



Department of Veterans Affairs
Office of Inspector General

Office of Healthcare Inspections

Report No. 11-01406-238

**Community Based Outpatient
Clinic Reviews
Bradford (McKean County) and
Franklin (Venango County), PA
Camp Hill and Pottsville/Frackville, PA
Mission, SD and Newcastle, WY
Hibbing and Rochester, MN**

July 29, 2011

Washington, DC 20420

Why We Did This Review

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

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

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

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Glossary

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

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Executive Summary

Purpose: We conducted an inspection of eight CBOCs during the week of May 16, 2011. We evaluated select activities to assess whether the CBOCs operated in a manner that provides veterans with consistent, safe, high-quality health care. Table 1 lists the sites inspected.

VISN	Facility	CBOC
4	Erie VAMC	McKean County
		Venango County
	Lebanon VAMC	Camp Hill
		Pottsville/Frackville
23	VA Black Hills HCS	Mission
		Newcastle
	Minneapolis VA HCS	Hibbing
		Rochester
Table 1. Sites Inspected		

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

Erie VAMC

- Ensure Short-Term Fee Basis consults for the McKean County CBOC are approved by appropriate leadership or a designee in accordance with VHA and local policy.
- Ensure the veterans receive written notification when a Short-Term Fee Basis consult is approved and that the notification is documented in the medical record at the McKean County CBOC.
- Ensure that the ordering practitioners, or surrogate practitioners, document in the medical record that they reviewed the Short-Term Fee Basis report at the McKean County CBOC.
- Ensure that the ordering practitioners, or surrogate practitioners, communicate the Short-Term Fee Basis results to the patient within 14 days from the date made available to the ordering practitioner at the McKean County CBOC.
- Install exit signage of material that illuminates to ensure that patients, visitors, and staff can exit safely during an emergency at the McKean County CBOC.
- Ensure that the doorbell is repaired at the McKean County CBOC.
- Ensure that the Contracting Officer prepares a contract modification to add a provision that prohibits the contractor from billing the patient or any other source for services that are covered under the VA primary care contract.

Lebanon VAMC

- Develop a local policy for Short-Term Fee Basis consults at the Lebanon VAMC.
- Ensure that the veterans receive written notification when a Short-Term Fee Basis consult is approved and that the notification is documented in the medical record at the Camp Hill CBOC.
- Ensure that the ordering practitioners, or surrogate practitioners, document in the medical record that they reviewed the Short-Term Fee Basis report at the Camp Hill CBOC.
- Ensure that the ordering practitioners, or surrogate practitioners, communicate the Short-Term Fee Basis results to the patient within 14 days from the date made available to the ordering practitioner at the Camp Hill CBOC.
- Ensure that the parent Facility Director appoints a Women's Health Liaison who collaborates with the parent facility's Women Veterans Program Manager on women's health issues for the patients at the Camp Hill and Pottsville/Frackville CBOCs.
- Establish a process to document patient notification results in the medical record at the Camp Hill and Pottsville/Frackville CBOCs.
- Ensure that the ordering providers at the Camp Hill and Pottsville/Frackville CBOCs enter all radiology orders for fee basis mammograms in CPRS and link breast imaging results to the radiology mammogram order.
- Compare practitioner data either to those practitioners doing similar procedures or to aggregated data of those privileged practitioners with the same or comparable privileges at the Camp Hill CBOC.
- Validate and document competencies for all patient care staff at the Camp Hill and Pottsville/Frackville CBOCs.
- Ensure that clean and dirty items at the Pottsville/Frackville CBOC (Pottsville campus) are stored according to VHA policy.
- Ensure that the Chief of OI&T evaluates the use of the IT closet and implements appropriate measures according to VA policy at the Pottsville/Frackville CBOCs.
- Ensure that a Hazard Vulnerability Assessment is conducted to determine if potential patient or environmental safety hazards exist at the Pottsville/Frackville CBOC (Pottsville campus).
- Secure the transportation of laboratory specimens at the Camp Hill and Pottsville/Frackville CBOCs.

- Maintain auditory privacy during the check-in process at the Camp Hill and Pottsville/Frackville CBOCs.
- Ensure the appropriate measures are in place to maintain patient privacy at the Pottsville/Frackville CBOC (Pottsville campus).
- Ensure an AED is available at the Pottsville/Frackville CBOC (Pottsville campus).
- Ensure that the Contracting Officer prepares a contract modification to add a provision that prohibits the contractor from billing the patient or any other source for services that are covered under the VA primary care contract.
- Require that the Facility Director and Contracting Officer ensure that contracted primary care providers are aware of ethics rules regarding self-referral and are free of any conflicts of interest.
- Require that the Facility Director and Contracting Officer ensure that contract provisions are written and enforced to ensure proper payment specifically as they relate to patient disenrollment, vesting visits, VistA notes, and means tests.

VA Black Hills HCS

- Develop a plan for the Mission and Newcastle CBOCs that defines how MH emergencies that require a higher level of care are addressed.
- Establish a process to ensure timely notification to patients of mammography results and that this process is monitored for ongoing compliance at the Newcastle CBOC.
- Ensure that the Mission CBOC identifies a Women's Health Liaison and that collaboration occurs with the parent facility's Women Veterans Program Manager.
- Ensure that OPPEs include clinically pertinent data as well as performance measures compliance at the Mission and Newcastle CBOCs.
- Require that relevant provider-specific data be compared to aggregated data of those privileged providers who hold the same or comparable privileges at the Mission and Newcastle CBOCs.
- Require that scopes of practice are provider-specific, service-specific, and facility-specific at the Newcastle CBOC.
- Ensure that staff receive training for required skill competencies and that this training is validated and documented at the Mission and Newcastle CBOCs.
- Ensure that all patient care staff members are assessed at orientation and annually to assure competence to perform their responsibilities for Mission and Newcastle CBOCs.

- Conduct annual fire drills at the Newcastle and Mission CBOCs.
- Monitor and collect measurable data for hand hygiene at the Newcastle and Mission CBOCs.
- Conduct a vulnerability risk review to assess the need for panic alarms at the Newcastle and Mission CBOCs.
- Ensure that two patient identifiers are used by staff when collecting blood samples at the Mission CBOC.
- Develop a local policy or SOP for medical and MH emergencies that reflects the current practice and capability at the Mission and Newcastle CBOCs.
- Ensure that the PCMM Coordinator's duties are performed in accordance with VHA policies to reduce the number of veterans assigned to more than one PCP.
- Require that the Facility Director and Contracting Officer ensure the contractor complies with the required contract reporting provisions.

Minneapolis VA HCS

- Ensure that a contract, sharing agreement, or other appropriate arrangement is developed with the external organization for sharing information when patients at the Hibbing and Rochester CBOCs are referred to a community-based ED for MH emergencies.
- Document a justification for the use of Short-Term Fee Basis care in the medical record at the Rochester CBOC.
- Ensure that the veteran receives written notification when a Short-Term Fee Basis consult is approved and that the notification is documented in the system of record at the Rochester CBOC.
- Ensure that the copies of Short-Term Fee Basis mammography reports of Rochester CBOC patients are filed or scanned into the radiology package in the medical record.
- Require that managers at the Hibbing and Rochester CBOCs establish a process to ensure effective oversight of the mammography program as required by VHA policy.
- Establish a process to ensure that all mammogram orders are entered into the CPRS radiology package and that all mammography results are linked to the appropriate order at the Hibbing and Rochester CBOCs.
- Enter mammography results in BI-RADS [Breast Imaging Reporting and Data System] categories at the Hibbing and Rochester CBOCs.

- Ensure that the Professional Standards Board grants privileges consistent with the services provided at the Hibbing CBOC.
- Ensure that service-specific competency criteria is created, approved, and implemented in advance of the start of the FPPE period for providers at the Hibbing and Rochester CBOCs.
- Require that all providers have a scope of practice that is provider-specific, service-specific, and facility-specific.
- Ensure that all patient care staff members' identified skill competencies are assessed annually to assure competence to perform their responsibilities at the Rochester CBOC.
- Conduct and document fire drills annually at the Rochester CBOC.
- Ensure that the PCMM Coordinator is in accordance with VHA policy to perform enrollment upon completion of the patient's appointment and reduce the number of veterans assigned to more than one PCP.
- Require that the Facility Director strengthens the invoice validation process to ensure the invoiced enrollees using VA data and provide that list of billable enrollees to the contractor. This process mitigates the risk of overpayments to the contractor.
- Ensure that the Facility Director and Contracting Officer modify the contract to comply with VHA policies.

Comments

The VISN and facility Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes A–F, pages 23–47 for the full text of the Directors' comments.) We will follow up on the planned actions until they are completed.

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Objectives and Scope

Objectives. The purposes of this review are to:

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

Scope. The topics discussed in this report include:

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

¹ VHA Handbook 1160.1, *Uniform Mental Health Services in VA Medical Centers and Clinics*, September 11, 2008.

