



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

Office of Healthcare Inspections

Report No. 11-03653-112

**Community Based Outpatient
Clinic Reviews
Pensacola (Joint Ambulatory Care
Center), FL
New Braunfels, San Antonio
(North Central Federal Clinic), and
Victoria, TX**

March 19, 2012

Washington, DC 20420

Why We Did This Review

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

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

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

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Glossary

ADA	Americans with Disabilities Act
C&P	credentialing and privileging
CBOC	community based outpatient clinic
CEB	Clinical Executive Board
CPRS	Computerized Patient Record System
CT	Computerized Tomography
DM	Diabetes Mellitus
EKG	electrocardiogram
EOC	environment of care
FPPE	Focused Professional Practice Evaluation
FY	fiscal year
HCS	Health Care System
HF	heart failure
JACC	Joint Ambulatory Care Center
LCSW	licensed clinical social worker
MH	mental health
MRI	Magnetic Resonance Imaging
NCFC	North Central Federal Clinic
OIG	Office of Inspector General
PCP	primary care provider
PET	Positron Emission Tomography
PSB	Professional Standards Board
PTSD	post-traumatic stress disorder
STFB	Short-Term Fee Basis
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network

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Executive Summary

Purpose: We conducted an inspection of four CBOCs during the week of November 14, 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
16	VA Gulf Coast Veterans HCS	Joint Ambulatory Care Center
17	South Texas Veterans HCS	New Braunfels
		North Central Federal Clinic
		Victoria

Table 1. Sites Inspected

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

VA Gulf Coast HCS

- Ensure that the JACC CBOC establishes a system to identify and track patients at risk for lower limb amputation in accordance with VHA policy.
- Ensure that JACC CBOC clinicians document risk levels for diabetic patients in CPRS in accordance with VHA policy.
- Ensure that providers at the JACC CBOC document a justification for the use of STFB care in the medical record.
- Ensure that STFB consults are approved for the JACC CBOC no later than 10 days from the date the consult was initiated.
- Ensure that STFB consults for the JACC CBOC are approved by the appropriate leadership VA official or designee in accordance with VHA and local policy.
- Ensure that the patients at the JACC CBOC are sent written notification when a STFB consult is approved.
- Ensure that the JACC CBOC ordering providers document in the medical record that they reviewed the STFB imaging report within 14 days from the date made available to the provider.
- Ensure that the ordering providers, or surrogate providers, at the JACC CBOC communicate the STFB results of the imaging report to the patient within 14 days from the date made available to the provider.
- Require that the JACC CBOC establish a process to ensure that patients with normal mammogram results are notified of results within the allotted timeframe and that notification is documented in the medical record.

- Ensure that the PSB submit actions and recommendations for privileging and reprivileging to the CEB and that meeting minutes reflect documents reviewed and the rationale for privileging or reprivileging at the JACC CBOC.

South Texas Veterans HCS

- Ensure that NCFC CBOC clinicians document risk levels for diabetic patients in CPRS in accordance with VHA policy.
- Ensure that NCFC CBOC clinicians document education of preventative foot care to diabetic patients in CPRS in accordance with VHA policy.
- Ensure that the New Braunfels, NCFC, and Victoria CBOC clinicians document that therapeutic footwear or orthotics were prescribed to diabetic patients identified at high risk for extremity ulcers and amputation.
- Ensure that medications are securely transported to all CBOCs.

Comments

The VISN and Facility Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes B–E, pages 17-27 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:

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

Scope. The review topics discussed in this report include:

- Management of DM–Lower Limb Peripheral Vascular Disease
- STFB Care
- Women's Health Review
- C&P
- Environment and Emergency Management
- HF Follow-Up
- CBOC Contract

For detailed information regarding the scope and methodology of the focused topic areas conducted during this inspection, please refer to Report No. 11-03653-283, *Informational Report–Community Based Outpatient Clinic Cyclical Reports Fiscal Year 2012*, September 20, 2011. This report is available at

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

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

<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.

