



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

Office of Healthcare Inspections

Report No. 11-00840-104

**Community Based Outpatient
Clinic Reviews
Spring City and Springfield, PA
Sarasota and Sebring, FL
Paragould, AR and Salem, MO
Cottonwood and Lake Havasu City, AZ**

February 28, 2011

Washington, DC 20420

Why We Did This Review

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

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

Veterans are required to receive one standard of care at all VHA health care facilities. Care at CBOCs needs 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.

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Glossary

A1c	glycated hemoglobin
ADA	Americans with Disabilities Act
C&P	credentialing and privileging
CBOC	community based outpatient clinic
CDC	Centers for Disease Control and Prevention
DM	Diabetes Mellitus
EKG	electrocardiogram
EOC	environment of care
FY	fiscal year
FTE	full-time employee equivalents
HCS	Health Care System
IC	infection control
IT	Information Technology
LCSW	Licensed Clinical Social Worker
LPN	Licensed Practical Nurse
MH	mental health
MST	military sexual trauma
NAVAHCS	Northern Arizona VA Health Care System
NFPA	National Fire Protection Association
NP	nurse practitioner
OIG	Office of Inspector General
OI&T	Office of Information and Technology
OPPE	Ongoing Professional Practice Evaluation
OSHA	Occupational Safety and Health Administration
PA	physician assistant
PCP	primary care provider
PTSD	Post-Traumatic Stress Disorder
Qtr	quarter
RN	registered nurse
SSN	social security number
SOP	standard operating procedure
VAMC	VA Medical Center
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network

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Executive Summary

Purpose: We conducted the review of eight CBOCs during the weeks of November 15, 2010, and November 29, 2010. CBOCs were reviewed in VISN 4 at Spring City and Springfield, PA; in VISN 8 at Sarasota and Sebring, FL; in VISN 15 at Paragould, AR and Salem, MO; and, in VISN 18 at Cottonwood and Lake Havasu City, AZ. The parent facilities of these CBOCs are Coatesville VAMC, Bay Pines HCS, John J. Pershing VAMC, and Northern Arizona VA Health Care System (NAVAHCS), respectively. The purpose was to evaluate selected activities, assessing whether the CBOCs are operated in a manner that provides veterans with consistent, safe, high-quality health care.

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

Coatesville VAMC

- Modify the entrance to improve access for disabled veterans at the Springfield CBOC.
- Develop a procedure for monitoring and testing panic alarms at the Spring City CBOC.
- Collect and monitor measurable data for hand hygiene at the Spring City and Springfield CBOCs.

Bay Pines HCS

- Collect, analyze, and report hand hygiene data at the Sarasota and Sebring CBOCs.
- Identify the locations of fire extinguishers at the Sarasota and Sebring CBOCs.
- Improve access for disabled veterans at the Sebring CBOC.
- Update the local policy for medical and MH emergencies at the Sarasota CBOC.

John J. Pershing VAMC

- Require providers to document patient notification of normal labs within the specified timeframe at the Paragould CBOC.
- Collect, analyze, and report hand hygiene data at the Paragould and Salem CBOCs.
- Conduct fire drills at the Salem CBOC as required by the NFPA.
- Require that the parent facility follows VA directives and guidelines for real property lease agreements for the Salem CBOC.

- Require that the parent facility enter into a contract to perform laboratory and other medical services at negotiated prices for the Salem CBOC, or if a contract is not beneficial to the VA, then the Facility Director must ensure that VA directives and guidelines for fee basis care are followed.

NAVAHCS

- Require the ordering providers at the Cottonwood CBOC to document patient notification and treatment actions in response to critical test results.
- Ensure clinicians communicate normal test results to patients within the specified timeframe at the Lake Havasu City CBOC.
- Require the Chief of OI&T to evaluate identified IT security vulnerabilities and implement appropriate IT security measures at the Cottonwood and Lake Havasu City CBOCs.
- Install panic alarm systems at the Cottonwood and Lake Havasu City CBOCs.
- Maintain auditory privacy during the check-in process at the Cottonwood CBOC.
- Develop a local policy or SOP for handling medical and MH emergencies at the Cottonwood and Lake Havasu City CBOCs.

Comments

The VISN and facility Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes A–H, pages 23-38 for the full text of the Directors’ comments.) We will follow up on the planned actions until they are completed.

(original signed by:)
JOHN D. DAIGH, JR., M.D.
Assistant Inspector General for
Healthcare Inspections

Part I. Objectives and Scope

Objectives. The purposes of this review are to:

- Determine whether CBOC performance measure scores are comparable to the parent VAMC or HCS outpatient clinics.
- Determine whether CBOC providers are appropriately credentialed and privileged in accordance to VHA Handbook 1100.19.¹
- Determine whether appropriate notification and follow-up action are documented in the medical record when critical laboratory test results are generated.
- Determine the extent patients are notified of normal laboratory test results.
- Determine whether CBOCs are in compliance with standards of operations according to VHA Handbook 1006.1² in the areas of environmental safety and emergency planning.

Scope. The topics discussed in this report include:

- Quality of Care Measures
- C&P
- Management of Laboratory Results
- EOC and Emergency Management

We formulated a list of CBOC characteristics and developed an online survey for data collection. The surveys were completed by the respective CBOC managers. The characteristics included identifiers and descriptive information for CBOC evaluation.

We reviewed CBOC policies, performance documents, provider C&P files, and nurses' personnel records. For each CBOC, we evaluated the quality of care measures by reviewing 50 randomly selected patients with a diagnosis of DM and 30 female patients between the ages of 52 and 69 years of age who had mammograms, unless fewer patients were available. We reviewed the medical records of these selected patients to determine compliance with VHA performance measures.

We also reviewed medical records for 10 patients who had critical laboratory results and 10 patients with normal laboratory results or fewer if 10 were not available. We used the term *critical value or result* as defined in VHA Directive 2009-019.³ A critical test result is defined as those values or interpretations that, if left untreated, could be life threatening or place the patient at serious risk. All emergent test results and some abnormal test results constitute critical values or results. Although not defined in the

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

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

³ VHA Directive 2009-019, *Ordering and Reporting Test Results*, March 24, 2009.

directive, we used the term *normal results* to describe test or procedure results that are neither emergent nor abnormal, or results that are within or marginally outside the expected or therapeutic range.

We conducted EOC inspections to determine the CBOCs' cleanliness and condition of the patient care areas, condition of equipment, 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.

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

Part II. Results and Recommendations

A. VISN 4, Coatesville VAMC – Spring City and Springfield

CBOC Characteristics

Table 1 shows the characteristics of the Spring City and Springfield CBOCs.