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

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

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

- PCMM
- Contracts

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

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

CBOC Characteristics

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

	McKean County	Venango County	Camp Hill	Pottsville/ Frackville	Mission	Newcastle	Hibbing	Rochester
VISN	4	4	4	4	23	23	23	23
Parent Facility	Erie VAMC	Erie VAMC	Lebanon VAMC	Lebanon VAMC	Black Hills HCS	Black Hills HCS	Minneapolis VAMC	Minneapolis VAMC
Type of CBOC	Contract	VA	VA	Contract	Contract	VA	Contract	VA
Number of Uniques, ⁵ FY 2010	1,204	1,916	8,819	2,661	166	97	3,197	3,473
Number of Visits, FY 2010	3,506	6,470	40,652	5,361	527	224	7,863	11,341
CBOC Size ⁶	Small	Mid-size	Large	Mid-size	Small	Small	Mid-size	Mid-size
Locality	Rural	Rural	Urban	Rural	Rural	Highly Rural	Rural	Rural
FTE PCP	1	1.6	7.61	2.25	0.2	0.1	3.5	3.71
FTE MH	0	1	7	0.4	0	1	2	2
Types of Providers	PCP	PCP NP	PCP NP PA Psychiatrist Psychologist LCSW	PCP NP PA Psychiatrist	PA	NP	PCP NP Psychiatrist Psychologist LCSW	PCP NP PA Psychiatrist Psychologist LCSW
Specialty Care Services Onsite	No	No	Yes	No	No	No	No	Yes
Tele-Health Services	None	Tele-Medicine Tele-Retinal Tele-Dietary	None	None	None	None	Tele-Medicine	Tele-Medicine
Ancillary Services Provided Onsite	Laboratory EKG	Laboratory EKG	Laboratory PT/OT EKG	Laboratory EKG	Laboratory	Laboratory	Laboratory EKG	Laboratory EKG
Satellite Clinic	None	None	None	None	None	None	Cook VA Clinic	None

Table 2. CBOC Characteristics

⁵ <http://vaww.pssg.med.va.gov/>

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

Results and Recommendations

MH Continuity of Care

According to VHA policy, healthcare facilities need to have professional oversight of the delivery of MH care in associated CBOCs.⁷ Also, there must be methods and procedures for ensuring communication between the leadership of MH services and the associated CBOCs. This requirement for oversight and communication is intended to ensure the ability of the CBOCs to respond to patients' MH needs.

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

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

⁷ VHA Handbook 1160.01.

Mental Health CBOC Characteristics								
	McKean County	Venango County	Camp Hill	Pottsville/Frackville	Mission	Newcastle	Hibbing	Rochester
Provides MH Services	No	Yes	Yes	Yes	No	Yes	Yes	Yes
Number of MH Uniques, FY 2010	0	186	1,805	132	0	11	378	626
Number of MH Visits	0	957	8,552	401	0	26	2,726	2,632
General MH Services	NA	Dx & TX Plan MedMgt Psychotherapy PTSD MST	Dx & TX Plan MedMgt Psychotherapy PTSD MST	Dx & TX Plan MedMgt PTSD MST	NA	Dx & TX Plan	Dx & TX Plan MedMgt Psychotherapy PTSD MST	Dx & TX Plan MedMgt Psychotherapy PTSD MST
Specialty MH Services	NA	Consult & TX MHICM Homeless Prgm	PTSD Substance Use Disorder	None	NA	None	Consult & TX Psychotherapy MHICM Psychosocial Rehab Social Skills PTSD Homeless Prgm Substance Use Disorder	Consult & TX Psychotherapy PTSD
Tele-Mental Health	No	Yes	Yes	No	No	No	Yes	Yes
MH Referrals	Another VA Facility Fee-Basis	Another VA Facility Fee-Basis	Another VA Facility Fee-Basis	Another VA Facility	Another VA Facility	Another VA Facility	Another VA Facility Fee-Basis	Another VA Facility Fee-Basis

Table 3. MH Characteristics for CBOCs

Emergency Plan

Facilities must comply with VHA policy, which outlines specific requirements for MH care at CBOCs.⁸ All CBOCs and facilities without an ED or 24/7 urgent care must have predetermined plans for responding to MH emergencies during times of operation. Table 4 shows the areas reviewed for this topic.

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

VISN 23, VA Black Hills HCS – Mission and Newcastle

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

VISN 23, Minneapolis VA HCS – Hibbing and Rochester

Sharing Agreement. We did not find documentation that managers had developed contracts, sharing agreements, or other appropriate arrangements with the external organization for sharing information. The Hibbing and Rochester CBOCs designated community EDs for referral; however, they did not have a written plan as to how the information would be shared between the sites.

Short-Term Fee Basis Care

The Fee Program assists veterans who cannot easily receive care at a VAMC. The program pays the medical care costs of eligible veterans who receive care from non-VA providers when the VAMCs are unable to provide specific treatments or provide treatment economically because of their geographical inaccessibility. Fee Basis care

⁸ VHA Handbook 1160.01.

may include dental services; outpatient, inpatient, and emergency care; and medical transportation.

We evaluated if VA providers appropriately ordered and followed up on outpatient radiology procedures (CT, MRI, PET scan, and mammography). Table 5 shows the areas reviewed for this topic. The facilities identified as noncompliant needed improvement. Details regarding the findings follow the table.

Noncompliant	Areas Reviewed
Camp Hill	The facility has local policies and procedures regarding non-VA care and services purchased by authority that describe the request, approval, and authorization process for such services. ⁹
Rochester	The provider documented a justification for using Fee Basis status in lieu of providing staff treatment as required by VHA policy. ¹⁰
	The date the consult was approved does not exceed 10 days from the date the consult was initiated.
McKean County	The non-VA care referral requests for medical, dental, and ancillary services were approved by the Chief of Staff, Clinic Chief, Chief Medical Administration Services, or an authorized designee. ¹¹
Camp Hill McKean County Rochester	Patients were notified of consult approvals in writing, and notifications are documented in the patients' medical records as required by VHA policy. ¹²
Rochester	A copy of the imaging report is in CPRS according to VHA policy. ¹³
Camp Hill McKean County	There is evidence the ordering provider or surrogate practitioner reviewed the report.
Camp Hill McKean County	There is evidence the ordering provider or other licensed healthcare staff member informed the patient about the report within 14 days from the date on which the results are available to the ordering practitioner. ¹⁴
Table 5. Short-Term Fee Basis	

VISN 4, Erie VAMC – McKean County

There were 15 patients at the McKean County CBOC and 6 patients at the Venango County CBOC who received services through a Short-Term Fee Basis consult.

⁹ VHA Handbook 1160.01.

⁹ VHA Chief Business Office Policy 1601F.

⁹ VHA Handbook 1907.01.

⁹ VHA Manual M-1, PART I, Chapter 18.

¹⁰ VHA Handbook 1907.01, *Health Information Management and Health Records*, August 25, 2006.

¹¹ VHA Chief Business Office Policy 1601F, Fee Services, <http://vaww1.va.gov/cbo/apps/policyguides/index.asp>

¹² VHA Manual M-1, PART I, Chapter 18, “*Outpatient Care – Fee*,” July 20, 1995.

¹³ VHA Handbook 1907.01.

¹⁴ VHA Directive 2009-019, *Ordering and Reporting Test Results*, March 24, 2009.

Consult Approval Process. We found at the McKean County CBOC that 8 of 15 consults were not approved according to VHA and local policy.

Patient Consult Notifications. We found at the McKean County CBOC that 9 of 15 patients were not notified in writing of consult approvals, and the notifications were not documented in CPRS.

Report Review. At the McKean County CBOC, we found no evidence in 3 of 15 medical records that the ordering provider or surrogate practitioner reviewed the report.

Communication of Results. At the McKean County CBOC, we found no evidence in the medical record that 3 of the 15 patients were informed about the results within 14 calendar days.

VISN 4, Lebanon VAMC – Camp Hill and Pottsville/Frackville

There were seven patients who received services through a Short-Term Fee Basis consult at the Camp Hill CBOC. No patients met the criteria for review at the Pottsville/Frackville CBOC.

Policy. Lebanon VAMC did not have a local policy for Short-Term Fee Basis consults.

Patient Consult Notifications. At the Camp Hill CBOC, we found no evidence in the medical records that the seven patients were notified in writing of the consult approvals.

Report Review. At the Camp Hill CBOC, we found no evidence in three of seven medical records that the ordering provider or surrogate practitioner reviewed the report.

Communication of Results. At the Camp Hill CBOC, we found no evidence in the medical records that five of the seven patients were informed about the results within 14 calendar days.

VISN 23, Minneapolis VA HCS – Rochester

There was only one patient who received services through a Short-Term Fee Basis consult at the Rochester CBOC. No patients met the criteria for review at the Hibbing CBOC.

Fee Basis Justification. The provider at the Rochester CBOC did not document a justification for the consult in CPRS.

Patient Consult Notifications. The patient at the Rochester CBOC was not notified in writing of the consult approval.

Medical Record. At the Rochester CBOC, we did not find a copy of the Short-Term Fee Basis imaging report in the medical record.

