664BY	San Diego (Mission Valley), CA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
664GA	El Centro (Imperial Valley), CA	No	No	Yes	No	No	No	No	Yes
691GF	Commerce (East Los Angeles), CA	Yes	No	No	No	Yes	Yes	Yes	No
691GM	Oxnard, CA	No	Yes	Yes	No	Yes	Yes	Yes	No

### Providers Assigned to the CBOC

CBOC Station Number	CBOC Name	Parent VAs	Mental Health Care Services	Primary Care Physicians	Psychologist	Psychiatrist	Nurse Practitioner	Licensed Clinical Social Worker	Addiction Counselor
671BZ	Corpus Christi, TX	South Texas HCS	Yes	Yes	Yes	Yes	No	Yes	No
671GL	New Braunfels, TX	South Texas HCS	No	No	No	No	No	No	No
600GC	Long Beach (Cabrillo), CA	Long Beach HCS	Yes	No	No	No	Yes	No	No
600GD	Santa Fe Springs (Whittier), CA	Long Beach HCS	Yes	No	Yes	No	No	No	No
664BY	San Diego (Mission Valley), CA	San Diego HCS	Yes	No	Yes	Yes	Yes	Yes	Yes
664GA	El Centro (Imperial Valley), CA	San Diego HCS	Yes	No	No	No	No	No	No
691GF	Commerce (East Los Angeles), CA	Greater Los Angeles HCS	Yes	Yes	Yes	Yes	No	Yes	Yes
691GM	Oxnard, CA	Greater Los Angeles HCS	Yes	Yes	Yes	Yes	No	Yes	No

**Mental Health Clinicians**

CBOC Station Number	CBOC Name	Parent VA	Miles to Parent Facility
671BZ	Corpus Christi, TX	South Texas HCS	154
671GL	New Braunfels, TX	South Texas HCS	35
600GC	Long Beach (Cabrillo), CA	Long Beach HCS	6
600GD	Santa Fe Springs (Whittier), CA	Long Beach HCS	15
664BY	San Diego (Mission Valley), CA	San Diego HCS	13
664GA	El Centro (Imperial Valley), CA	San Diego HCS	186
691GF	Commerce (East Los Angeles), CA	Greater Los Angeles HCS	30
691GM	Oxnard, CA	Greater Los Angeles HCS	60

**Miles to Parent Facility**

Quality of Care Measures  
South Texas HCS<sup>23</sup> – Corpus Christi and New Braunfels

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 4 Numerator</i>	<i>Qtr 4 Denominator</i>	<i>Qtr 4 Percentage</i>
<b>Influenza Vaccination, 50–64</b>	<b>66</b>	<b>National</b>	<b>4,843</b>	<b>6,973</b>	<b>69</b>
	66	671 South Texas HCS	48	57	<b>84</b>
		671BZ Corpus Christi	27	34	<b>79</b>
		671GL New Braunfels	24	34	<b>71</b>

Influenza Vaccination, 50–64 Years of Age, 4<sup>th</sup> Qtr, FY 2009

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 4 Numerator</i>	<i>Qtr 4 Denominator</i>	<i>Qtr 4 Percentage</i>
<b>Influenza Vaccination, 65 or older</b>	<b>83</b>	<b>National</b>	<b>5,460</b>	<b>6,499</b>	<b>84</b>
	83	671 South Texas HCS	32	34	<b>94</b>
		671BZ Corpus Christi	21	23	<b>91</b>
		671GL New Braunfels	30	36	<b>83</b>

Influenza Vaccination, Age 65 or Older, 4<sup>th</sup> Qtr, FY 2009

<i>Measure</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
<b>DM - Outpatient Foot Inspection</b>	<b>National</b>	<b>4,321</b>	<b>4,651</b>	<b>93</b>
	671 South Texas HCS	45	46	<b>100</b>
	671BZ Corpus Christi	47	50	<b>94</b>
	671GL New Braunfels	47	47	<b>100</b>

DM Foot Inspection, FY 2010

<i>Measure</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
<b>DM - Outpatient - Foot Pedal Pulses</b>	<b>National</b>	<b>4,208</b>	<b>4,651</b>	<b>90</b>
	671 South Texas HCS	43	46	<b>98</b>
	671BZ Corpus Christi	47	50	<b>94</b>
	671GL New Braunfels	46	47	<b>98</b>

Foot Pedal Pulse, FY 2010

<sup>23</sup> <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. It corrects for the unequal number of available cases within each organizational level (i.e., CBOC, facility) and protects against the calculation of biased or inaccurate scores. Weighting can alter the raw measure score (numerator/denominator) in different ways, particularly measures with small “N”(s). Raw scores can go up or down depending on which cases pass or fail a measure. Sometimes the adjustment can be quite significant.