CBOC Characteristics	Spring City	Springfield
Type of CBOC	VA Staffed	VA Staffed
Number of Uniques, FY 2010	2,920	3,718
Number of Visits, FY 2010	8,697	11,244
CBOC Size⁴	Mid-Size	Mid-Size
Locality	Urban	Urban
FTE	2.5	3.8
Type Providers Assigned	PCP PA Psychiatrist Psychologist LCSW	PCP PA Psychiatrist Psychologist LCSW
Ancillary Staff Assigned	RN LPN Pharmacist Social Worker Technician/Technologist	RN LPN Pharmacist Social Worker Technician/Technologist
Type of MH Providers	Psychologist Psychiatrist PA LCSW	Psychologist Psychiatrist LCSW
Provides MH Services	Yes	Yes
• Evening Hours	Yes	Yes
• Weekends	No	No
• Plan for Emergencies Outside of Business Hours	No	No
• Provided Onsite	Substance Use Disorder PTSD MST Homelessness Psychosocial Rehabilitation	Substance Use Disorder PTSD MST Homelessness Psychosocial Rehabilitation
• Referrals	Another VA facility	Another VA facility
• Tele-Mental Health Services	No	No
Remote Services	Tele-Retinal Services	Tele-Retinal Services
Specialty Care Services Onsite	No	Yes
• Type	N/A	Women's Health
• Referrals	Another VA facility Non-VA fee-basis or contract	Another VA facility Non-VA fee-basis or contract
Ancillary Services Provided Onsite	Laboratory (Blood drawn) EKG	Laboratory (Blood drawn) EKG
Miles to Parent Facility	25	25

Table 1: CBOC Characteristics

⁴ Based on the number of unique patients seen as defined by the VHA Handbook 1160.01.

Quality of Care Measures⁵**DM**

Diabetes is the leading cause of new cases of blindness among adults age 20–74 and diabetic retinopathy causes 12,000 to 24,000 new cases of blindness each year. Detection and treatment of diabetic eye disease with laser therapy can reduce the development of severe vision loss by an estimated 50–60 percent. Table 2 displays the parent facility and Spring City and Springfield CBOCs' compliance in screening for retinopathy.

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 3 Numerator</i>	<i>Qtr 3 Denominator</i>	<i>Qtr 3 (%)</i>
<i>DM – Retinal Eye Exam</i>	70%	542 Coatesville VAMC	22	24	94
		542GE Spring City CBOC	47	50	94
		542GA Springfield CBOC	50	50	100

Table 2. Retinal Exam, FY 2010

A1c is a blood test that measures average blood glucose (sugar) levels. Research studies in the United States and abroad have found that improved glycemic control benefits people with either type I or type II diabetes. In general, for every 1 percent reduction in A1c, the relative risk of developing microvascular diabetic complications (eye, kidney, and nerve disease) is reduced by 40 percent. The American Diabetes Association recommends an A1c of less than 7 percent. Patients with poorly controlled diabetes (A1c greater than 9 percent) are at higher risk of developing diabetic complications. Measuring A1c assesses the effectiveness of therapy. For this indicator, low scores indicate better compliance. Table 3 displays the scores of the parent facility and the Spring City and Springfield CBOCs.

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 3 Numerator</i>	<i>Qtr 3 Denominator</i>	<i>Qtr 3 (%)</i>
<i>DM –A1c > 9 or not done in past year</i>	21%	542 Coatesville VAMC	3	24	14
		542GE Spring City CBOC	4	50	8
		542GA Springfield CBOC	5	50	10

Table 3. A1c Testing, FY 2010

⁵ The parent facility's scores were obtained from <http://vaww.pdw.med.va.gov/MeasureMaster/MMReport.asp>
 Note: Scores are weighted. The purpose of weighting is to correct for the over-representation of cases from small sites and the under-representation of cases from large sites. 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). Raw scores can go up or down depending on which cases pass or fail a measure. Sometimes the adjustment can be quite significant.

Women's Health

Breast cancer is the second most common type of cancer among American women, with approximately 207,000 new cases reported each year.⁶ It is most common in women over 50. Women whose breast cancer is detected early have more treatment choices and better chances for survival. Screening by mammography (an x-ray of the breast) has been shown to reduce mortality by 20–30 percent among women 40 and older. The parent facility's breast cancer screening results are listed in Table 4. Neither CBOC had patients who met the criteria for our review; therefore, we were not able to compare the CBOCs to the parent facility.

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 3 Numerator</i>	<i>Qtr 3 Denominator</i>	<i>Qtr 3 (%)</i>
<i>Mammography, 50-69 years old</i>	77%	542 Coatesville VAMC	21	26	86
		542GE Spring City CBOC	NA	NA	NA
		542GA Springfield CBOC	NA	NA	NA

Table 4. Women's Health, FY 2010

C&P

We reviewed the C&P files of two providers and the personnel folders of two nurses at the Spring City CBOC and three providers and two nurses at the Springfield CBOC. All providers possessed a full, active, current, and unrestricted license; and privileges were appropriate for services rendered. All nurses' license and education requirements were verified and documented. Service-specific criteria for OPPE had been developed and approved. We found sufficient performance data to meet current requirements. OPPE included minimum competency criteria for privileges.

Management of Laboratory Results

VHA Directive 2009-019 requires critical test results to be communicated to the ordering provider or surrogate provider within a timeframe that allows for prompt attention and appropriate clinical action to be taken. VHA also requires that the ordering provider communicate test results to patients so that they may participate in health care decisions. Each parent facility is required to develop a written policy for communicating test results to providers and documenting communications in the medical record, to include a system for surrogate providers to receive results when the ordering provider is not available. In addition, ordering providers are required to communicate outpatient test results (those not requiring immediate attention) to patients no later than 14 calendar days from the date on which the results are available to the ordering provider.

We reviewed the parent facility's policies and procedures and the medical records of patients who had tests resulting in critical values and normal values.

⁶ American Cancer Society, Cancer Facts & Figures 2009.

We determined that the parent facility had developed a written policy and had implemented an effective reporting process for test results.

Critical Laboratory Results

We found that the Spring City and Springfield CBOCs had effective processes in place to communicate critical laboratory test results to ordering providers and patients. We reviewed the medical records of 20 patients (10 at the Spring City CBOC and 10 at the Springfield CBOC) who had critical laboratory results and found that all records contained documented evidence of patient notification and follow-up actions.

Normal Laboratory Results

We found that the Spring City and Springfield CBOCs had effective processes in place to communicate normal laboratory test results to patients. We reviewed the medical records of 20 patients (10 at the Spring City CBOC and 10 at the Springfield CBOC) and determined that the CBOCs had communicated normal results to 19 (95 percent) patients within 14 calendar days from the date the results were available to the ordering provider.

Environment and Emergency Management

EOC

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.

Physical Access

The Springfield CBOC entrance door handle required a tight grasp to open, and the door was not equipped with an automatic opener or bell to assist patients in accessing the clinic. The ADA⁷ requires that facility doors be equipped with handles that are easy to grasp with one hand and do not require tight grasping, pinching, or twisting of the wrist to operate.

Panic Alarms

The Spring City CBOC staff did not monitor or test the panic alarms. The Spring City CBOC staff carry a hand-held alarm on a voluntary basis. When an alarm is activated, all staff are to respond to assist the staff member activating the alarm. During our site

⁷ ADA, *ADA Standards for Accessible Design*, accessed on November 18, 2010.

visit, we tested the process; however, all staff did not respond. Staff who did not respond reported that the alarm was audible. OSHA⁸ requires that panic alarm systems be monitored and tested to minimize risk to employees and visitors.

Hand Hygiene Monitor

We found no documentation that hand hygiene data had been collected. Therefore, the facility could not identify any trends or conduct the appropriate data analysis. Although, the CBOC manager and the IC Officer recently initiated a process of data collection, no data was available for our review at the time of our site visit. The CDC⁹ recommends that healthcare facilities develop a comprehensive IC program with a hand hygiene component that 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.

Recommendation 1: We recommended that the entrance be modified to improve access for disabled veterans at the Springfield CBOC.