	JACC	New Braunfels	NCFC	Victoria
VISN	16	17	17	17
Parent Facility	VA Gulf Coast Veterans HCS	South Texas Veterans HCS	South Texas Veterans HCS	South Texas Veterans HCS
Type of CBOC	VA	Contract	VA	VA
Number of Uniques, ³ FY 2011	29,453	1,090	11,829	3,558
Number of Visits, FY 2011	238,589	1,870	49,952	30,5551
CBOC Size ⁴	Very Large	Small	Very Large	Mid-size
Locality	Urban	Rural	Urban	Urban
Full-time Employee Equivalents PCP	13.17	0.75	7.2	0.93
Full-time Employee Equivalents MH Providers	27	0	4.63	4
Types of Providers	LCSW Nurse Practitioner Physician Assistant PCP Psychiatrist Psychologist	PCP Nurse Practitioner	Clinical Pharmacist LCSW PCP Psychiatrist Psychologist Radiologist	Clinical Pharmacist LCSW PCP Psychiatrist Psychologist
Specialty Care Services Onsite	Yes	No	Yes	Yes
Tele-Health Services	Care Coordination Home Tele-Health	No	Tele-MH Tele-Retinal Imaging	Tele-MH Tele-Retinal Imaging
Procedures Performed Onsite	Endoscopy Cystoscopy Bronchoscopy	None	None	None
Ancillary Services Provided Onsite	EKG Laboratory Pharmacy Physical Medicine Radiology	EKG	EKG Laboratory Pharmacy Radiology	EKG Laboratory

Table 2. CBOC Characteristics

³ VA Planning Systems Support Group website, <http://vaww.pssg.med.va.gov/>, accessed November 29, 2011.

⁴ Based on the number of unique patients seen as defined by VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics*, September 11, 2008, the size of the CBOC facility is categorized as very large (> 10,000), large (5,000-10,000), mid-size (1,500-5,000), or small (< 1,500).

MH CBOC Characteristics

Table 3 displays the MH Characteristics for each CBOC reviewed.

	JACC	New Braunfels	NCFC	Victoria
Provides MH Services	Yes	No	Yes	Yes
Number of MH Uniques, FY 2011	8,900	0	2,733	2,294
Number of MH Visits	33,439	0	7,552	7,696
General MH Services	Diagnosis and Treatment Plan Medication Management Psychotherapy PTSD Military Sexual Trauma	NA	Diagnosis and Treatment Plan Medication Management Psychotherapy	Diagnosis and Treatment Plan Medication Management Psychotherapy PTSD Military Sexual Trauma
Specialty MH Services	Consult & Treatment Psychotherapy MH Intensive Case Management Peer Support PTSD Teams Homeless Programs	NA	Consult & Treatment Psychotherapy PTSD Teams	Consult & Treatment Psychotherapy PTSD Teams
Tele-MH	Yes	No	Yes	Yes
MH Referrals	Another VA Facility	Another VA Facility	Another VA Facility	Another VA Facility
Table 3. MH CBOC Characteristics				

Results and Recommendations

Management of DM–Lower Limb Peripheral Vascular Disease

VHA established its Preservation-Amputation Care and Treatment Program in 1993 to prevent and treat lower extremity complications that can lead to amputation. An important component of this program is the screening of at-risk populations, which includes veterans with diabetes. Table 4 shows the areas reviewed for this topic. The facilities identified as noncompliant needed improvement. Details regarding the findings follow the table.

Noncompliant	Areas Reviewed
	The parent facility has established a Preservation-Amputation Care and Treatment Program. ⁵
	The CBOC has developed screening guidelines regarding universal foot checks.
JACC	The CBOC has developed a tracking system to identify and follow patients at risk for lower limb amputations.
	The CBOC has referral guidelines for at-risk patients.
NCFC	The CBOC documents education of foot care for patients with a diagnosis of DM. ⁶
	There is documentation of foot screening in the patient's medical record.
JACC NCFC	There is documentation of a foot risk score in the patient's medical record.
New Braunfels NCFC Victoria	There is documentation that patients with a risk assessment Level 2 or 3 received therapeutic footwear and/or orthotics.