<i>Measure</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
<b>DM – Outpatient Foot Sensory Exam Using Monofilament</b>	<b>National</b>	<b>4,126</b>	<b>4,630</b>	<b>89</b>
	671 South Texas HCS	42	46	<b>98</b>
	671BZ Corpus Christi	47	50	<b>94</b>
	671GL New Braunfels	46	47	<b>98</b>

Foot Sensory, FY 2010

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
<b>DM – Retinal Eye Exam</b>	<b>70</b>	<b>National</b>	<b>3,181</b>	<b>3,510</b>	<b>91</b>
	70	671 South Texas HCS	31	37	<b>92</b>
		671BZ Corpus Christi	48	50	<b>96</b>
		671GL New Braunfels	38	47	<b>81</b>

Retinal Exam, FY 2010

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
<b>DM – LDL-C</b>	<b>88</b>	<b>National</b>	<b>3,413</b>	<b>3,511</b>	<b>97</b>
	88	671 South Texas HCS	36	37	<b>100</b>
		671BZ Corpus Christi	49	50	<b>98</b>
		671GL New Braunfels	47	47	<b>100</b>

Lipid Profile, FY 2010

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
<b>DM – HbgA1c</b>	<b>93</b>	<b>National</b>	<b>3,452</b>	<b>3,512</b>	<b>98</b>
	93	671 South Texas HCS	35	46	<b>81</b>
		671BZ Corpus Christi	49	50	<b>98</b>
		671GL New Braunfels	47	47	<b>100</b>

HbgA1c Testing, FY 2010

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
<b>DM - Renal Testing</b>	<b>88</b>	<b>National</b>	<b>3,371</b>	<b>3,512</b>	<b>95</b>
	88	671 South Texas HCS	31	37	<b>92</b>
		671BZ Corpus Christi	49	50	<b>98</b>
		671GL New Braunfels	47	47	<b>100</b>

Renal Testing, FY 2010

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
<b>Patient Screen with PC-PTSD</b>	<b>95</b>	<b>National</b>	<b>9,761</b>	<b>10,006</b>	<b>98</b>
	95	671 South Texas HCS	98	99	<b>100</b>
		671BZ Corpus Christi	24	26	<b>92</b>
		671GL New Braunfels	13	13	<b>100</b>

PTSD Screening, FY 2010

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
<b>Patient Screen with PC-PTSD with timely Suicide Ideation/Behavior Evaluation</b>	<b>75</b>	<b>National</b>	<b>239</b>	<b>379</b>	<b>64</b>
	75	671 South Texas HCS	6	6	<b>100</b>
		671BZ Corpus Christi	2	2	<b>100</b>
		671GL New Braunfels	1	1	<b>100</b>

PTSD Screening with Timely Suicide Ideation/Behavior Evaluation, FY 2010

Quality of Care Measures  
Long Beach HCS<sup>24</sup> – Cabrillo and Whittier

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 4 Numerator</i>	<i>Qtr 4 Denominator</i>	<i>Qtr4 Percentage</i>
<b>Influenza Vaccination, 50–64</b>	<b>66</b>	<b>National</b>	<b>4,843</b>	<b>6,973</b>	<b>69</b>
	66	600 Long Beach HCS	28	44	<b>64</b>
		600GC Cabrillo	34	60	<b>57</b>
		600GD Whittier	NA	NA	<b>NA</b>

Influenza Vaccination, 50–64 Years of Age, 4<sup>th</sup> Qtr, FY 2009

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 4 Numerator</i>	<i>Qtr 4 Denominator</i>	<i>Qtr 4 Percentage</i>
<b>Influenza Vaccination, 65 or older</b>	<b>83</b>	<b>National</b>	<b>5,460</b>	<b>6,499</b>	<b>84</b>
	83	600 Long Beach HCS	43	49	<b>88</b>
		600GC Cabrillo	8	10	<b>80</b>
		600GD Whittier	NA	NA	<b>NA</b>

Influenza Vaccination, Age 65 or Older, 4<sup>th</sup> Qtr, FY 2009

<i>Measure</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
<b>DM - Outpatient Foot Inspection</b>	<b>National</b>	<b>4,321</b>	<b>4,651</b>	<b>93</b>
	600 Long Beach HCS	16	27	<b>71</b>
	600GC Cabrillo	19	20	<b>95</b>
	600GD Whittier	NA	NA	<b>NA</b>