Recommendation 2: We recommended that a procedure for monitoring and testing panic alarms be developed for the Spring City CBOC.

Recommendation 3: We recommended that data for hand hygiene is collected and monitored for the Spring City and Springfield CBOCs.

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 management of medical and MH emergencies. Our interviews revealed staff at each facility articulated responses that accurately reflected the local emergency response guidelines.

⁸ Guidelines for Preventing Workplace Violence for Health Care & Social Service Workers – OSHA Publication 3148 (2004).

⁹ CDC is one of the components of the Department of Health and Human Services that is responsible for health promotion; prevention of disease, injury, and disability; and preparedness for new health threats.

B. VISN 8, Bay Pines HCS – Sarasota and Sebring

CBOC Characteristics

Table 5 shows the characteristics of the Sarasota and Sebring CBOCs.

CBOC Characteristics	Sarasota	Sebring
Type of CBOC	VA Staffed	VA Staffed
Number of Uniques, FY 2010	13,418	3,064
Number of Visits, FY 2010	77,111	23,569
CBOC Size	Very Large	Mid-Size
Locality	Urban	Rural
FTE	8.95	1.96
Type Providers Assigned	Internal Medicine Physician PCP Psychiatrist Psychologist LCSW	Internal Medicine Physician PCP NP Psychiatrist LCSW
Ancillary Staff Assigned	RN LPN Pharmacist Social Worker Health/Medical Technician or Assistant Audiology Technician	RN LPN Pharmacist Social Worker Health/Medical Technician or Assistant
Type of MH Providers	Psychologist Psychiatrist LCSW PCP	Psychiatrist LCSW PCP NP
Provides MH Services	Yes	Yes
• Evening Hours	No	No
• Weekends	No	No
• Plan for Emergencies Outside of Business Hours	No	No
• Provided Onsite	Substance Use Disorder PTSD	Substance Use Disorder PTSD
• Referrals	Another VA facility	Another VA facility
• Tele-Mental Health Services	No	Yes (Medication management and individual therapy)
Remote Services	Tele-Medicine Tele-Retinal	Tele-Medicine
Specialty Care Services Onsite	Yes	No
• Type	Women's Health Audiology	N/A
• Referrals	Another VA facility	Another VA facility
Ancillary Services Provided Onsite	Laboratory (Blood drawn) EKG	Laboratory (Blood drawn) EKG
Miles to Parent Facility	51	105

Table 5: CBOC Characteristics

Quality of Care Measures

DM

Diabetes is the leading cause of new cases of blindness among adults age 20–74 and diabetic retinopathy causes 12,000 to 24,000 new cases of blindness each year. Detection and treatment of diabetic eye disease with laser therapy can reduce the development of severe vision loss by an estimated 50–60 percent. While onsite, we learned that many veterans cancel or fail to keep their eye appointments at the parent facility because of the distance between the Sebring CBOC and the parent facility. The Sebring CBOC now has a retinal imaging camera, and eye exams should increase. Table 6 displays the parent facility and the Sarasota and Sebring CBOCs' compliance in screening for retinopathy.

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 3 Numerator</i>	<i>Qtr 3 Denominator</i>	<i>Qtr 3 (%)</i>
DM – Retinal Eye Exam	70%	516 Bay Pines VA HCS	82	90	91
		516GA Sarasota CBOC	43	47	91
		516GH Sebring CBOC	38	47	81

Table 6. Retinal Exam, FY 2010

A1c is a blood test that measures average blood glucose (sugar) levels. Research studies in the United States and abroad have found that improved glycemic control benefits people with either type I or type II diabetes. In general, for every 1 percent reduction in A1c, the relative risk of developing microvascular diabetic complications (eye, kidney, and nerve disease) is reduced by 40 percent. The American Diabetes Association recommends an A1c of less than 7 percent. Patients with poorly controlled diabetes (A1c greater than 9 percent) are at higher risk of developing diabetic complications. Measuring A1c assesses the effectiveness of therapy. For this indicator, low scores indicate better compliance. Table 7 displays the scores of the parent facility and the Sarasota and Sebring CBOCs.

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr3 Numerator</i>	<i>Qtr 3 Denominator</i>	<i>Qtr 3 (%)</i>
DM –A1c > 9 or not done in past year	22%	516 Bay Pines VA HCS	17	90	16
		516GA Sarasota CBOC	5	47	11
		516GH Sebring CBOC	3	47	6

Table 7. A1c Testing, FY 2010

Women's Health

Breast cancer is the second most common type of cancer among American women, with approximately 207,000 new cases reported each year. It is most common in women over 50. Women whose breast cancer is detected early have more treatment choices and better chances for survival. Screening by mammography (an x-ray of the breast) has been shown to reduce mortality by 20–30 percent among women 40 and

older. Comparison of the Sarasota and Sebring CBOCs to the parent facility’s breast cancer screening is listed in Table 8.

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 3 Numerator</i>	<i>Qtr 3 Denominator</i>	<i>Qtr 3 (%)</i>
<i>Mammography, 50-69 years old</i>	77%	516 Bay Pines VA HCS	34	37	91
		516GA Sarasota CBOC	20	20	100
		516GH Sebring CBOC	26	26	100

Table 8. Women’s Health, FY 2010

C&P

We reviewed the C&P files of three providers and the personnel folders of two nurses at the Sarasota CBOC and two providers and two nurses at the Sebring CBOC. All providers possessed a full, active, current, and unrestricted license; and privileges were appropriate for services rendered. All nurses’ license and education requirements were verified and documented. Service-specific criteria for OPPE had been developed and approved. We found sufficient performance data to meet current requirements. OPPE included minimum competency criteria for privileges.

Management of Laboratory Results

VHA Directive 2009-019 requires critical test results to be communicated to the ordering provider or surrogate provider within a timeframe that allows for prompt attention and appropriate clinical action to be taken. VHA also requires that the ordering provider communicate test results to patients so that they may participate in health care decisions. Each parent facility is required to develop a written policy for communicating test results to providers and documenting communications in the medical record, to include a system for surrogate providers to receive results when the ordering provider is not available. In addition, ordering providers are required to communicate outpatient test results (those not requiring immediate attention) to patients no later than 14 calendar days from the date on which the results are available to the ordering provider.

We reviewed policies and procedures and the medical records of patients who had tests resulting in critical and normal values. The parent facility had developed a written policy that included CBOCs, and we determined that both CBOCs had implemented an effective reporting process for test results.

Critical Laboratory Results

We found that the Sarasota and Sebring CBOCs had effective processes in place to communicate critical laboratory test results to ordering providers and patients. We reviewed the medical records of 20 patients (10 at the Sarasota CBOC and 10 at the Sebring CBOC) who had critical laboratory results and found that all records contained documented evidence of patient notification and follow-up actions.

Normal Laboratory Results

We found that the Sarasota and Sebring CBOCs had effective processes in place to communicate normal laboratory test results to patients. We reviewed the medical records of 20 patients (10 at the Sarasota CBOC and 10 at the Sebring CBOC) and determined that the CBOCs had communicated normal results to 18 (90 percent) patients within 14 calendar days from the date the results were available to the ordering provider.

Environment and Emergency Management

EOC

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. Safety guidelines were generally met, and risk assessments were in compliance with VHA standards. However, we found the following areas that needed improvement.