Table 4. Management of DM–Lower Limb Peripheral Vascular Disease

VISN 16, VA Gulf Coast Veterans HCS – JACC

Tracking. The JACC CBOC did not have a system to identify and track patients at risk for lower limb amputation. VHA policy⁷ requires identification of high-risk patients with a risk level, based upon foot risk factors that would determine appropriate care and/or referral.

Risk Level Assessment. The JACC CBOC clinicians did not document a risk level for 26 of 26 diabetic patients in CPRS. VHA policy⁸ requires identification of high-risk

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

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

⁷ VHA Directive 2006-050.

⁸ VHA Directive 2006-050.

patients with a risk level, based upon foot risk factors that would determine appropriate care and/or referral.

Recommendation 1. We recommended that the JACC CBOC establishes a system to identify and track patients at risk for lower limb amputation in accordance with VHA policy.

Recommendation 2. We recommended that JACC CBOC clinicians document risk levels for diabetic patients in CPRS in accordance with VHA policy.

VISN 17, South Texas Veterans HCS – New Braunfels, NCFC, and Victoria

Risk Level Assessment. The NCFC CBOC clinicians did not document a risk level for 3 of 22 diabetic patients in CPRS. VHA policy⁹ requires identification of high-risk patients with a risk level, based upon foot risk factors that would determine appropriate care and/or referral.

Foot Care Education Documentation. The NCFC CBOC clinicians did not document education of preventative foot care for 3 of 24 diabetic patients in CPRS.

Therapeutic Footwear/Orthotics. We found that 6 of 12 medical records at the New Braunfels CBOC, 1 of 6 at the NCFC CBOC, and 3 of 4 at the Victoria CBOC did not contain documentation that therapeutic footwear or orthotics were prescribed to diabetic patients identified at high risk (Level 2 and 3) for extremity ulcers and amputation.

Recommendation 3. We recommended that the NCFC CBOC clinicians document risk levels for diabetic patients in CPRS in accordance with VHA policy.

Recommendation 4. We recommended that the NCFC CBOC clinicians document education of preventative foot care to diabetic patients in CPRS in accordance with VHA policy.

Recommendation 5. We recommended that the New Braunfels, NCFC, and Victoria CBOC clinicians document that therapeutic footwear or orthotics were prescribed to diabetic patients identified at high risk for extremity ulcers and amputation.

STFB Care

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

⁹ VHA Directive 2006-050.

We evaluated if CBOC providers appropriately ordered and followed up on outpatient radiology procedures (CT, MRI, and PET scans). 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
	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. ¹⁰
JACC	The provider documented a justification for using Fee Basis status in lieu of providing staff treatment as required by VHA policy. ¹¹
JACC	The date the consult was approved does not exceed 10 days from the date the consult was initiated.
JACC	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. ¹²
JACC	Patients were notified of consult approvals in writing as required by VHA policy. ¹³
	A copy of the imaging report is in CPRS according to VHA policy. ¹⁴
JACC	There is evidence the ordering provider or surrogate practitioner reviewed the report within 14 days from the date on which the results were available to the ordering practitioner.
JACC	There is evidence the ordering provider or other licensed healthcare staff member informed the patient about the report within 14 days from the date on which the results were available to the ordering practitioner. ¹⁵
Table 5. STFB Care	

VISN 16, VA Gulf Coast Veterans HCS – JACC

We reviewed 25 medical records for patients who received services through a STFB consult at the JACC CBOC.

Fee Basis Justification. We found that 24 of 25 medical records at the JACC CBOC did not have a justification for the STFB consult documented in CPRS.

Consult Approval Date. We found that 24 of 25 consults at the JACC CBOC were not approved within 10 days from the date the consult was initiated.

¹⁰ VHA Chief Business Office Policy 1601F, *Fee Service*, <http://vaww1.va.gov/cbo/apps/policyguides/index.asp>; VHA Handbook 1907.01, *Health Information Management and Health Records*, August 25, 2006; VHA Manual M-1, PART I, Chapter 18, *Outpatient Care – Fee*, July 20, 1995.

¹¹ VHA Handbook 1907.01.

¹² VHA Chief Business Office Policy 1601F.

¹³ VHA Manual M-1, PART I, Chapter 18.

¹⁴ VHA Handbook 1907.01.