DM Foot Inspection, FY 2010

<i>Measure</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr1 Percentage</i>
<b>DM - Outpatient - Foot Pedal Pulses</b>	<b>National</b>	<b>4,208</b>	<b>4,651</b>	<b>90</b>
	600 Long Beach HCS	16	27	<b>71</b>
	600GC Cabrillo	19	20	<b>95</b>
	600GD Whittier	NA	NA	<b>NA</b>

Foot Pedal Pulse, FY 2010

<sup>24</sup> <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. It corrects for the unequal number of available cases within each organizational level (i.e., CBOC, facility) and protects against the calculation of biased or inaccurate scores. Weighting can alter the raw measure score (numerator/denominator) in different ways, particularly measures with small “N”(s). Raw scores can go up or down depending on which cases pass or fail a measure. Sometimes the adjustment can be quite significant.

<i>Measure</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
<b>DM – Outpatient Foot Sensory Exam Using Monofilament</b>	<b>National</b>	<b>4,126</b>	<b>4,630</b>	<b>89</b>
	600 Long Beach HCS	16	27	<b>71</b>
	600GC Cabrillo	18	20	<b>90</b>
	600GD Whittier	NA	NA	<b>NA</b>

Foot Sensory, FY 2010

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
<b>DM – Retinal Eye Exam</b>	<b>70</b>	<b>National</b>	<b>3,181</b>	<b>3,510</b>	<b>91</b>
	70	600 Long Beach HCS	15	19	<b>64</b>
		600GC Cabrillo	18	20	<b>90</b>
		600GD Whittier	NA	NA	<b>NA</b>

Retinal Exam, FY 2010

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
<b>DM – LDL-C</b>	<b>88</b>	<b>National</b>	<b>3,413</b>	<b>3,511</b>	<b>97</b>
	88	600 Long Beach HCS	18	19	<b>97</b>
		600GC Cabrillo	20	20	<b>100</b>
		600GD Whittier	NA	NA	<b>NA</b>

Lipid Profile, FY 2010

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
<b>DM – HbgA1c</b>	<b>93</b>	<b>National</b>	<b>3,452</b>	<b>3,512</b>	<b>98</b>
	93	600 Long Beach HCS	19	19	<b>100</b>
		600GC Cabrillo	20	20	<b>100</b>
		600GD Whittier	NA	NA	<b>NA</b>

HbgA1c Testing, FY 2010

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
<b>DM - Renal Testing</b>	<b>88</b>	<b>National</b>	<b>3,371</b>	<b>3,512</b>	<b>95</b>
	88	600 Long Beach HCS	18	19	<b>91</b>
		600GC Cabrillo	20	20	<b>100</b>
		600GD Whittier	NA	NA	<b>NA</b>

Renal Testing, FY 2010

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
<b>Patient Screen with PC-PTSD</b>	<b>95</b>	<b>National</b>	<b>9,761</b>	<b>10,006</b>	<b>98</b>
	95	600 Long Beach HCS	128	130	<b>97</b>
		600GC Cabrillo	2	2	<b>100</b>
		600GD Whittier	NA	NA	<b>NA</b>

PTSD Screening, FY 2010

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
<b>Patient Screen with PC-PTSD with timely Suicide Ideation/Behavior Evaluation</b>	<b>75</b>	<b>National</b>	<b>239</b>	<b>379</b>	<b>64</b>
	75	600 Long Beach HCS	1	3	<b>11</b>
		600GC Cabrillo	1	1	<b>100</b>
		600GD Whittier	NA	NA	<b>NA</b>

PTSD Screening with Timely Suicide Ideation/Behavior Evaluation, FY 2010

Quality of Care Measures  
San Diego HCS<sup>25</sup> – Mission Valley and Imperial Valley

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 4 Numerator</i>	<i>Qtr 4 Denominator</i>	<i>Qtr 4 Percentage</i>
<b>Influenza Vaccination, 50–64</b>	<b>66</b>	<b>National</b>	<b>4,843</b>	<b>6,973</b>	<b>69</b>
	66	664 San Diego HCS	33	49	67
		664BY Mission Valley	18	34	53
		664GA Imperial Valley	7	17	41

Influenza Vaccination, 50–64 Years of Age, 4<sup>th</sup> Qtr, FY 2009

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 4 Numerator</i>	<i>Qtr 4 Denominator</i>	<i>Qtr 4 Percentage</i>
<b>Influenza Vaccination, 65 or older</b>	<b>83</b>	<b>National</b>	<b>5,460</b>	<b>6,499</b>	<b>84</b>
	83	664 San Diego HCS	27	38	71
		664BY Mission Valley	28	38	74
		664GA Imperial Valley	37	47	79