Hand Hygiene Monitor

Staff at the Sarasota and Sebring CBOCs did not consistently collect hand hygiene data nor was the data analyzed. The CDC recommends that healthcare facilities develop a comprehensive hand hygiene program, which includes monitors, data analysis, and provider feedback. The intent is to foster a culture of hand hygiene compliance that promotes IC.

Life Safety

The Sarasota and Sebring CBOCs did not have signage to identify fire extinguishers located in recessed walls or stored in cabinetry. The NFPA Life Safety Code requires identification of fire extinguisher locations when they are obscured from view.

Physical Access

We observed a patient, using a walking cane, encounter difficulty opening the door to the Sebring CBOC. There was no doorbell or automatic door opener for patients to attain access to the clinic. In addition, the entrance door was not visible by staff; therefore, staff would not be aware if a patient needed assistance.

Recommendation 4: We recommended that hand hygiene data be collected, analyzed, and reported at the Sarasota and Sebring CBOCs.

Recommendation 5: We recommended installation of signage to identify the location of fire extinguishers at the Sarasota and Sebring CBOCs.

Recommendation 6: We recommended that access for disabled veterans be improved at the Sebring CBOC.

Emergency Management

VHA Handbook 1006.1 requires each CBOC to have a local policy or SOP defining how medical emergencies, including MH, are handled. The Sebring CBOC had policies that outlined management of medical and MH emergencies, and our interviews revealed staff at the CBOC articulated responses that accurately reflected the local emergency management guidelines. However, the Sarasota CBOC policy did not include current procedures for management of medical and MH emergencies. For example, the policy did not reference the use of an automated electronic defibrillator for cardiac emergencies or the panic alarm system for MH emergencies.

Recommendation 7: We recommended revising the local policy for medical and MH emergencies to reflect the current practice and capability at the Sarasota CBOC.

C. VISN 15, John J. Pershing VAMC – Paragould and Salem

CBOC Characteristics

Table 9 shows the characteristics of the Paragould and Salem CBOCs.

CBOC Characteristics	Paragould	Salem
Type of CBOC	VA Staffed	VA Staffed
Number of Uniques, FY 2010	2,074	155
Number of Visits, FY 2010	13,311	297
CBOC Size	Mid-Size	Small
Locality	Rural	Rural
FTE	2	0.1
Type Providers Assigned	PCP NP	NP
Ancillary Staff Assigned	RN LPN	LPN
Type of MH Providers	Psychologist Rehabilitation Adjustment Counselor	N/A
Provides MH Services	Yes	No
• Evening Hours	Yes	N/A
• Weekends	No	N/A
• Plan for Emergencies Outside of Business Hours	No	No
• Provided Onsite	Substance Use Disorder PTSD MST Homelessness	N/A
• Referrals	Another VA facility Non-VA fee-basis or contract	Another VA facility Non-VA fee-basis or contract
• Tele-Mental Health Services	Yes (Medication management)	No
Specialty Care Services Onsite	No	No
• Referrals	Another VA facility Non-VA fee-basis or contract	Another VA facility Non-VA fee-basis or contract
Ancillary Services Provided Onsite	Laboratory (Blood drawn) Radiology	None
Miles to Parent Facility	60	118

Table 9: CBOC Characteristics

Quality of Care Measures

DM

Diabetes is the leading cause of new cases of blindness among adults age 20–74, and diabetic retinopathy causes 12,000 to 24,000 new cases of blindness each year. Detection and treatment of diabetic eye disease with laser therapy can reduce the development of severe vision loss by an estimated 50–60 percent. Table 10 displays the parent facility and the Paragould and Salem CBOCs' compliance in screening for retinopathy.

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 3 Numerator</i>	<i>Qtr 3 Denominator</i>	<i>Qtr 3 (%)</i>
DM – Retinal Eye Exam	70%	657 John J. Pershing VAMC	44	52	90
		657GG Paragould CBOC	42	45	93
		657GN Salem CBOC	1	2	50

Table 10. Retinal Exam, FY 2010

A1c is a blood test that measures average blood glucose (sugar) levels. Research studies in the United States and abroad have found that improved glycemic control benefits people with either type I or type II diabetes. In general, for every 1 percent reduction in A1c, the relative risk of developing microvascular diabetic complications (eye, kidney, and nerve disease) is reduced by 40 percent. The American Diabetes Association recommends an A1c of less than 7 percent. Patients with poorly controlled diabetes (A1c greater than 9 percent) are at higher risk of developing diabetic complications. Measuring A1c assesses the effectiveness of therapy. For this indicator, low scores indicate better compliance. Table 11 displays the scores of the parent facility and the Paragould and Salem CBOCs.

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr3 Numerator</i>	<i>Qtr 3 Denominator</i>	<i>Qtr 3 (%)</i>
DM – A1c > 9 or not done in past year	19%	657 John J. Pershing VAMC	8	52	16
		657GG Paragould CBOC	7	46	15
		657GN Salem CBOC	0	2	0

Table 11. A1c Testing, FY 2010

Women's Health

Breast cancer is the second most common type of cancer among American women, with approximately 207,000 new cases reported each year. It is most common in women over 50. Women whose breast cancer is detected early have more treatment choices and better chances for survival. Screening by mammography (an x-ray of the breast) has been shown to reduce mortality by 20–30 percent among women 40 and older. Comparison of the Paragould CBOC's compliance to the parent facility's breast

cancer screening compliance is listed in Table 12. The Salem CBOC had no patients who met the criteria for our review.

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 3 Numerator</i>	<i>Qtr 3 Denominator</i>	<i>Qtr 3 (%)</i>
<i>Mammography, 50-69 years old</i>	77%	657 John J. Pershing VAMC	19	24	81
		657GG Paragould CBOC	12	14	86
		657GN Salem CBOC	NA	NA	NA

Table 12. Women’s Health, FY 2010

C&P

We reviewed the C&P files of one physician, three NPs, and the personnel folders of two nurses at the Paragould CBOC and one NP and one nurse at the Salem CBOC. All providers possessed a full, active, current, and unrestricted license; and privileges or scope of practices were appropriate for services rendered. All nurses’ license and education requirements were verified and documented. Service-specific criteria for OPPE had been developed and approved. We found sufficient performance data to meet current requirements. OPPE included minimum competency criteria for privileges.

Management of Laboratory Results

VHA Directive 2009-019 requires critical test results to be communicated to the ordering provider or surrogate provider within a timeframe that allows for prompt attention and appropriate clinical action to be taken. VHA also requires that the ordering provider communicate test results to patients so that they may participate in health care decisions. Each parent facility is required to develop a written policy for communicating test results to providers and documenting communications in the medical record, to include a system for surrogate providers to receive results when the ordering provider is not available. In addition, ordering providers are required to communicate outpatient test results (those not requiring immediate attention) to patients no later than 14 calendar days from the date on which the results are available to the ordering provider.

We reviewed the parent facility’s policies, procedures, and the medical records of patients who had tests resulting in critical values and normal values. We found the following, with one process that needed improvement:

Critical Laboratory Results

We found that the Paragould and Salem CBOCs had effective processes in place to communicate critical laboratory test results to ordering providers and patients. We

reviewed the medical records of 11 patients (10 at the Paragould CBOC and 1 at the Salem CBOC¹⁰) who had critical laboratory results and found that all records contained documented evidence of patient notification and follow-up actions.