Women’s Health Review

Each VHA facility must ensure that eligible women veterans have access to comprehensive medical care, including care for gender-specific conditions and MH conditions, that is comparable to care provided for male veterans.¹⁵ All eligible and enrolled women veterans, irrespective of where they obtain care in VHA, must have access to all necessary services as clinically indicated.

Quality of Care Measures¹⁶

Breast cancer is the second most common type of cancer among American women, with approximately 207,000 new cases reported each year.¹⁷ Timely screening, diagnosis, notification, interdisciplinary treatment planning, and treatment are essential to early detection, appropriate management, and optimal patient outcomes. Screening by mammography (an x-ray of the breast) has been shown to reduce mortality by 20–30 percent among women age 40 and older.

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

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 (%)</i>
<i>Mammography, 50-69 years old</i>	77%	562 Erie VAMC	17	19	89
		562GC McKean County	5	5	100
		562GD Venango County	12	12	100
		595 Lebanon VAMC	14	17	78
		595GA Camp Hill	25	30	83
		595GF Pottsville/Frackville	11	13	85
		568 VA Black Hills HCS	32	38	96
		568HJ Mission	0	0	NA
		568HA Newcastle	2	2	100
		618 Minneapolis VA HCS	19	26	67
		618GB Hibbing	12	14	86
		618GG Rochester	23	25	92

Table 6. Mammography Screening FY 2011

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

¹⁶ Parent facility scores were obtained from <http://vaww.pdw.med.va.gov/MeasureMaster/MMReport.asp> Note: Scores are weighted. The purpose of weighting is to correct for the over-representation of cases from small sites and the under-representation of cases from large sites. Weighting can alter the raw measure score (numerator/denominator). Sometimes the adjustment can be quite significant.

¹⁷ American Cancer Society, *Cancer Facts & Figures 2009*.

Mammography Management

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

VHA policy maintains that the full scope of primary care is provided to all eligible veterans seeking ongoing health care.¹⁸ Therefore, regardless of the number of women veterans utilizing a particular facility, all sites that offer primary care services must offer comprehensive primary care to women veterans and all necessary gender specific services must be available at every facility and CBOC. Table 7 shows the areas reviewed for this topic. The facilities identified as noncompliant needed improvement. Details regarding the findings follow the table.

Noncompliant	Areas Reviewed
	Patients are referred to mammography facilities that have current Food and Drug Administration or State-approved certifications.
Hibbing Rochester	Mammogram results are documented using the American College of Radiology’s BI-RADS code categories. ¹⁹
	The ordering VHA provider or surrogate was notified of abnormal or critical results within a defined timeframe.
Pottsville/ Frackville	Patients with abnormal or critical results are notified within a defined timeframe.
Camp Hill Pottsville/ Frackville Newcastle	Patients receive written notice of normal mammogram results, and the notifications are documented in the patients’ medical record as required by VHA policy. ²⁰
Hibbing Rochester	The facility has an established process for tracking results from mammograms performed off-site.
	Fee Basis mammography reports are scanned into CPRS.
Camp Hill Hibbing Pottsville/ Frackville Rochester	All screening and diagnostic mammograms were initiated via an order placed into the VistA Radiology package. ²¹
Pottsville/ Frackville Mission	Each CBOC has an appointed Women’s Health Liaison.

¹⁸ VHA Handbook 1330.01.

¹⁹ The American College of Radiology’s Breast Imaging Reporting and Database System is a quality assurance guide designated to standardize breast imaging reporting and facilitate outcomes monitoring.

²⁰ VHA Handbook 1330.01.

²¹ VHA Handbook 1330.01.

Noncompliant	Areas Reviewed (continued)
Pottsville/ Frackville Mission	There is evidence that the Women’s Health Liaison collaborates with the parent facility’s Women Veterans Program Manager on women’s health issues.
Table 7. Mammography	

VISN 4, Lebanon VAMC – Camp Hill and Pottsville/Frackville

Appointment of Women’s Health Liaison. We did not find evidence of a Women’s Health Liaison at the Pottsville/Frackville CBOC; therefore, no collaboration occurred with the parent facility’s Women Veterans Program Manager on women’s health issues.

Notice of Results. Four of 12 patients did not have documented notice of normal mammogram results within 30 days at the Camp Hill and Pottsville/Frackville CBOCs. One of three patients did not have documented notice of an abnormal mammogram result within 14 days at the Pottsville/Frackville CBOC.

Mammography Orders and Access. Providers did not enter mammogram radiology orders for fee basis mammograms in CPRS for the 12 patients reviewed at the Camp Hill and Pottsville/Frackville CBOCs. We also found that not all breast imaging results were linked to the appropriate radiology mammogram or breast study order. All breast imaging and mammography results must be linked to the appropriate radiology mammogram or breast study order.

VISN 23, VA Black Hills HCS – Mission and Newcastle

Patient Notification. We did not find documented evidence of patient notification of mammography results within 30 days for the two patients reviewed at the Newcastle CBOC.

Appointment of Women’s Health Liaison. We did not find evidence of a Women’s Health Liaison at the Mission CBOC; therefore, no collaboration occurred with the parent facility’s Women Veterans Program Manager on women’s health issues.

VISN 23, Minneapolis VA HCS – Hibbing and Rochester

Monitoring of Mammography Services. The Hibbing and Rochester CBOCs had not established an effective process for monitoring mammography services as required by VHA. VHA facilities are required to establish and document a process for tracking results from mammography procedures performed off site and ensuring that required data is captured and entered into CPRS.²² Additionally, facilities must ensure timely tracking and follow up of all abnormal mammography results.²³

Mammography Orders and Access. At the Hibbing and Rochester CBOCs, providers did not enter CPRS mammogram radiology orders for fee base mammograms

²² VHA Handbook 1330.01.

²³ VHA Handbook 1330.01.

performed after June 1, 2010. All breast imaging and mammography results must be linked to the appropriate radiology mammogram or breast study order.

Mammography Results. At the Hibbing and Rochester CBOCs, mammography results were not consistently (six of seven) documented using the BI-RADS categories for mammograms performed after June 1, 2010.

C&P

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

Noncompliant	Areas Reviewed
	There was evidence of primary source verification for each provider's license.
	Each provider's license was unrestricted.
	There were two efforts made to obtain verification of clinical privileges (currently or most recently held at other institutions) for new providers.
Hibbing Rochester	FPPEs for new providers outlined the criteria to be monitored.
	New providers' FPPEs were implemented on first clinical start day.
	There was evidence that the provider was educated about FPPE prior to its initiation.
	FPPE results were reported to the medical staff's Executive Committee.
	Prior to the start of a new privilege, criteria for the FPPE were developed.
	Service Chief, Credentialing Board, and/or Medical Staff's Executive Committee list documents reviewed and the rationale for conclusions reached for granting licensed independent practitioner privileges.
Hibbing	Privileges granted to providers are facility, service, and provider specific. ²⁵
	The determination to continue current privileges are based in part on results of OPPE activities.
Mission	The OPPE and reappraisal process included consideration of such factors as clinical pertinence reviews and/or performance measure compliance.

²⁴ VHA Handbook 1100.19.

²⁵ VHA Handbook 1100.19.

Noncompliant	Areas Reviewed (continued)
Camp Hill Mission Newcastle	Relevant provider-specific data was compared to aggregated data of other providers holding the same or comparable privileges.
Hibbing Newcastle Rochester	Scopes of practice are service and provider specific.
	There is documentation that the nurses' licenses were verified.
	There is evidence that the nurses' education was verified.
Table 8. C&P	

VISN 4, Lebanon VAMC – Camp Hill

Performance Improvement Data. Two MH providers did not have evidence that the facility compared practitioner data either to those practitioners doing similar procedures or to aggregated data of those privileged practitioners with the same or comparable privileges at the Camp Hill CBOC.

VISN 23, VA Black Hills HCS – Mission and Newcastle

OPPE. We found that OPPEs did not include consideration of such factors as clinically pertinent reviews or performance measure compliance. Criteria for an OPPE were not clearly defined by local policy or under guidance of a parent facility policy at either the Mission or Newcastle CBOC.

Performance Improvement Data. We found that relevant provider-specific data was not compared to aggregated data of those privileged providers who hold the same or comparable privileges at the Mission and Newcastle CBOCs.

Scopes of Practice. We reviewed the files of two providers from the Newcastle CBOC and found that the scopes of practice were provider-specific but were not facility or service-specific. The scopes of practice did not include the names of the facilities the providers were assigned to or the providers' specialty practices.

VISN 23, VA Minneapolis HCS – Hibbing and Rochester

Clinical Privileges. We found that the Professional Standards Board granted clinical privileges for procedures that cannot be supported at Hibbing CBOC. One provider from the Hibbing CBOC was granted privileges to perform thoracentesis.

FPPE. We reviewed the files of two newly hired physicians. While there were FPPEs implemented for both providers, they did not contain defined and measurable criteria by which to evaluate performance.²⁶

²⁶ VHA Handbook 1100.19.