¹⁵ VHA Directive 2009-019, *Ordering and Reporting Test Results*, March 24, 2009.

Consult Approval Process. We found that 24 of 25 consults at the JACC CBOC were not approved according to VHA and local policy.

Patient Consult Notifications. We found no evidence that any of the patients at the JACC CBOC were sent written notification of the STFB consult approvals.

Report Review. We found that 14 of 25 medical records at the JACC CBOC did not have evidence that the ordering provider or surrogate practitioner reviewed the report within 14 days from the date on which the results were available.

Communication of Results. We found that 20 of 25 medical records (17 with abnormal results and 3 with normal results) at the JACC CBOC did not have evidence that patients were informed about their imaging results within 14 calendar days from the date on which the results were available to the provider.

Recommendation 6. We recommended that providers at the JACC CBOC document a justification for the use of STFB care in the medical record.

Recommendation 7. We recommended that the STFB consults are approved for the JACC CBOC no later than 10 days from the date the consult was initiated.

Recommendation 8. We recommended that the STFB consults for the JACC CBOC are approved by the appropriate leadership VA official or designee in accordance with VHA and local policy.

Recommendation 9. We recommended that the patients at the JACC CBOC are sent written notification when a STFB consult is approved.

Recommendation 10. We recommended that the JACC CBOC ordering providers document in the medical record that they reviewed the STFB imaging report within 14 days from the date made available to the provider.

Recommendation 11. We recommended that the ordering providers, or surrogate providers, at the JACC CBOC communicate the STFB results of the imaging report to the patient within 14 days from the date made available to the provider.

VISN 17, South Texas Veterans HCS – New Braunfels, NCFC, and Victoria

There were no patients at the New Braunfels, NCFC, or the Victoria CBOCs who met the criteria for this review.

Women's Health Review

Breast cancer is the second most common type of cancer among American women, with approximately 207,000 new cases reported each year.¹⁶ Each VHA facility must

¹⁶ American Cancer Society, *Cancer Facts & Figures 2009*.

ensure that eligible women veterans have access to comprehensive medical care, including care for gender-specific conditions.¹⁷ Timely screening, diagnosis, notification, interdisciplinary treatment planning, and treatment are essential to early detection, appropriate management, and optimal patient outcomes. Table 6 shows the areas reviewed for this topic. The facilities identified as noncompliant needed improvement. Details regarding the findings follow the table.

Noncompliant	Areas Reviewed
	Patients were referred to mammography facilities that have current Food and Drug Administration or State-approved certifications.
	Mammogram results are documented using the American College of Radiology's Breast Imaging Reporting and Data System code categories. ¹⁸
	The ordering VHA provider or surrogate was notified of results within a defined timeframe.
JACC New Braunfels NCFC Victoria	Patients were notified of results within a defined timeframe.
	The facility has an established process for tracking results of mammograms performed off-site.
	Fee Basis mammography reports are scanned into the Veterans Health Information Systems and Technology Architecture.
	All screening and diagnostic mammograms were initiated via an order placed into the Veterans Health Information Systems and Technology Architecture radiology package. ¹⁹
	Each CBOC has an appointed Women's Health Liaison.
	There is evidence that the Women's Health Liaison collaborates with the parent facility's Women Veterans Program Manager on women's health issues.
Table 6. Women's Health Review	

VISN 16, VA Gulf Coast Veterans HCS – JACC

There were 14 patients who had mammograms done on or after June 1, 2010, at the JACC CBOC.

Patient Notification of Normal Mammography Results. We reviewed medical records of patients at the JACC CBOC who had normal mammography results and determined that 11 of 12 patients were not notified within the required timeframe of 14 days.

¹⁷ VHA Handbook 1330.01, *Healthcare Services for Women Veterans*, May 21, 2010.

¹⁸ 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.

¹⁹ VHA Handbook 1330.01.

Recommendation 12. We recommended that the JACC CBOC establish a process to ensure that patients with normal mammogram results are notified of results within the allotted timeframe and that notification is documented in the medical record.