Normal Laboratory Results

We found the Paragould CBOC did not have consistent processes in place to communicate normal laboratory test results to patients. We reviewed the medical records of 20 patients (10 at the Salem CBOC and 10 at the Paragould CBOC) and determined that the Paragould CBOC had not communicated normal test results to 5 (50 percent) of the patients within 14 calendar days from the date the results were available to the ordering provider.

Recommendation 8: We recommended that normal test results be communicated to patients within the specified timeframe at the Paragould CBOC.

Environment and Emergency Management

EOC

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, IC, and general maintenance. Both Paragould and Salem CBOCs met most standards, and the environments were generally clean and safe. Safety guidelines were generally met, and risk assessments complied with VHA standards. However, we found the following areas that needed improvement.

Hand Hygiene Monitor

The parent facility did not begin monitoring and collecting hand hygiene data at the Paragould and Salem CBOCs until August 2010. The CDC recommends 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.

Fire Drills

Fire drills were not conducted annually at the Salem CBOC. We found documentation of one fire drill conducted in 2010 but none for the previous year. According to the NFPA, staff must conduct, critique, and document fire drills every 12 months from the date of the last drill.

Recommendation 9: We recommended that hand hygiene data is collected, analyzed, and reported for the Paragould and Salem CBOCs.

¹⁰ Only one patient was identified with a critical lab. This may have been attributed to the small number of patients cared for at the Salem CBOC (155 uniques).

Recommendation 10: We recommended that fire drills be conducted at the Salem CBOC as required by NFPA.

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 Paragould and Salem 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.

CBOC Leasing Contract

The Salem CBOC was located at the Salem Memorial District Hospital in leased space for clinic operations 3 days per month. The lease agreement signed on December 14, 1999, was for a 3-year period. The contract did not include a provision to authorize extension past the original 3-year period. The lease was amended three separate times by adding 3-year extensions, which extended the original lease to 12 years ending on December 31, 2011. These amendments were signed on December 27, 2002, September 30, 2005, and November 19, 2008, respectively.

We found that VA providers at the Salem CBOC were referring patients directly to the Salem Memorial District Hospital for laboratory and other medical services without a fee basis preauthorization form. The fee basis program requires preauthorization with an exception for emergencies. The fee basis documentation allows the patient a choice on where those services could be performed. Although the laboratory and radiology services were offered in Salem Memorial District Hospital's proposal for the leasing arrangement, VA never entered into a contract with Salem Memorial District Hospital to purchase the services.

Recommendation 11: We recommended that VA directives and guidelines for real property lease agreements are followed.

Recommendation 12: We recommended that VA enter into a contract to perform laboratory and other medical services for VA at negotiated prices, or if a contract is not beneficial to the VA, then the Facility Director must ensure that VA directives and guidelines for fee basis care are followed.

D. VISN 18, NAVAHCS – Cottonwood and Lake Havasu City

CBOC Characteristics

Table 13 shows the characteristics of the Cottonwood and Lake Havasu City CBOCs.

CBOC Characteristics	Cottonwood	Lake Havasu City
Type of CBOC	VA Staffed	VA Staffed
Number of Uniques, FY 2010	2,144	2,932
Number of Visits, FY 2010	7,192	9,804
CBOC Size	Mid-Size	Mid-Size
Locality	Rural	Rural
FTE	2	3
Type Providers Assigned	PCP NP LCSW	PCP NP PA LCSW
Ancillary Staff Assigned	RN LPN Health/Medical Technician or Assistant	RN LPN Pharmacist Health/Medical Technician or Assistant
Type of MH Providers	NP/Clinical Nurse Specialist LCSW PCP	LCSW
Provides MH Services	Yes	Yes
• Evening Hours	No	No
• Weekends	No	No
• Plan for Emergencies Outside of Business Hours	Yes	Yes
• Provided Onsite	Substance Use Disorder PTSD MST Homelessness Psychosocial Rehabilitation	Substance Use Disorder PTSD MST Homelessness Psychosocial Rehabilitation
• Referrals	Another VA facility Non-VA fee-basis or contract	Another VA facility Non-VA fee-basis or contract
• Tele-Mental Health Services	Yes (Medication management, individual therapy)	Yes (Medication management, individual therapy)
Remote Services	Tele-Medicine	Tele-Medicine
Specialty Care Services Onsite	No	No
• Referrals	Another VA facility Non-VA fee-basis or contract	Another VA facility Non-VA fee-basis or contract
Ancillary Services Provided Onsite	Laboratory (Blood drawn) EKG	Laboratory (Blood drawn) EKG
Miles to Parent Facility	45	210

Table 13: CBOC Characteristics

Quality of Care Measures

DM

Diabetes is the leading cause of new cases of blindness among adults age 20–74 and diabetic retinopathy causes 12,000–24,000 new cases of blindness each year. Detection and treatment of diabetic eye disease with laser therapy can reduce the development of severe vision loss by an estimated 50–60 percent. Table 14 displays the parent facility and the Cottonwood and Lake Havasu City CBOCs' compliance in screening for retinopathy.

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 3 Numerator</i>	<i>Qtr 3 Denominator</i>	<i>Qtr 3 (%)</i>
DM – Retinal Eye Exam	70%	649 NAVAHCS	55	57	96
		649GE Cottonwood CBOC	45	47	96
		649GC Lake Havasu City CBOC	40	44	91

Table 14. Retinal Exam, FY 2010

A1c is a blood test that measures average blood glucose (sugar) levels. Research studies in the United States and abroad have found that improved glycemic control benefits people with either type I or type II diabetes. In general, for every 1 percent reduction in A1c, the relative risk of developing microvascular diabetic complications (eye, kidney, and nerve disease) is reduced by 40 percent. The American Diabetes Association recommends an A1c of less than 7 percent. Patients with poorly controlled diabetes (A1c greater than 9 percent) are at higher risk of developing diabetic complications. Measuring A1c assesses the effectiveness of therapy. For this indicator, low scores indicate better compliance. Table 15 displays the scores of the parent facility and the Cottonwood and Lake Havasu City CBOCs.

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 3 Numerator</i>	<i>Qtr 3 Denominator</i>	<i>Qtr 3 (%)</i>
DM – A1c > 9 or not done in past year	25%	649 NAVAHCS	8	57	14
		649GE Cottonwood CBOC	8	47	17
		649GC Lake Havasu City CBOC	7	44	16

Table 15. A1c Testing, FY 2010

Women's Health

Breast cancer is the second most common type of cancer among American women, with approximately 207,000 new cases reported each year. It is most common in women over 50. Women whose breast cancer is detected early have more treatment choices and better chances for survival. Screening by mammography (an x-ray of the breast) has been shown to reduce mortality by 20–30 percent among women 40 and

older. Comparisons of the Cottonwood and Lake Havasu City CBOCs to the parent facility's breast cancer screening are listed in Table 16.

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 3 Numerator</i>	<i>Qtr 3 Denominator</i>	<i>Qtr 3 (%)</i>
<i>Mammography, 50-69 years old</i>	77%	649 NAVAHCS	26	30	86
		649GE Cottonwood CBOC	9	10	90
		649GC Lake Havasu City CBOC	3	5	60

Table 16. Women's Health, FY 2010

Inquiries to the Lake Havasu City CBOC low scores revealed that mammograms were obtained for the patients through a fee basis agreement. Managers reported that the patients either did not schedule an appointment after the fee basis was approved or did not keep the scheduled appointment. We were informed that clinicians will be reminded to follow-up on all mammography referrals.