Scope of Practice. We reviewed the files of four providers and found that two did not have scopes of practice.

Skills Competency

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

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

VISN 4, Lebanon VAMC – Camp Hill and Pottsville/Frackville

Skill Competency. The Camp Hill and Pottsville/Frackville CBOCs' competencies were not consistently validated and documented for six of the seven patient care staff members reviewed. Three staff members lacked evidence of annual competency in blood glucose testing and one of three did not have an EKG competency at the Pottsville/Frackville CBOC. Three of four staff members did not have evidence of annual competencies for blood glucose testing, phlebotomy, assistive devices, EKG, and ear irrigation at the Camp Hill CBOC. Local policy requires that competencies are evaluated annually.

VISN 23, VA Black Hills HCS – Mission and Newcastle

Skill Competency. We did not find documentation of current competency for blood glucose testing for one staff member at the Newcastle CBOC. A staff member did not have current competency for assistive care devices at the Mission CBOC. Local policy requires annual competency evaluation.

Orientation. Staff skills’ competencies were not identified, initially assessed, and documented as part of orientation or evaluated annually per local policy at the Mission and Newcastle CBOCs.

VISN 23, VA Minneapolis HCS –Rochester

Skill Competency. We found that two patient care staff members did not have current phlebotomy competency assessments at the Rochester CBOC. This skill was identified by the facility as a core competency for these staff members. In addition, the facility’s local policy requires annual competency evaluation.

Environment and Emergency Management

EOC

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

Noncompliant	Areas Reviewed
	There is handicap parking, which meets the ADA requirements.
	The CBOC entrance ramps meet ADA requirements.
	The entrance door to the CBOC meets ADA requirements.
	The CBOC is well maintained (e.g., ceiling tiles clean and in good repair, walls without holes, etc.).
Pottsville/ Frackville	The CBOC is clean (walls, floors, and equipment are clean).
McKean County	The patient care area is safe.
	Medical equipment is checked routinely (biomedicine tags when applicable).
Pottsville Mission Newcastle	There is an alarm system or panic button installed in high-risk areas as identified by the vulnerability risk assessment.
Camp Hill Pottsville/ Frackville	Privacy is maintained.
Pottsville/ Frackville	IT security rules are adhered to.
Camp Hill Pottsville/ Frackville	Patients’ PII is secured and protected.
	There is alcohol hand wash or a soap dispenser and sink available in each examination room.
	The sharps containers are less than ¾ full.

Noncompliant	Areas Reviewed (continued)
Mission Newcastle Rochester	There is evidence of fire drills occurring at least annually.
	Fire extinguishers are easily identifiable.
Mission Newcastle	The CBOC collects, monitors, and analyzes hand hygiene data.
Mission	Staff use two patient identifiers for blood drawing procedures.
	The CBOC is included in facility-wide EOC activities.
Table 10. EOC	

VISN 4, Erie VAMC – McKean County

Signage. We found that the escape pathway to the designated means of egress included a paper product “EXIT” sign at the McKean County CBOC. The sign did not illuminate; therefore, in the event of an emergency, the exit pathway could not be easily identified.

Clinic Entrance Doorbell. We found that the clinic doorbell did not ring at the McKean County CBOC. The intent of the doorbell is to alert staff that a veteran is in need of assistance to access the clinic. The staff told us that the doorbell has never been functional.

VISN 4, Lebanon VAMC – Camp Hill and Pottsville/Frackville

Clean and Dirty Storage. We found clean patient care supplies and dirty equipment stored in an unlocked room at the Pottsville/Frackville CBOC (Pottsville campus).

In an examination room, we found two unlabeled fluid-filled syringes stored in a file cabinet drawer. In other drawers, we found expired syringes. We also found shoes placed on top of sterile supplies.

In the laboratory, in an unlocked cabinet, we found two large containers filled with used syringes, contaminated needles, and specimen tubes containing blood. The containers were not labeled as biohazard waste.

The JC requires proper storage of equipment and supplies to minimize infection.²⁷ Additionally, VA policy requires physical separation of soiled from clean areas to include patient care supplies and equipment.²⁸ The Occupational Safety and Health

²⁷ The JC Hospital Accreditation Program Manual 2009 Addition, Standard IC 02.02.01.

²⁸ VHA Handbook 7176, *Supply, Processing, and Distribution (SPD) Operational Requirements*, Washington, DC, August 16, 2002.

Administration Bloodborne Pathogen Standard, 29 CFR 1910.1030(g)(1)(i), requires warning labels to be placed on all regulated waste.²⁹

IT Security. At the Pottsville campus, the IT equipment and the building's alarm system were inside a cage located in a locked room with maintenance supplies and tools. Security personnel maintained the keys to the room and IT cage; however, we were informed that the building's maintenance staff also had keys to the IT cage. During our inspection, we found the IT cage door open.

At the Frackville campus, IT equipment was located inside a locked room with signage indicating biohazard waste. Inside the room were boxes of medical and offices supplies stacked on pallets and on a freezer. Reportedly, the freezer was utilized for storing biohazard waste. We were informed that multiple staff members had access to this room.

Access logs had no entries since 2009 and 2010, respectively, at the Pottsville and Frackville campuses.

VA policy requires that access to areas that contain equipment or information critical to IT infrastructure be limited to authorized personnel.³⁰ All entrances 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.

Patient and Environmental Safety. MH services are offered 2 days per week at the Pottsville/Frackville CBOC (Pottsville campus). We found that this clinic did not have a panic alarm system. We also found two examination rooms and two unlocked offices had corded blinds and windows that could be opened wide enough to potentially present a risk to patient safety. The clinic was on the second floor of a multi-purpose building. The facility had not conducted a Hazard Vulnerability Assessment. The assessment addresses the steps (if any) the clinic should have in place based on the clinic's location and patient population.

PII. We found that the transportation of laboratory specimens was not secured at the Camp Hill and Pottsville/Frackville CBOCs. CBOC staff placed the specimens in unsecured containers. A VA driver transported the specimens to the parent facility for processing. The specimens disclosed the patient's name and social security number, and the containers were unsecured; therefore, staff could not ensure the security of the patients' PII.

Auditory Privacy. The auditory privacy was inadequate for patients during the check-in process at the Camp Hill and Pottsville/Frackville CBOCs. VHA policy requires auditory

²⁹ Regulated waste is potentially infectious material; contaminated items that release blood or other potentially infectious materials, items that are caked with dried blood or other potential infectious materials; contaminated sharps; and other waste containing blood or other potentially infectious materials.

³⁰ VA Handbook 6500.

privacy when staff discuss sensitive patient issues.³¹ Patients communicate with staff in open stations located in the waiting area. Patients are asked to provide, at a minimum, their name and full social security number. There were no instructions to incoming patients to allow patients a zone of audible privacy during the check-in process.

Patient Privacy. Three examination rooms did not have privacy curtains, and two of three examination tables were placed with the foot facing the door at the Pottsville/Frackville CBOC (Pottsville campus). VHA policy details specific requirements to ensure patient privacy for all veterans, particularly women veterans.³²

VISN 23, VA Black Hills HCS – Mission and Newcastle

Fire Drills. We did not find evidence of an annual fire drill for 2009 or 2010 at the Mission and Newcastle CBOCs. The JC requires that fire response planning identify the specific roles of those who work within the organization, including when and how to sound fire alarms, contain smoke and fire, use a fire extinguisher, and evacuate to areas of refuge.³³

Hand Hygiene. Hand hygiene monitors or data collection had not been initiated prior to our on-site visit at the Mission and Newcastle CBOCs. A comprehensive infection control program is intended to foster a culture of hand hygiene compliance that ensures the control of infectious diseases.

Panic Alarms. We did not find panic alarms for the administrative or clinical staff at the Mission and Newcastle CBOCs. The facility had not conducted a vulnerability risk assessment to determine whether panic alarms were appropriate at the Mission and Newcastle CBOCs.

Patient Identification. The Mission CBOC did not use two patient identifiers for blood drawing procedures. Two patient identifiers help to ensure that the procedure is performed for the correct patient.

VISN 23, VA Minneapolis HCS – Rochester

Fire Drills. We did not find evidence of an annual fire drill for 2010 at the Rochester CBOC. The JC requires that fire response planning identify the specific roles of those who work within the organization, including when and how to sound fire alarms, contain smoke and fire, use a fire extinguisher, and evacuate to areas of refuge.³⁴

³¹ VHA Handbook 1605.14

³² VHA Handbook 1330.01.

³³ Joint commission Standards EC 02.03.01.

³⁴ The JC Standard EC 02.03.01.

Emergency Management

VHA policy requires each CBOC to have a local policy or standard operating procedure defining how medical emergencies, including MH, are handled.³⁵ Table 11 shows the areas reviewed for this topic.