VISN 17, South Texas Veterans HCS – New Braunfels, NCFC, and Victoria

There were 31 patients who had mammograms done on or after June 1, 2010, 9 patients at the New Braunfels CBOC, 15 patients at the NCFC CBOC, and 7 patients at the Victoria CBOC.

Patient Notification of Normal Mammography Results. We reviewed the electronic medical records of patients who had normal mammography results. We found that the records of 6 of 9 patients at the New Braunfels CBOC, 12 of 15 patients at the NCFC CBOC, and 3 of 7 patients at the Victoria CBOC did not have documentation of patient notification of normal results. Although documentation of patient notification was maintained in a separate mammogram reporting system, the system did not link to CPRS and was not available to all providers. We validated that as of August 2011 (beyond the review period), the facilities’ reporting process was modified to include documentation of patient notification in CPRS; therefore, we made no recommendation.

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.²⁰ Table 7 shows the areas reviewed for this topic. The facilities identified as noncompliant needed improvement. Details regarding the findings follow the table.

Noncompliant	Areas Reviewed
	(1) There was evidence of primary source verification for each provider’s license.
	(2) Each provider’s license was unrestricted.
	(3) New Provider:
	a. Efforts were made to obtain verification of clinical privileges currently or most recently held at other institutions.
	b. FPPE was initiated.
	c. Timeframe for the FPPE was clearly documented.
	d. The FPPE outlined the criteria monitored.
	e. The FPPE was implemented on first clinical start day.
	f. The FPPE results were reported to the medical staff’s Executive Committee.
	(4) Additional New Privilege:
	a. Prior to the start of a new privilege, criteria for the FPPE were developed.

²⁰ VHA Handbook 1100.19.

Noncompliant	Areas Reviewed (continued)
	b. There was evidence that the provider was educated about FPPE prior to its initiation.
	c. FPPE results were reported to the medical staff's Executive Committee.
	(5) FPPE for Performance:
	a. The FPPE included criteria developed for evaluation of the practitioners when issues affecting the provision of safe, high-quality care were identified.
	b. A timeframe for the FPPE was clearly documented.
	c. There was evidence that the provider was educated about FPPE prior to its initiation.
	d. FPPE results were reported to the medical staff's Executive Committee.
JACC	(6) The Service Chief, Credentialing Board, and/or medical staff's Executive Committee list documents reviewed and the rationale for conclusions reached for granting licensed independent practitioner privileges.
	(7) Privileges granted to providers were facility, service, and provider specific. ²¹
	(8) The determination to continue current privileges were based in part on results of OPPE activities.
	(9) The OPPE and reappraisal process included consideration of such factors as clinical pertinence reviews and/or performance measure compliance.
	(10) Relevant provider-specific data was compared to aggregated data of other providers holding the same or comparable privileges.
	(11) Scopes of practice were facility specific.
Table 7. C&P	

VISN 16, VA Gulf Coast Veterans HCS – JACC

Privileging Process. VHA policy requires that PSB actions and recommendations be submitted to the CEB for review and approval.²² CEB meeting minutes did not include documentation of the review or approval of PSB privileging or reprivileging recommendations prior to granting privileges for the four physicians whose folders we reviewed.

Recommendation 13. We recommended that the PSB submit actions and recommendations for privileging and reprivileging to the CEB and that meeting minutes reflect documents reviewed and the rationale for privileging or reprivileging at the JACC CBOC.

²¹ VHA Handbook 1100.19.

²² VHA Handbook 1100.19.

Environment and Emergency Management

EOC

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, infection control, and general maintenance. Table 8 shows the areas reviewed for this topic. The facilities identified as noncompliant needed improvement. Details regarding the findings follow the table.