C&P

We reviewed the C&P files of two providers and the personnel folders of three nurses at the Cottonwood CBOC and four providers and three nurses at the Lake Havasu City CBOC. All providers possessed a full, active, current, and unrestricted license; and privileges were appropriate for services rendered. All nurses' licenses and education requirements were verified and documented. Service-specific criteria for OPPE had been developed and approved. We found sufficient performance data to meet current requirements. OPPE included minimum competency criteria for privileges.

Management of Laboratory Results

VHA Directive 2009-019 requires critical test results to be communicated to the ordering provider or surrogate provider within a timeframe that allows for prompt attention and appropriate clinical action to be taken. VHA also requires that the ordering provider communicate test results to patients so that they may participate in health care decisions. Each parent facility is required to develop a written policy for communicating test results to providers and documenting communications in the medical record, to include a system for surrogate providers to receive results when the ordering provider is not available. In addition, ordering providers are required to communicate outpatient test results (those not requiring immediate attention) to patients no later than 14 calendar days from the date on which the results are available to the ordering provider.

We reviewed the parent facility's policies and procedures and the medical records of patients who had tests resulting in critical values and normal values. We identified the following areas that needed improvement.

Critical Laboratory Results

We found that the Cottonwood CBOC did not have effective processes in place to communicate critical laboratory test results to ordering providers and patients. We reviewed the medical records of 17 patients (9 at the Cottonwood CBOC and 8 at the Lake Havasu City CBOC) who had critical laboratory results and found that 7 (78 percent) records contained documented evidence of patient notification and follow-up actions at the Cottonwood CBOC. Patients who had critical laboratory results at the Lake Havasu City CBOC were notified of their test results and provided appropriate follow-up instructions.

Recommendation 13: We recommended that the ordering providers document patient notification and treatment actions in response to critical test results at the Cottonwood CBOC.

Normal Laboratory Results

We found that the Lake Havasu City CBOC did not have consistent processes in place to communicate normal laboratory test results to patients. We reviewed the medical records of 20 patients (10 at the Cottonwood CBOC and 10 at the Lake Havasu City CBOC) and determined that the Lake Havasu City CBOC had not communicated normal test results to 5 (50 percent) of the patients within 14 calendar days from the date the results were available to the ordering provider. The Cottonwood CBOC notified patients (90 percent) of normal test results.

Recommendation 14: We recommended that normal test results at the Lake Havasu City CBOC be communicated to patients within the specified timeframe.

Environment and Emergency Management

EOC

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 found the following areas that needed improvement.

IT Security

We did not find a sign-in/out log to track individuals who accessed the IT area at the Cottonwood CBOC. At both CBOCs we found inappropriate IT equipment storage and security issues. The rooms containing IT equipment were unlocked, and there were several non-IT related items on floors.

VA Handbook 6500¹¹ requires that access to areas that contain equipment or information critical to IT infrastructure be limited to authorized personnel. All entrances

¹¹ VA Handbook 6500, *Information Security Program*, August 4, 2006.

to sensitive areas will have a sign-in/out log for tracking individuals entering these areas. Entrance doors to these areas shall remain locked, unless necessary to open for deliveries or maintenance of equipment.

Panic Alarms

Both CBOCs provide MH services but did not have panic alarms for either the administrative or the clinical staff. The staff indicated that if they felt threatened and needed assistance, they would call out for help and try to leave the room. The parent facility conducted a vulnerability risk assessment and recommended the installation of a panic alarm system at each CBOC; however, no action for the installation of an alarm system had been implemented at the time of our inspection.

Auditory Privacy

The auditory privacy was inadequate for patients during the check-in process at the Cottonwood CBOC. VA Handbook 1605.14¹² requires auditory privacy when staff discuss sensitive patient issues. Patients communicate with staff through an open reception area in the waiting area and are asked to provide, at a minimum, their name and the last four digits of their SSN. There were no instructions to incoming patients to allow patients at the window a zone of audible privacy during the check-in process.

Recommendation 15: We recommended that the Chief of OI&T evaluate identified IT security vulnerabilities at the Cottonwood and Lake Havasu City CBOCs and implement appropriate IT security measures to ensure compliance with VA Handbook 6500.

Recommendation 16: We recommended that panic alarm systems be installed at the Cottonwood and Lake Havasu City CBOCs.

Recommendation 17: We recommended that the auditory privacy be maintained during the check-in process at the Cottonwood CBOC.

Emergency Management

Neither CBOC had policies or SOPs to instruct staff on how they should respond if a patient presented with a cardiac arrest, hypoglycemic event, and/or MH issues, among other medical emergencies. VHA Handbook 1006.1 requires each CBOC to have a local policy or SOP defining how medical emergencies, including MH, are handled.

Recommendation 18: We recommended that a local policy or SOP for responding to medical and MH emergencies be developed for the Cottonwood and Lake Havasu City CBOCs.

¹² VHA Handbook 1605.1, *Privacy and Release of Information*, May 17, 2006.

VISN 4 Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: February 4, 2011
From: Director, VISN 4 (10N4)
Subject: **CBOC Review: Spring City and Springfield, PA**
To: Director, Baltimore Healthcare Inspections Division (54BA)
Director, Management Review Service (VHA CO 10B5 Staff)

I have reviewed the draft report of the Coatesville VA Medical Center CBOCs. I concur with the findings and recommendations.

(original signed by:)

MICHAEL E. MORELAND, FACHE

Coatesville VAMC Director Comments

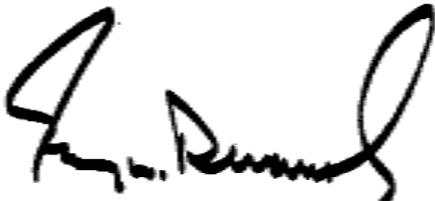
**Department of
Veterans Affairs**

Memorandum

Date: February 3, 2011
From: Director, Coatesville VAMC (542/00)
Subject: **CBOC Review: Spring City and Springfield, PA**
To: Director, VISN 4 (10N4)

1. I have reviewed the draft report of the Inspector General's review of the Coatesville VA Medical Center CBOCs. We concur with the findings and recommendations.

2. I appreciate the opportunity for this review as a continuing process to improve care to our Veterans.



Gary W. Devansky

Comments to Office of Inspector General's Report

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

OIG Recommendations

Recommendation 1. We recommended that the entrance be modified to improve access for disabled veterans at the Springfield CBOC.

Concur

Target date for completion: March 31, 2011 (this is due to the time constraints of the leased contractor).

Action Plan: Work order to install a doorbell has been entered. The expectation to staff at the CBOC will be established that the doorbell is answered in a timely manner to assist patients with entering the clinic.

Recommendation 2. We recommended that a procedure for monitoring and testing panic alarms be developed for the Spring City CBOC.

Concur

Target date for completion: February 28, 2011

Action Plan: Staff will test their personal body panic alarms monthly. This will be reported to the Primary Care Business office by the last day of each month. The testing report will be reviewed monthly at the Primary Care Executive meeting.

Recommendation 3. We recommended that data for hand hygiene is collected and monitored for the Spring City and Springfield CBOCs.