Noncompliant	Areas Reviewed
Mission Newcastle	There is a local medical emergency management plan for this CBOC.
	The staff can articulate the procedural steps of the medical emergency plan.
	The CBOC clinical staff are trained in cardiopulmonary resuscitation with the use of an AED.
Pottsville	The CBOC has an AED onsite for cardiac emergencies.
Mission Newcastle	There is a local MH emergency management plan for this CBOC.
	The staff can articulate the procedural steps of the MH emergency plan.
Table 11. Emergency Management	

VISN 4, Lebanon VAMC – Pottsville/Frackville

AED. An AED was not available; therefore, the absence of an AED may lead to an undesirable clinical outcome in the event of an emergency at the Pottsville campus.

VISN 23, VA Black Hills HCS – Mission and Newcastle

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

PCMM

We conducted reviews of the PCMM administration to assess VHA’s management and accuracy of the primary care panels. VHA directive states that each patient must have only one assigned PCP within the VA system unless approval has been obtained for more than one provider.³⁶

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

³⁵ VHA Handbook 1006.1.

³⁶ VHA Handbook 1101.02, *Primary Care Management Module*, April 21, 2009.

Noncompliant	Areas Reviewed
Hibbing	A system is in place so patients are not assigned to a panel prior to being seen for their first appointment.
Mission	The facility has an enrollment process to ensure patients are assigned to one PCP (excluding VHA exceptions).
	Patients are identified for removal from the PCMM panel on a monthly basis (at a minimum) and panels are current.
	Panel sizes are reasonable compared to the PCMM guidelines.
	The number of patients invoiced is comparable to the total number of patients assigned to the PCP panels.
Table 12. PCMM	

VISN 23, VA Black Hills HCS – Mission

The Black Hills HCS had approximately 17,400 active patients, with approximately 180 being assigned to the Mission CBOC. There were approximately 10 patients assigned to a Mission PCP in PCMM that were also assigned to an additional PCP at other facilities and were not approved. Of the 10 patients, 2 had not had a visit at this clinic since December 2008. Patients with two or more PCPs assigned inflate primary care panel sizes and increase medical care costs for contracted care.

VISN 23, Minneapolis VA HCS – Hibbing

Enrollment procedures in PCMM at the Hibbing CBOC are not performed in accordance with the VHA policy. Enrollment should be performed when the patient has completed his appointment, not when the patient has a scheduled appointment.

CBOC Contract

We conducted reviews of primary care and contracted MH services performed at the contract CBOCs to evaluate the effectiveness of VHA oversight and administration for selected contract provisions relating to quality of care and payment of services. Each CBOC engagement included: (1) a review of the contract, (2) analysis of patient care encounter data, (3) corroboration of information with VHA data sources, (4) site visits, and (5) interviews with VHA and contractor staff. Our review focused on documents and records for the 1st Qtr, FY 2011.

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

Noncompliant	Areas Reviewed
	(1) Contract provisions relating to payment and quality of care:
	a. Requirements for payment.
	b. Rate and frequency of payment.
	c. Invoice format.
	d. Performance measures (including incentives/penalties).

Noncompliant	Areas Reviewed (continued)
Pottsville/ Frackville McKean County	e. Billing the patient or any other third party.
Hibbing	(2) Technical review of contract modifications and extensions.
Pottsville/ Frackville Hibbing	(3) Invoice validation process.
	(4) The COTR designation and training.
Mission	(5) Contractor oversight provided by the COTR.
	(6) Timely access to care.
Table 13. Review of PC and MH Contract Compliance	

VISN 4, Erie VAMC – McKean County

Billing the Patient or Other Third Party. The McKean County contract does not include a provision that states payment from the VA constitutes payment in full and prohibits the contractor from seeking reimbursement from any other source. Inclusion of this provision would clearly state that it would be considered fraudulent for the contractor to bill the patient or other third party insurance sources (including Medicare) for services rendered to veteran enrollees under this contract.

VISN 4, Lebanon VAMC – Pottsville/Frackville

Billing the Patient or Other Third Party. The Pottsville/Frackville contract does not include a provision that states payment from the VA constitutes payment in full and prohibits the contractor from seeking reimbursement from any other source. We found that a contracted primary care provider at the Frackville campus was also seeing VA patients in a private practice. This relationship has the potential for self-referral and additional payment for services that are covered under the VA contract. Inclusion of this provision would clearly state that it would be considered fraudulent for the contractor to bill the patient or other third party insurance sources (including Medicare) for services rendered to veteran enrollees under this contract.

Invoice Validation Process. The COTR receives paper copies of the monthly invoices and supporting documentation. The validation process is very labor and time intensive. The process would be improved if the contractor provided the COTR with invoice and support in a spreadsheet format so the data could be analyzed and validated electronically. The COTR has initiated changes so that monthly data will be submitted electronically by the contractor.

The facility was not monitoring contract requirements to determine the contractor’s eligibility for payment. The contract contains specific requirements for the contractor to receive payment to include: 1) annual vesting visit, 2) authenticated progress note in VistA, and 3) updated means test.

VISN 23, Black Hills HCS – Mission

Oversight. The contract has reporting requirements for specific reports due monthly, quarterly, and annually, which are intended to provide the facility management with an assessment of the CBOC's performance. We did not find any performance issues; however, these reports have not been provided to the facility as required by the contract.

VISN 23, Minneapolis VAMC – Hibbing

Invoice Validation Process. The facility needs to strengthen the invoice validation process to more accurately assess the total of billable enrollees reported on the contractor's invoice prior to certification for payment. Under the current process, the COTR compares the number of invoiced enrollees to a report from the PCMM, which approximates the number of billable enrollees on the invoice. Although we did not find any instances of overbilling, the current invoice validation process relies upon the internal controls of the contractor to ensure that the invoice payments are correct. The inherent risk of overpayments occurs if there are breakdowns in the contractor's internal controls and the VA does not have processes to detect potential overpayments.

Technical Review. The signed contract dated April 9, 2009, did not include numerous contract provisions required by VHA policy and directives, such as the statement of work, performance measures, and commercial contract provisions.³⁷ The contract consisted of the contractor's proposal and contract amendments but did not include or refer to a significant portion of the original request for proposal. Additionally, we were provided a draft of a more complete contract that the contractor possessed; however, this contract was not signed by either party.

³⁷ VHA Directive 1663, *Health Care Resources Contracting – Buying*, Title 38 U.S.C. 8153, August 10, 2006.

VISN 4 Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: July 8, 2011

From: Director, VISN 4 (10N4)

Subject: **CBOC Reviews: McKean County and Venango County, PA; and Camp Hill and Pottsville/Frackville, PA**

To: Director, 54F Healthcare Inspections Division (54F)
Director, Management Review Service (VHA 10A4A4)

1. I have reviewed the responses provided by the Erie and Lebanon VA Medical Centers and I am submitting it to your office as requested. I concur with all responses.
2. If you have any questions or require additional information, please contact Barbara Forsha, VISN 4 Quality Management Officer at 412-822-3290.

(original signed by:)

MICHAEL E. MORELAND, FACHE

Erie VAMC Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: July 12, 2011
From: Director, Erie VAMC (562/00)
Subject: **CBOC Review: McKean County and Venango County, PA**
To: Director, VISN 4 (10N4)

I have reviewed the draft report of the Inspector General Community Based Outpatient Clinic Review of the Bradford (McKean County) and Franklin (Venango County), PA. I concur with the findings outlined in this report and have included corrective action plans for each recommendation.

(original signed by:)
MICHAEL D. ADELMAN, MD

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 Short-Term Fee Basis consults for the McKean County CBOC are approved by appropriate leadership or a designee in accordance with VHA and local policy.

Concur

Target date for completion: 8/31/2011

A Fee Basis Medical Center Memorandum (MCM) will be developed to include guidance on which Fee authorizations must be approved by the Chief Of Staff or designee and which Fee Basis authorizations shall have automatic approval in accordance with national and local policy. The Short Term Fee Basis draft MCM will be sent for concurrence to Clinical Services and leadership.

Recommendation 2. We recommended that the veterans receive written notification when a Short-Term Fee Basis consult is approved and that the notification is documented in the medical record at the McKean County CBOC.

Concur

Target date for completion: 8/31/2011

Fee Basis Staff were trained on 6/27/2011 regarding the documentation requirements for all Fee consults/authorizations that are sent in full to the patient. A Short Term Fee Basis MCM will be developed to include the documentation requirements in the responsibility section of the MCM. The Short Term Fee Basis draft MCM will be sent for concurrence to Clinical Services and leadership.

Recommendation 3. We recommended that the ordering practitioners, or surrogate practitioners, document in the medical record that they reviewed the Short-Term Fee Basis report at the McKean County CBOC.

Concur

Target date for completion: 8/31/2011

The COTR will educate the McKean CO CBOC providers and staff regarding the requirement to document in the patient's medical record that the short-term, fee-basis results were reviewed by the ordering provider. The COTR will audit the appropriate patient medical records to verify compliance with the required documentation.

Recommendation 4. We recommended that the ordering practitioners, or surrogate practitioners, communicate the Short-Term Fee Basis results to the patient within 14 days from the date made available to the ordering practitioner at the McKean County CBOC.