Influenza Vaccination, Age 65 or Older, 4<sup>th</sup> Qtr, FY 2009

<i>Measure</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
<b>DM - Outpatient Foot Inspection</b>	<b>National</b>	<b>4,321</b>	<b>4,651</b>	<b>93</b>
	664 San Diego HCS	31	33	92
	664BY Mission Valley	49	49	100
	664GA Imperial Valley	48	48	100

DM Foot Inspection, FY 2010

<i>Measure</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr1 Percentage</i>
<b>DM - Outpatient - Foot Pedal Pulses</b>	<b>National</b>	<b>4,208</b>	<b>4,651</b>	<b>90</b>
	664 San Diego HCS	30	33	87
	664BY Mission Valley	46	49	94
	664GA Imperial Valley	48	48	100

Foot Pedal Pulse, FY 2010

<sup>25</sup> <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. It corrects for the unequal number of available cases within each organizational level (i.e., CBOC, facility) and protects against the calculation of biased or inaccurate scores. Weighting can alter the raw measure score (numerator/denominator) in different ways, particularly measures with small “N”(s). Raw scores can go up or down depending on which cases pass or fail a measure. Sometimes the adjustment can be quite significant.

<i>Measure</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
<b>DM – Outpatient Foot Sensory Exam Using Monofilament</b>	<b>National</b>	<b>4,126</b>	<b>4,630</b>	<b>89</b>
	664 San Diego HCS	30	33	<b>87</b>
	664BY Mission Valley	45	49	<b>92</b>
	664GA Imperial Valley	43	48	<b>90</b>

Foot Sensory, FY 2010

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
<b>DM – Retinal Eye Exam</b>	<b>70</b>	<b>National</b>	<b>3,181</b>	<b>3,510</b>	<b>91</b>
	70	664 San Diego HCS	28	32	<b>93</b>
		664BY Mission Valley	48	49	<b>98</b>
		664GA Imperial Valley	39	48	<b>81</b>

Retinal Exam, FY 2010

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
<b>DM – LDL-C</b>	<b>88</b>	<b>National</b>	<b>3,413</b>	<b>3,511</b>	<b>97</b>
	88	664 San Diego HCS	32	32	<b>100</b>
		664BY Mission Valley	48	49	<b>98</b>
		664GA Imperial Valley	48	48	<b>100</b>

Lipid Profile, FY 2010

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
<b>DM – HbgA1c</b>	<b>93</b>	<b>National</b>	<b>3,452</b>	<b>3,512</b>	<b>98</b>
	93	664 San Diego HCS	32	32	<b>100</b>
		664BY Mission Valley	48	49	<b>98</b>
		664GA Imperial Valley	47	48	<b>98</b>

HbgA1c Testing, FY 2010

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
<b>DM - Renal Testing</b>	<b>88</b>	<b>National</b>	<b>3,371</b>	<b>3,512</b>	<b>95</b>
	88	664 San Diego HCS	31	32	<b>100</b>
		664BY Mission Valley	49	49	<b>100</b>
		664GA Imperial Valley	44	48	<b>92</b>

Renal Testing, FY 2010

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
<b>Patient Screen with PC-PTSD</b>	<b>95</b>	<b>National</b>	<b>9,761</b>	<b>10,006</b>	<b>98</b>
	95	664 San Diego HCS	56	58	<b>95</b>
		664BY Mission Valley	29	30	<b>97</b>
		664GA Imperial Valley	8	9	<b>89</b>

PTSD Screening, FY 2010

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
<b>Patient Screen with PC-PTSD with timely Suicide Ideation/Behavior Evaluation</b>	<b>75</b>	<b>National</b>	<b>239</b>	<b>379</b>	<b>64</b>
	75	664 San Diego HCS	1	1	<b>100</b>
		664BY Mission Valley	13	13	<b>100</b>
		664GA Imperial Valley	1	1	<b>100</b>

PTSD Screening with Timely Suicide Ideation/Behavior Evaluation, FY 2010

Quality of Care Measures  
Greater Los Angeles<sup>26</sup> – East Los Angeles and Oxnard

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 4 Numerator</i>	<i>Qtr 4 Denominator</i>	<i>Qtr 4 Percentage</i>
<b>Influenza Vaccination, 50–64</b>	<b>66</b>	<b>National</b>	<b>4,843</b>	<b>6,973</b>	<b>69</b>
	66	691 Greater Los Angeles HCS	25	46	
		691GF East Los Angeles	22	46	<b>48</b>
		691GM Oxnard	17	31	<b>55</b>