Concur

Target date for completion: March 31, 2011

Action Plan: Direct observation data is collected monthly by hand hygiene observers. This was implemented on November 1, 2010. Data is given to Infection Control monthly for review, analysis and reporting at the Infection Control committee. Hand Hygiene survey is being developed to be used in conjunction with direct observation.

VISN 8 Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: February 7, 2011

From: Director, VISN 8 (10N8)

Subject: **CBOC Review: Sarasota and Sebring, FL**

To: Director, Kansas City Healthcare Inspections Division
(54KC)

Director, Management Review Service (VHA CO 10B5 Staff)

1. The recommendations made during the Office of Inspector General (OIG) Community Based Outpatient Clinic (CBOC) Reviews of Sarasota and Sebring, FL conducted November 15-19, 2010, have been reviewed and the facility implementation plan is provided.

2. If you have any questions or require additional information, please do not hesitate to contact my office.



Nevin M. Weaver

Bay Pines HCS Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: February 4, 2011
From: Director, Bay Pines HCS (516/00)
Subject: **CBOC Review: Sarasota and Sebring, FL**
To: Director, VISN 8 (10N8)

1. The recommendations made during the Office of Inspector General (OIG) Community Based Outpatient Clinic (CBOC) Reviews of Sarasota and Sebring, FL conducted November 15-19, 2010, have been reviewed and our comments and implementation plan are noted below.

2. I would like to thank the OIG CBOC Review Team for their professionalism and consultative feedback to our employees during our review. This review provides us with the opportunity to continue improving care to our Veterans.

3. If you have any questions or require additional information, please contact Joanna Eastman-Gaudreau, Risk Manager, at 727-398-9317.



WALLACE M. HOPKINS, FACHE

Comments to Office of Inspector General's Report

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

OIG Recommendations

Recommendation 4. We recommended that hand hygiene data be collected, analyzed, and reported at the Sarasota and Sebring CBOCs.

Concur

Target date for completion: March 31, 2011

Hand hygiene monitoring is presently performed by IC staff as well as staff who have been trained to observe and collect data. Hand Hygiene data is submitted to IC on a monthly basis. Staff at each CBOC have now been trained to perform this monitoring activity. The data is analyzed monthly by IC, and then the analysis is reported at least quarterly to the IC Committee. Trended and analyzed reports for Quarter 2 will be sent to key personnel at the CBOC's at the end of the quarter and at least quarterly thereafter for their review and further action, as applicable.

Recommendation 5. We recommended installation of signage to identify the location of fire extinguishers at the Sarasota and Sebring CBOCs.

Concur

Target date for completion: Completed

Fire extinguisher locator signs were ordered to facilitate staff, patients, and visitors to quickly identify the location of all fire extinguishers in the CBOCs. The new signage has been installed at the Sarasota and Sebring CBOCs.

Recommendation 6. We recommended that access for disabled veterans be improved at the Sebring CBOC.

Concur

Target date for completion: Completed

An assessment of the entrance way to the Sebring CBOC was completed. A wireless Video Doorbell with Intercom was ordered and received. Special assistance signage stating "If you are experiencing difficulty entering the clinic, ring doorbell for assistance." was ordered and received. The new Video Doorbell with Intercom and the new signage have been installed. The Sebring CBOC staff have been instructed on this safety practice and are available to assist Veterans if needed.

Recommendation 7. We recommended revising the local policy for medical and MH emergencies to reflect the current practice and capability at the Sarasota CBOC.

Concur

Target date for completion: February 28, 2011

The existing clinic Emergency Operations Plan for medical and MH emergencies, to include the management of violent behavior, is being revised to delineate the use of automatic external defibrillators and the notification system for mental health emergencies. Staff training will be completed following the revision of the policy.

VISN 15 Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: February 11, 2011

From: Director, VISN 15 (10N15)

Subject: **CBOC Reviews: Paragould, AR and Salem, MO**

To: Director, St. Petersburg Healthcare Inspections Division
(54SP)

Director, Management Review Service (VHA CO 10B5 Staff)

I have reviewed the recommendations and concur with the response and action plans. If you have any questions, please contact our office at 816.701.3000.

(original signed by Acting Network Director for:)

JAMES R. FLOYD, FACHE

John J. Pershing VAMC Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: February 11, 2011
From: Director, John J. Pershing VAMC (657/00)
Subject: **CBOC Reviews: Paragould, AR and Salem, MO**
To: Director, VISN 15 (10N15)

1. We appreciate the opportunity to review the draft report for the John J. Pershing VA Medical Center in Poplar Bluff, Missouri.
2. Attached, please find Poplar Bluff VA Medical Center's response to the Office of Inspector General Community Based Outpatient Clinic (CBOC) review conducted during the week of November 15, 2010.
3. We would like to extend our appreciation to the Office of Inspector General Team that conducted the review; they were very professional and provided excellent feedback to our staff. We appreciate their thorough review and the opportunity to further improve the quality care we provide to our Veterans every day.
4. If you have any questions regarding the information provided, please contact Dawna Bader, Director of Performance Improvement. Ms. Bader can be reached at (573) 778-4280.

(original signed by:)

GLENN A. COSTIE, FACHE
Medical Center Director

Comments to Office of Inspector General's Report

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

OIG Recommendations

Recommendation 8. We recommended that normal test results be communicated to patients within the specified timeframe at the Paragould CBOC.

Concur

Target date for completion: March 31, 2011

A new process was implemented in December 2011 in a Primary Care test clinic whereby a Primary Care team member (clerk or LPN) is notified by view alert to the normal labs and radiology results. Once the alert is received, the PC team member initiates and sends a letter of notification to the Veteran of his/her normal test results and documents this action in the electronic health record. So far, this process has been effective in the test clinic and will be rolled out to the remaining Primary Care clinics by March 31, 2011. Afterwards, a monthly chart review will be performed for every clinic and results reported through the Medical Records Committee until the target of 90% is achieved and sustained, after which the review will be conducted quarterly.

Recommendation 9. We recommended that hand hygiene data is collected, analyzed, and reported for the Paragould and Salem CBOCs.

Concur

Target date for completion: Completed February 2, 2011

An Infection Control (IC) Champion has been identified from both the Paragould and Salem CBOCs. Education on hand hygiene data collection was provided to both the Champions and staff. Using a "secret shopper" technique, data is collected monthly by the IC Champion and sent to Infection Control Nurse. These data are then analyzed and graphed, and aggregate data submitted monthly to the Clinical Safety Committee along with recommendations for improvement as indicated. Data collection for Paragould CBOC began in July 2010; data for Salem CBOC began in October 2010. During this review period, Paragould CBOC's hand hygiene compliance has averaged 94% and Salem's CBOC's compliance has averaged 100%. Results from these Hand Hygiene monitors are reported to the Clinical Safety Committee on a monthly basis. Because average compliance rates are $\geq 90\%$, recommend closure of this item.

Recommendation 10. We recommended that fire drills be conducted at the Salem CBOC as required by NFPA.

Concur

Target date for completion: April 1, 2011

The facility is in the process of updating the Salem CBOC Lease Agreement, and the language in the agreement requires the lessor to conduct annual fire drills. In addition, a fire drill will be conducted during one of the facility's two Environment of Care (EOC) semi-annual inspection visits.

Recommendation 11. We recommended that VA directives and guidelines for real property lease agreements are followed.