Concur

Target date for completion: 8/31/2011

The COTR will educate the McKean CBOC practitioners and staff that the results of short-term, fee-basis consults must be communicated to the patient within 14 days from the date made available to the ordering practitioner and that action must be documented in the medical record. The COTR will audit the appropriate patient medical records to verify compliance with the required documentation.

Recommendation 5. We recommended that exit signage illuminates to ensure that patients, visitors, and staff can exit safely during an emergency at the McKean County CBOC.

Concur

Target date for completion: 7/1/2011 - Completed

The Contracting Officer notified the contractor of the McKean CBOC regarding the OIG recommendation to install an illuminated exit signage on 6/29/2011. The illuminated emergency exit signage was installed on 7/1/2011 by Pure Tech of Bradford, PA and is fully functional. The COTR validated completion of the installation on 7/1/2011.

Recommendation 6. We recommended that the doorbell is repaired at the McKean County CBOC.

Concur

Target date for completion: 7/31/ 2011

The Contracting Officer notified the contractor of the McKean CBOC regarding the OIG recommendations on 6/29/2011. A wireless communicator with intercom will be installed by Pure Tech of Bradford, PA. A site test will be performed following installation. Confirmation of successful installation will be validated by the COTR.

Recommendation 7. We recommended that the Contracting Officer prepare a contract modification to add a provision that prohibits the contractor from billing the patient or any other source for services that are covered under the VA primary care contract.

Concur

Target date for completion: 7/31/2011

The Contracting Officer will prepare a contract modification to add a provision to the contract that prohibits the contractor from billing the patient or any other source for services that are covered under the VA primary contract.

Lebanon VAMC Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: July 7, 2011
From: Director, Lebanon VAMC (595/00)
Subject: **CBOC Review: Camp Hill and Pottsville/Frackville**
To: Director, VISN 4 (10N4)

On behalf of the Lebanon VA Medical Center, I want to express my appreciation to the Office of Inspector General (OIG) Office of Healthcare Inspections for the comprehensive Community Based Outpatient Clinic Reviews in Camp Hill and Pottsville/Frackville, Pennsylvania, conducted May 17 – 19, 2011.

The attached provides comment to the reported findings and outlines the actions taken by the staff of the Lebanon VA Medical Center in response to the OIG recommendations.

(original signed by:)
Robert W. Callahan, Jr.

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 the facility develop a local policy for Short-Term Fee Basis consults.

Concur

Target date for completion: September 1, 2011

Facility Response: A process to address short-term fee basis was initiated prior to the OIG review. Formalization of the practice is being finalized by the Care Coordination Office in collaboration with Primary Care Leadership.

Recommendation 9. We recommended that the veterans receive written notification when a Short-Term Fee Basis consult is approved and that the notification is documented in the medical record at the Camp Hill CBOC.

Concur

Target date for completion: September 1, 2011

Facility Response: A process to address short-term fee basis was initiated prior to the OIG review. Formalization of the practice is being finalized by the Care Coordination Office in collaboration with Primary Care Leadership.

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

Concur

Target date for completion: August 5, 2011

Facility Response: ACOS Primary Care is briefing all providers that they must make comment illustrating their review of the Short-Term Fee Basis consult result. Review of all test results, including short-term fee results, will be added to the Test Results Notification Reminder. This will provide easier compliance for practitioner.

Recommendation 11. We recommended that the ordering practitioners, or surrogate practitioners, communicate the Short-Term Fee Basis results to the patient within 14 days from the date made available to the ordering practitioner at the Camp Hill CBOC.

Concur

Target date for completion: August 5, 2011

Facility Response: The reminder template will be revised for ordering practitioners to not only state that they reviewed the results, but also that notification to the patient was performed within 14 days.

Recommendation 12. We recommended that the parent Facility Director appoints a Women's Health Liaison who collaborates with the parent facility's Women Veterans Program Manager on women's health issues for the Camp Hill and Pottsville/Frackville CBOCs.

Concur

Target date for completion: September 5, 2011

Facility Response: Currently, personnel are assigned but there is no official letter of appointment. The exception is Pottsville/Frackville which does not have a Women's Health Liaison on-site. Official letters of appointment will be developed to appoint Women's Health Liaison for all CBOCs.

Recommendation 13. We recommended that the facility establish a process to document patient notification results in the medical record at the Camp Hill and Pottsville/Frackville CBOCs.

Concur

Target date for completion: August 5, 2011

Facility Response: The reminder template will be revised for ordering practitioners to not only state that they reviewed the results, but also that notification to the patient was performed within 14 days.

Recommendation 14. We recommended that the ordering providers at the Camp Hill and Pottsville/Frackville CBOCs enter all radiology orders for fee basis mammograms in CPRS and link breast imaging results to the radiology mammogram order.

Concur

Target date for completion: August 5, 2011

Facility Response: Radiology staff responsible for scanning of documents will be trained to link results to the Mammogram order/consult.

Recommendation 15. We recommended that the facility compares practitioner data either to those practitioners doing similar procedures or to aggregated data of those privileged practitioners with the same or comparable privileges at the Camp Hill CBOC.

Concur

Target date for completion: August 5, 2011

Facility Response: ACOS BH will develop system to compare like practitioners.

Recommendation 16. We recommended that skill competencies are validated and documented for all patient care staff at the Camp Hill and Pottsville/Frackville CBOCs.

Concur

Target date for completion: Completed – June 29, 2011

Facility Response: Patient care staff competencies identified by the OIG Inspection Team and all other patient care staff competencies for Frackville/Pottsville and Camp Hill CBOCs were reviewed by the respective clinic nurse managers. Competencies were updated to be consistent with organizational policy expectations and the skills expected of staff in these clinical areas.

Recommendation 17. We recommended that the Director ensures that clean and dirty items at the Pottsville/Frackville CBOC (Pottsville campus) are stored according to VHA policy.

Concur

Target date for completion: Completed – May 18, 2011

Facility Response: Lebanon VAMC Infection Control staff deployed to the clinic. Storing of supplies with office supplies and other supplies (CPR mannequins) considered "dirty" was corrected. Employed and contracted staff were briefed on proper storage of supplies. Schuylkill Medical Center COTR was again briefed on July 6, 2011 about these concerns.

Monitoring of the environment will continue during Lebanon's ongoing Environment of Care Rounds.

Recommendation 18. We recommended that the Chief of OI&T evaluates the use of the IT closet and implements appropriate measures according to VA policy at the Pottsville/Frackville CBOCs.

Concur

Target date for completion: Completed - June 10, 2011

Facility Response: IT spaces at Frackville and Pottsville have been evaluated and addressed as follows:

The switches at both of these locations have port security enabled to provide security for the VA network/data. Port security is set so that each port will allow only 1 device (MAC address to connect). If a device is unplugged and another device is plugged in to the same port the port will automatically shut-down and prohibit any further access until evaluated and resolved by Lebanon OI&T staff. Ports which do not have a device connected are shut-down so that no access is possible.

Frackville – as of June 10, 2011 this switch has been relocated and protected with a locked enclosure. Keys to this enclosure are in the possession of Lebanon IT staff.

There is insufficient room at the Pottsville location for this type of enclosure.

We do provide a list of Lebanon OI&T Staff who are allowed access to these locations and a sign-in roster for any visitors which we would need to escort into these locations to perform service work on our equipment as outlined in VA Handbook 6500. Neither roster has recent signatures since this would be a very rare occasion as repairs/replacements are typically completed by Lebanon OI&T staff. We do not have keys to these areas and require escort into these areas by IT/security staff at these locations.

Recommendation 19. We recommended that a Hazard Vulnerability Assessment be conducted to determine if potential patient or environmental safety hazards exist at the Pottsville/Frackville (Pottsville campus) CBOC.

Concur

Target date for completion: Completed – May 23, 2011

Facility Response: The Medical Center Emergency Management Coordinator received Hazard Vulnerability Assessments for the Pottsville/Frackville clinics and found them to be acceptable.

The staff of the contracted clinic are expected to follow the emergency response as guided under the auspices of their parent facility. Future revisions to the current contract will include the parent company providing the Lebanon VA Medical Center with their annual Hazard Vulnerability Assessments for the involved clinics.

Recommendation 20. We recommended that the transportation of laboratory specimens is secured at the Camp Hill and Pottsville/Frackville CBOCs.

Concur

Target date for completion: August 1, 2011

Facility Response: To ensure the security of all lab specimens transported from the CBOC to the Lebanon VA Medical Center we have instituted the use of Breakaway Lock Seals. When the last lab specimen is placed into the box a Breakaway Lock Seal will be placed on the transportation box by the nurse or Health Technician assigned to the lab. The Medical Center laboratory staff will check the seal on arrival to ensure the integrity of the seal is intact. The placing of the seal on the boxes has already been initiated. The SOP is currently being updated. All staff will be trained to the changes in the SOP via staff meetings.

Recommendation 21. We recommended that auditory privacy be maintained during the check-in process at the Camp Hill and Pottsville/Frackville CBOCs.