Influenza Vaccination, 50–64 Years of Age, 4<sup>th</sup> Qtr, FY 2009

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 4 Numerator</i>	<i>Qtr 4 Denominator</i>	<i>Qtr 4 Percentage</i>
<b>Influenza Vaccination, 65 or older</b>	<b>83</b>	<b>National</b>	<b>5,460</b>	<b>6,499</b>	<b>84</b>
	83	691 Greater Los Angeles HCS	27	42	<b>64</b>
		691GF East Los Angeles	16	28	<b>57</b>
		691GM Oxnard	25	32	<b>78</b>

Influenza Vaccination, Age 65 or Older, 4<sup>th</sup> Qtr, FY 2009

<i>Measure</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
<b>DM - Outpatient Foot Inspection</b>	<b>National</b>	<b>4,321</b>	<b>4,651</b>	<b>93</b>
	691 Greater Los Angeles HCS	49	54	<b>92</b>
	691GF East Los Angeles	49	49	<b>100</b>
	691GM Oxnard	47	48	<b>98</b>

DM Foot Inspection, FY 2010

<i>Measure</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
<b>DM - Outpatient - Foot Pedal Pulses</b>	<b>National</b>	<b>4,208</b>	<b>4,651</b>	<b>90</b>
	691 Greater Los Angeles HCS	49	54	<b>92</b>
	691GF East Los Angeles	48	49	<b>98</b>
	691GM Oxnard	46	48	<b>96</b>

Foot Pedal Pulse, FY 2010

<sup>26</sup> <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. It corrects for the unequal number of available cases within each organizational level (i.e., CBOC, facility) and protects against the calculation of biased or inaccurate scores. Weighting can alter the raw measure score (numerator/denominator) in different ways, particularly measures with small “N”(s). Raw scores can go up or down depending on which cases pass or fail a measure. Sometimes the adjustment can be quite significant.

<i>Measure</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
<b>DM – Outpatient Foot Sensory Exam Using Monofilament</b>	<b>National</b>	<b>4,126</b>	<b>4,630</b>	<b>89</b>
	691 Greater Los Angeles HCS	49	54	<b>92</b>
	691GF East Los Angeles	47	49	<b>96</b>
	691GM Oxnard	45	48	<b>94</b>

Foot Sensory, FY 2010

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
<b>DM – Retinal Eye Exam</b>	<b>70</b>	<b>National</b>	<b>3,181</b>	<b>3,510</b>	<b>91</b>
	70	691 Greater Los Angeles HCS	35	40	<b>78</b>
		691GF East Los Angeles	47	50	<b>94</b>
		691GM Oxnard	42	49	<b>86</b>

Retinal Exam, FY 2010

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
<b>DM – LDL-C</b>	<b>88</b>	<b>National</b>	<b>3,413</b>	<b>3,511</b>	<b>97</b>
	88	691 Greater Los Angeles HCS	38	40	<b>90</b>
		691GF East Los Angeles	49	50	<b>98</b>
		691GM Oxnard	49	49	<b>100</b>

Lipid Profile, FY 2010

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
<b>DM – HbgA1c</b>	<b>93</b>	<b>National</b>	<b>3,452</b>	<b>3,512</b>	<b>98</b>
	93	691 Greater Los Angeles HCS	38	40	<b>91</b>
		691GF East Los Angeles	50	50	<b>100</b>
		691GM Oxnard	49	49	<b>100</b>

HbgA1c Testing, FY 2010

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
<b>DM - Renal Testing</b>	<b>88</b>	<b>National</b>	<b>3,371</b>	<b>3,512</b>	<b>95</b>
	88	691 Greater Los Angeles HCS	39	40	<b>94</b>
		691GF East Los Angeles	50	50	<b>100</b>
		691GM Oxnard	49	49	<b>100</b>

Renal Testing, FY 2010

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
<b>Patient Screen with PC-PTSD</b>	<b>95</b>	<b>National</b>	<b>9,761</b>	<b>10,006</b>	<b>98</b>
	95	691 Greater Los Angeles HCS	83	84	100
		691GF East Los Angeles	7	8	88
		691GM Oxnard	23	26	88

PTSD Screening, FY 2010

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
<b>Patient Screen with PC-PTSD with timely Suicide Ideation/Behavior Evaluation</b>	<b>75</b>	<b>National</b>	<b>239</b>	<b>379</b>	<b>64</b>
	75	691 Greater Los Angeles HCS	1	1	100
		691GF East Los Angeles	*	*	*
		691GM Oxnard	1	1	100

PTSD Screening with Timely Suicide Ideation/Behavior Evaluation, FY 2010

Null values are represented by \*, indicating no eligible cases.

## OIG Contact and Staff Acknowledgments

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