Concur

Target date for completion: April 1, 2011

The VISN 15 contracting group and the COTR for the Salem CBOC are updating the Salem lease agreement to include all VA requirements related to real property lease agreements. It is anticipated that this will be completed prior to April 1, 2011.

Recommendation 12. We recommended that VA enter into a contract to perform laboratory and other medical services for VA at negotiated prices, or if a contract is not beneficial to the VA, then the Facility Director must ensure that VA directives and guidelines for fee basis care are followed.

Concur

Target date for completion: April 1, 2011

A review of the benefits versus the costs for a contract for laboratory and /or radiology services with the Salem Hospital has been completed. It has been determined that there is no financial benefit for such a contract as the facility only pays Medicare costs at this time. Each patient's needs are being evaluated on a case-by-case basis for the need for fee services related to laboratory services or other medical services. VHA fee regulations and guidelines will be followed to ensure the appropriate process is followed. In addition an MOU is being developed with the Salem Hospital related to laboratory and radiology services for patients receiving care at the Salem CBOC which is housed on hospital property, with an anticipated completion date of April 1, 2011.

VISN 18 Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: February 7, 2011

From: Network Director, VISN 18 (10N18)

Subject: **CBOC Reviews: Cottonwood and Lake Havasu City, AZ**

To: Director, Los Angeles Healthcare Inspections Division
(54LA)

Director, Management Review Service (VHA CO 10B5 Staff)

1. I concur with the attached facility response to the recommendations for improvement contained in the CBOC Reviews: Cottonwood and Lake Havasu City, AZ report.

2. If you have additional questions or concerns, please contact Sally Compton, VISN 18 Executive Assistant to the Network Director, at (602) 222-2699.

(original signed by:)

Susan P. Bowers

Northern Arizona VA HCS Interim Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: February 1, 2011
From: Interim Director, Northern Arizona VA Health Care System
(649/00)
Subject: **CBOC Reviews: Cottonwood and Lake Havasu City, AZ**
To: Director, VISN 18 (10N18)

1. I have reviewed and concur with the findings and recommendations by the Office of the Inspector General in their review of the Community Based Outpatient Clinics at Cottonwood and Lake Havasu City, Arizona.
2. Corrective action plans have been established with target completion dates, as detailed in the attached report.



Wendy J. Hepker, FACHE

Comments to Office of Inspector General's Report

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

OIG Recommendations

Recommendation 13. We recommended that the ordering providers document patient notification and treatment actions in response to critical test results at the Cottonwood CBOC.

Concur

Target date for completion: April 8, 2011

Planned Action: To ensure that ordering providers document patient notification and treatment actions in response to critical results, the following actions are being taken. The ordering provider (or the provider receiving the critical results) will document acknowledgement of receipt of the critical result, her/his assessment and plan, and patient notification in the Computerized Patient Record System (CPRS). The elements of documentation and template use will be communicated to all ordering/receiving providers with training completed and fully implemented by April 8, 2011. The documentation elements will be monitored and reported to the Medical Executive Board using monthly chart audits conducted by the Primary Care Service Line Manager using a sample of 10 records/month, or 100% if the number of critical results is less than 10/month, until a benchmark of 90% is achieved. After three months of achieving the benchmark, review and reporting of the documentation elements will continue quarterly for one year.

Recommendation 14. We recommended that normal test results at the Lake Havasu City CBOC be communicated to patients within the specified timeframe.

Concur

Target date for completion: April 8, 2011

Planned Action: To ensure that normal test results at the Lake Havasu City CBOC are communicated to patients within the specified timeframe, the following actions are being taken. Primary Care Service Line Standard Operating Procedure (SOP), *Reporting Test Results*, outlines responsibilities and process of notification of all lab results to patients. The elements of documentation and template to be used will be communicated to all ordering providers with training completed and fully implemented by April 8, 2011. The documentation elements will be monitored and reported to the Medical Executive Board using monthly chart audits conducted by the Primary Care Service Line Manager using a sample of 10 records/month until a benchmark of 90% is achieved. After three months of achieving the benchmark, review and reporting of the documentation elements will continue quarterly for one year.

Recommendation 15. We recommended that the Chief of OI&T evaluate identified IT security vulnerabilities at the Cottonwood and Lake Havasu CBOCs and implement appropriate IT security measures to ensure compliance with VA Handbook 6500.

Concur

Target date for completion: April 30, 2011

Planned Action: To ensure that IT security vulnerabilities at the Cottonwood and Lake Havasu City CBOCs are identified and appropriate IT security measures that meet compliance with VA Handbook 6500 are implemented, the following actions are being taken. Chief of OI&T will review current NAVAHCS Health Care System Memoranda (HCSM) related to access of the IT areas at the Cottonwood and Lake Havasu City CBOCs and will make revisions to assure compliance with VA Handbook 6500. The CBOC Nurse Manager and CBOC Supervisors will provide training to all CBOC staff regarding appropriate IT security measures and use of the Telecommunications Sign-In Sheet. Use and completion of the sign-in sheet will be monitored by the CBOC Manager and reported to the Chief of OI&T on a quarterly basis for one year. This will also be monitored on Environment of Care (EOC) security rounds with results submitted to EOC website; a monthly summary of EOC Rounds is reported by the Safety Manager at the Environment of Care Board (EOCB).

Recommendation 16. We recommended that panic alarm systems be installed at the Cottonwood and Lake Havasu City CBOCs.

Concur

Target date for completion: March 1, 2011

Planned Action: To provide safety and assistance for staff, the following actions have been taken. Panic alarm systems have been installed at Lake Havasu and Cottonwood CBOCs. The CBOC Nurse Manager and CBOC Supervisors have provided training to all CBOC staff regarding the panic alarm system. Monthly testing of the alarm system will be conducted by the CBOC Medical Services Assistant (MSA) and a report will be submitted monthly to NAVAHCS Police. NAVAHCS HCSM PD-48, *Panic Alarms*, will be updated to include CBOC panic alarm information and responsibility.

Recommendation 17. We recommended that the auditory privacy be maintained during the check-in process at the Cottonwood CBOC.

Concur

Target date for completion: Completed

Planned Action: To ensure that auditory privacy is maintained at the Cottonwood CBOC, the following actions have been taken. Signage has been posted at the check-in area which reads "*Please respect the privacy of others. Wait until you are called before approaching the counter.*" The CBOC Nurse Manager and CBOC Supervisor

have provided training to the CBOC staff regarding auditory privacy. Compliance with auditory privacy will be monitored by the Cottonwood CBOC Supervisor and reported to the EOCB on a quarterly basis for one year. This will also be monitored on EOC Privacy rounds with results submitted to EOC website; a monthly summary of EOC Rounds is reported by the Safety Manager at EOCB.

Recommendation 18. We recommended that a local policy or SOP for responding to medical and MH emergencies be developed for the Cottonwood and Lake Havasu City CBOCs.

Concur

Target date for completion: March 1, 2011

Planned Action: To ensure that staff responds appropriately when a patient presents with an emergent condition including cardiac arrest, hypoglycemic event, and/or Mental Health issues, the following actions have been taken. A new SOP, *CBOC Emergency Operations Plan*, was developed in accordance with VHA Handbook 1006.1. The CBOC Nurse Manager and individual CBOC Supervisors have provided training to all CBOC staff regarding the new SOP.

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