Concur

Target date for completion: August 5, 2011

Facility Response: The Privacy Officer, utilizing the July 8, 2011 memorandum titled "Auditory Privacy During CBOC Check-in Process" from the Deputy Under Secretary for health for Operations and Management, will visit the Camp Hill, Pottsville, and Frackville clinics to provide hands on training and education to staff on the importance of privacy issues and securing confidential information.

Recommendation 22. We recommended that the facility ensures the appropriate measures are in place to ensure patient privacy is maintained at the Pottsville/Frackville CBOC (Pottsville campus).

Concur

Target date for completion: August 5, 2011

Facility Response: Privacy curtains will be hung and placed in three of the examination rooms at the Pottsville clinic. Two exam tables will be relocated in the room to comply with VA Handbook 1330.01 requirements to ensure patient privacy for all veterans, particularly women veterans.

Recommendation 23. We recommended that managers ensure that an AED is available at the Pottsville/Frackville CBOC (Pottsville campus).

Concur

Target date for completion: September 15, 2011

Facility Response: An AED should be readily accessible in the clinic proper so as not to have a delay in emergent care. Lebanon VAMC will purchase and place one in the clinic.

Recommendation 25. We recommended that the Contracting Officer prepares a contract modification to add a provision that prohibits the contractor from billing the

patient or any other source for services that are covered under the VA primary care contract.

Concur

Target date for completion: September 1, 2011

Facility Response: The current contract is under review for deletions and modifications to be more specific in regards to prohibition of double billing for services provided. This item is covered on page 18 item G of the current contract but requires clarification. Contract will be amended to be more specific and disallow double billing.

Recommendation 26. We recommended that the Facility Director and Contracting Officer ensure that contracted primary care providers are aware of ethics rules regarding self-referral and are free of any conflicts of interest.

Concur

Target date for completion: September 1, 2011

Facility Response: The current contract is under review for deletions and modifications to be more specific in regards to ethical behavior of self-referral. The contract will be amended to include more specific language disallowing self-referral of patients. Secondly, MCM 00-24 Code of Ethical Behavior was given to Schuylkill Medical Center's Contracting Officer Technical Representative for briefing of self-referral mechanisms to contractor employees.

Recommendation 27. We recommended that the Facility Director and Contracting Officer ensure that contract provisions are written and enforced to ensure proper payment specifically as they relate to patient disenrollment, vesting visits, VistA notes, and means tests.

Concur

Target date for completion: Completed - June 13, 2011

Facility Response: Currently Lebanon's COTR has developed a VistA Ad Hoc Report to ensure compliance with exam coding requirements as exhibited in the contract. This Ad Hoc report is then compared with invoice to ensure proper line item billing.

VISN 23 Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: July 11, 2011

From: Director, VISN 23 (10N23)

Subject: **CBOC Reviews: Mission, SD and Newcastle, WY; and
Hibbing and Rochester, MN**

To: Director, 54F Healthcare Inspections Division (54F)
Director, Management Review Service (VHA 10A4A4)

Thank you for the opportunity to provide a report on the draft findings from the CBOC reviews of the Mission, SD; Newcastle, WY; Hibbing and Rochester, MN. I have reviewed the report from the site visits that occurred during the week of May 14, 2011. I concur with the recommendations.

If you have any questions regarding our responses and actions to the recommendations in the draft report, please contact me at 612-725-1968.

(original signed by:)
JANET P. MURPHY, MBA
Network Director

VA Black Hills HCS Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: July 8, 2011
From: Director, VA Black Hills HCS (568/00)
Subject: **CBOC Reviews: Mission, SD and Newcastle, WY**
To: Director, VISN 23 (10N23)

Attached please find our response to the VA Black Hills Health Care System CBOC Review: Mission, SD and Newcastle, WY conducted May 16-18, 2011.

If you have any questions, you may contact the Director at VA Black Hills Health Care System at (605) 347-2511 Extension 7170.

(original signed by:)
Stephen R. DiStasio, FACHE
Acting 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 28. We recommended a plan for the Mission and Newcastle CBOCs be developed that defines how MH emergencies that require a higher level of care are addressed.

Concur

Target date for completion: September 30, 2011

The following will be incorporated into the Standard Operating Procedure (SOP) for all CBOC response to MH Emergencies:

Procedures for managing Mental Health emergencies:

- The VA BHHCS will identify an accessible community-based Emergency Department where veterans with emergent health care needs will be referred.
- The VA BHHCS will develop agreements and arrangements for sharing information and financial payment with the identified community-based facility.
- While action plan in progress: If patient is considered to be at imminent risk of harm to self or others, immediately contact local emergency services (911 or other). Patient will be taken to the nearest facility capable of providing an emergency mental health evaluation.

Recommendation 29. We recommended that the Newcastle CBOC manager establish a process to ensure timely notification to patients of mammography results and that this process is monitored for ongoing compliance.

Concur

Target date for completion: July 15, 2011

VA BHHCS Diagnostic's mammography tracking log is being modified (verification of completion by 7-15) to include verification that the mammography provider of service notifies the patients within 14 days of results in language appropriate for patients. The process will be monitored as part of the mammography tracking process.

Recommendation 30. We recommended that the Mission CBOC identifies a Women's Health Liaison and that collaboration occurs with the parent facility's Women Veterans Program Manager.

Concur

Target date for completion: July 7, 2011

Women's Health Liaison has been identified and has accepted the role at the Mission CBOC. Facility Women Veteran's Program Manager will collaborate with the identified liaison.

Recommendation 31. We recommend that OPPEs include clinically pertinent data as well as performance measure compliance at the Mission and Newcastle CBOCs.

Concur

Target date for completion: August 1, 2011

OPPE format for VA Staff PCP's and Contract Staff PCP include clinically pertinent data and Performance Measure Compliance. Quality 23 National Performance Measure Metrics as follows: Compliance with the following Metrics: LDL Measure, LDL < 100mg/dl, Retinal eye exam, Annual HgA1c measured, HgA1c <9, Weight Management, Depression* Screening, PTSD* Screening, Alcohol Screening and *follow up of positive screens. Tobacco use and intervention.

Primary Care is developing a data base of clinical procedure (by CPT Code) listing common low and high risk procedures that may be requested in the C&P process. The data base will be used to identify specific low/high risk procedures, the number of specific procedures the provider completed in the past and align the past practice with current his/her privileges requested to validate the request or to identify training or competency assessment (high risk).

Recommendation 32. We recommended that relevant provider-specific data be compared to aggregated data of those privileged providers who hold the same or comparable privileges at the Mission and Newcastle CBOCs.

Concur

Target date for completion: May 23, 2011

OPPE format for VA Staff PCPs and Contract Staff PCPs include: Veteran Satisfaction Score (benchmarked to Network and National scores), Clinic Access (benchmarked to Network and National scores), Safety (unapproved abbreviations with aggregate data), Resource Management (Cost: Laboratory, Pharmacy & Radiology benchmarked to Network and National Averages).

Recommendation 33. We recommended that scopes of practice are provider-specific, service-specific, and facility-specific at the Newcastle CBOC.

Concur

Target date for completion: October 1, 2011

The Scope of Practice and the privilege forms are being revised to indicate site-specific, setting-specific, and provider specific. The revised physician form was approved by Executive Committee of the Medical Staff (ECMS) on June 27, 2011 and has been implemented. Midlevel practitioners (Nurse Practitioners and Physician Assistants) are currently revising the applicable form. Target date for completion is October 1, 2011.

Recommendation 34. We recommended that staff receive training for required skill competencies and that this training is validated and documented at the Mission and Newcastle CBOCs.

Concur

Target date for completion: October 31, 2011

An inventory of nursing procedures performed at the CBOC's and currently utilized competency validation will be compiled. A gap analysis will be performed to determine what additional competency validation is required. A mechanism to continually assess and sustain the competencies of CBOC nursing staff will be developed.

Recommendation 35. We recommended that managers ensure that all patient care staff members be assessed at orientation and annually to assure competence to perform their responsibilities for Mission and Newcastle CBOCs.

Concur

Target date for completion: October 31, 2011

Current orientation, annual training requirements, and competency validation processes at the CBOC's will be compiled. A gap analysis will be performed to determine what additional topics are required. A mechanism to continually validate the orientation, training, and competencies of nursing staff will be developed. Managers of the CBOCs will be provided guidance concerning the various components required for ensuring clinic staff are competent to perform their responsibilities.

Recommendation 36. We recommended that fire drills be conducted annually at the Newcastle and Mission CBOCs.

Concur

Target date for completion: August 1, 2011

The CBOC team (BHHCS Employees) that work in New Castle will be given documentation from the VA BHHCS Fire Department for completing a fire drill. The EOC team member reviewing fire/life safety during the semi-annual environment of care rounds at the CBOC's will validate the completion of the fire drills and supply the documentation to the fire department. If the CBOC is unable to produce, then it becomes the COTR and contracting office's responsibility to enforce the contract.

Recommendation 37. We recommended that managers monitor and collect measurable data for hand hygiene at the Newcastle and Mission CBOCs.

Concur

Target date for completion: August 31, 2011

Registered Nurse at Mission CBOC is currently collecting the data and has now supplied 2 months of data. Tracking and analysis of the data is available on the Infection Control SharePoint for all CBOC's and the other clinical sites in the organization. Outline of Process: 1. Collect HH at Mission. 2. Fax to Infection Control Coordinator Monthly 3. Receive back graph comparing performance to target, to self, and to VABHHCS as a whole. Similar process for surveillance will be implemented at Newcastle CBOC. Hand Hygiene data collected to date for Mission CBOC: May –40/45 observations = 89%; June – 78/120 observations = 65%.

Recommendation 38. We recommended that the parent facility conduct a vulnerability risk review to assess the need for panic alarms at the Newcastle and Mission CBOCs.

Concur

Target date for completion: August 31, 2011

All CBOCs under the jurisdiction of the BHHCS will be inspected before the end of August 2011 for FY11. Language in the assessment memos will clearly state if the risk for panic alarms will require their use, which up to this period has been included in the inspection survey worksheet for each clinic/CBOC.

Recommendation 39. We recommended that two patient identifiers are used by staff when collecting blood samples at the Mission CBOC.

Concur

Target date for completion: July 8, 2011

A copy of the facility patient identification policy (COS 73) will be provided to the Mission CBOC staff by July 8, 2011. Compliance with the policy will be validated by October 1, 2011 through an on-site visit by parent facility staff.

Recommendation 40. We recommended that the Mission and Newcastle CBOCs develop a local policy or SOP that reflects the current practice and capability for handling medical and MH emergencies.

Concur

Target date for completion: July 8, 2011

Standard Operating Procedure (SOP) will be developed for by the CBOCs regarding Medical emergencies. An example of an appropriate SOP has been forwarded to the CBOC contractor.

Recommendation 41. We recommended that the PCMM Coordinator's duties are performed in accordance with VHA policy to reduce the number of veterans assigned to more than one PCP.

Concur

Target date for completion: August 31, 2011

New PCMM coordinator is already addressing duplicate enrollees.

Recommendation 42. We recommended that the Facility Director and Contracting Officer ensure the contractor complies with the required contract reporting provisions.

Concur

Target date for completion: July 20, 2011

Contracting Officer will issue a letter notifying them of non-compliance and detailed instructions with time lines for compliance.

Minneapolis VA HCS Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: July 11, 2011
From: Director, Minneapolis VA HCS (618/00)
Subject: **CBOC Reviews: Hibbing and Rochester, MN**
To: Director, VISN 23 (10N23)

Thank you for the opportunity to provide a report on the draft findings from the CBOC reviews of the Hibbing and Rochester, Minnesota. I have reviewed the report from the site visits that occurred during the week of May 14, 2011. We concur with the recommendations and have already initiated corrective actions.

If you have any questions regarding our responses and actions to the recommendations in the draft report, please contact me at (612) 725-2101.

(original signed by:)

STEVEN P. KLEINGLASS
Medical Center Director, Minneapolis

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 43. We recommended that a contract, sharing agreement, or other appropriate arrangement is developed with the external organization for sharing information when patients at the Hibbing and Rochester CBOCs are referred to a community-based ED for MH emergencies.

Concur

Target date for completion: December 31, 2011

Mental Health and CBOC staff will develop a sharing agreement for MH services at community-based Emergency Departments for MH emergencies per MH Uniform Services Package.

Recommendation 44. We recommended that providers document a justification for the use of Short-Term Fee Basis care in the medical record at the Rochester CBOC.

Concur

Target date for completion: Complete

The Non-VA Care consult template was adjusted to document the justification for the use of fee basis care in the medical record as a required field.

Recommendation 45. We recommended that the veterans receive written notification when a Short-Term Fee Basis consult is approved and that the notification is documented in the system of record at the Rochester CBOC.

Concur

Target date for completion: Complete

The consult is set to automatically generate a letter to the Veteran when the consult for Non-VA care services is requested. The VISTA generated letter remains in the computer to ensure written notification is sent.

Recommendation 46. We recommended that the copies of Short-Term Fee Basis mammography reports of Rochester CBOC patients are filed or scanned into the radiology package in the medical record.

Concur

Target date for completion: Complete

A policy was updated and processes have been modified to ensure that all mammogram reports are scanned into the radiology package. Radiology Package Delinquent Status Report is monitored on a daily basis to ensure orders are completed administratively for all completed studies. The policy outlines the process to ensure that the results are scanned in with appropriate follow up communication.

Recommendation 47. We recommended that managers at the Hibbing and Rochester CBOCs establish a process to ensure effective oversight of the mammography program as required by VHA policy.

Concur

Target date for completion: Complete

Processes have been modified to ensure that effective oversight of the mammogram program as required by VHA policy have been implemented (These processes and oversight apply to all CBOCs.) Procedural changes have already been implemented. In addition, a “look-back” has been conducted on all mammograms ordered in the last year to ensure appropriate follow-up, including scanning of all reports into the Radiology package with BI-Rads categories. This look-back confirmed no cases were lost to follow up.

Recommendation 48. We recommended that managers at the Hibbing and Rochester CBOCs establish a process to ensure that all mammogram orders are entered into the CPRS radiology package and that all mammography results are linked to the appropriate order.

Concur

Target date for completion: Complete

Processes have been modified to ensure that all mammogram orders are entered into the radiology package along with corresponding results that are appropriately linked in CPRS. Procedural changes have already been implemented with monitoring established.

Recommendation 49. We recommended that mammography results be documented in BI-RADS categories at the Hibbing and Rochester CBOCs.

Concur

Target date for completion: Complete

Processes have been modified to ensure that all mammogram results are entered using BI-RADs categories. Procedural changes have already been implemented so that reports of these mammograms are entered into the Radiology reports section of VistA

using the outside reports section of the Radiology package. Each report will utilize the appropriate national diagnostic code corresponding to the “BI-RADS” assessment category.

Recommendation 50. We recommended that the Professional Standards Board grants privileges consistent with the services provided at the Hibbing CBOC.

Concur

Target date for completion: October 31, 2011

Privilege forms used by CBOC providers will be revised. These revisions will ensure that only privileges appropriate to the CBOC setting may be requested by providers.

Recommendation 51. We recommended that service-specific competency criteria is created, approved, and implemented in advance of the start of the FPPE period for providers at the Hibbing and Rochester CBOCs.

Concur

Target date for completion: October 31, 2011

In concert with the privilege form modification, FPPE criteria for CBOC providers will be developed that are tailored to the CBOC- setting and privileges being requested. The service-specific competency criteria will be created, approved, and implemented in advance of the start of the FPPE period for providers at the CBOCs.

Recommendation 52. We recommended that all providers have a scope of practice that is provider-specific, service-specific, and facility-specific.

Concur

Target date for completion: October 31, 2011

A review will be conducted to ensure that all providers that are under a scope of practice will have revisions, if need, to ensure that the scope is provider specific, service specific and facility specific. In some cases the templated format will be modified to ensure it includes the specific criteria.

Recommendation 53. We recommended that managers ensure that all patient care staff members be assessed annually to assure competence to perform their responsibilities at the Rochester CBOC.

Concur

Target date for completion: Complete

Annual competencies are required for staff members to ensure that appropriate skills are assessed on at least an annual basis. Modifications to the annual competencies

were adjusted to include blood draw as an annual competency. All staff have completed the blood draw competency. Nursing staff will monitor to ensure annual competencies will be completed for all staff.

Recommendation 54. We recommended that fire drills be conducted and documented annually at the Rochester CBOC.

Concur

Target date for completion: Completed

Although the fire drill was conducted, the facility was not able to provide the documentation after a physical move to a new location. Processes are now in place so that both the parent facility Council structure Environment of Care Council receives confirmation of annual fire drills in addition to on sight documentation of the drill.

Recommendation 55. We recommended that the PCMM Coordinator is in accordance with VHA policy to perform enrollment upon completion of the patient's appointment and reduce the number of veterans assigned to more than one PCP.

Concur

Target date for completion: Completed

Enrollment has been adjusted so that it is in accordance with VHA policy upon completion of the Veteran's appointment. The process has been implemented so that the Veteran is then assigned to the new Panel and removed from the previous panel.

Recommendation 56. We recommended that the Facility Director strengthens the invoice validation process to ensure the invoiced enrollees using VA data and provide that list of billable enrollees to the contractor. This process mitigates the risk of overpayments to the contractor.

Concur

Target date for completion: Completed

VA data is collected and validated by the COTR prior to sending the information to the vendor. Internal audit process has been implemented which includes monitoring of the specific requirements in order to receive payment: 1) annual vesting visit, 2) progress note in VistA, and 3) updated means test.

Recommendation 57. We recommended that the Facility Director and Contracting Officer modify the contract to comply with VHA policies.

Concur

Target date for completion: April 1, 2012

The contract for the Hibbing CBOC is due to expire. Contracting is in process of new solicitation to award a new contract by April 1st, 2012, which will comply with all VHA policies and directives, to include the statement of work, performance measures, and commercial contract provisions.

OIG Contact and Staff Acknowledgments

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