Noncompliant	Areas Reviewed
	There is handicap parking, which meets the ADA requirements.
	The CBOC entrance ramp meets ADA requirements.
	The entrance door to the CBOC meets ADA requirements.
	The CBOC restrooms meet ADA requirements.
	The CBOC is well maintained (e.g., ceiling tiles clean and in good repair, walls without holes, etc.).
	The CBOC is clean (walls, floors, and equipment are clean).
	The patient care area is safe.
	The CBOC has a process to identify expired medications.
Victoria	Medications are secured from unauthorized access.
	There is an alarm system or panic button installed in high-risk areas as identified by the vulnerability risk assessment.
	Privacy is maintained.
	Information technology security rules are adhered to.
	Patients' personally identifiable information is secured and protected.
	There is alcohol hand wash or a soap dispenser and sink available in each examination room.
	The sharps containers are less than $\frac{3}{4}$ full.
	There is evidence of fire drills occurring at least annually.
	There is evidence of an annual fire and safety inspection.
	Fire extinguishers are easily identifiable.
	The CBOC collects, monitors, and analyzes hand hygiene data.
	Staff use two patient identifiers for blood drawing procedures.
	The CBOC is included in facility-wide EOC activities.
Table 8. EOC	

VISN 17, South Texas Veterans HCS –Victoria

Medication Management and Transport. We found medications at the Victoria CBOC appropriately secured. However, personnel who were not authorized to dispense or administer medications transported unsecured medications from the parent facility to the clinic. The facility reported this as the standard practice for medication transportation between the facility and CBOCs.

Recommendation 14. We recommended that the facility ensure that medications are securely transported to all CBOCs.

Emergency Management

VHA policy requires each CBOC to have a local policy or standard operating procedure defining how medical emergencies, including MH, are handled.²³ Table 9 shows the areas reviewed for this topic.

Noncompliant	Areas Reviewed
	There is a local medical emergency management plan for this CBOC.
	The staff can articulate the procedural steps of the medical emergency plan.
	The CBOC has an automated external defibrillator onsite for cardiac emergencies.
	There is a local MH emergency management plan for this CBOC.
	The staff can articulate the procedural steps of the MH emergency plan.
Table 9. Emergency Management	

All CBOCs were compliant with the emergency management review areas; therefore, we made no recommendations.

HF Follow-Up

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

CBOC Contract

We conducted a review of contracted primary care services performed at the New Braunfels CBOC to evaluate the effectiveness of VHA oversight and administration for selected contract provisions relating to quality of care and payment of services. MH services are not provided at the New Braunfels CBOC. Patients are referred to the parent facility, approximately 30 minutes away. This CBOC engagement included: (1) a review of the contract, (2) analysis of patient care encounter data, (3) corroboration of

²³ VHA Handbook 1006.1.

information with VHA data sources, (4) site visits, and (5) interviews with VHA and contractor staff. Our review focused on documents and records for 3rd quarter, FY 2011.

Based on the areas reviewed below, we did not find any areas that needed improvement and wish to commend the South Texas Veterans HCS for its oversight and administration of the primary care contract. Table 10 shows the areas reviewed for this topic.

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).
	e. Billing the patient or any other third party.
	(2) Technical review of contract modifications and extensions.
	(3) Invoice validation process.
	(4) The Contracting Officer's Technical Representative designation and training.
	(5) Contractor oversight provided by the Contracting Officer's Technical Representative.
	(6) Timely access to care (including provisions for traveling veterans).
	a. Visiting patients are not assigned to a provider panel in the Primary Care Management Module.
	b. The facility uses the Veterans Health Information Systems and Technology Architecture's "Register Once" to register patients who are enrolled at other facilities.
	c. Referral Case Manager assists with coordination of care for traveling veterans.
Table 10. Review of Primary Care and MH Contract Compliance	

VISN 17, South Texas Veterans HCS – New Braunfels

The New Braunfels CBOC was compliant with all contract review areas; therefore, we made no recommendations.

HF Follow-Up Results

Areas Reviewed			
CBOC Processes			
Guidance	Facility	Yes	No
The CBOC monitors HF readmission rates.	VA Gulf Coast Veterans HCS		
	JACC CBOC	X	
	South Texas Veterans HCS		
	New Braunfels CBOC		X
	NCFC CBOC		X
	Victoria CBOC		X
The CBOC has a process to identify enrolled patients that have been admitted to the parent facility with a HF diagnosis.	VA Gulf Coast Veterans HCS		
	JACC CBOC		X
	South Texas Veterans HCS		
	New Braunfels CBOC	X	
	NCFC CBOC	X	
	Victoria CBOC	X	
Medical Record Review Results			
Guidance	Facility	Numerator	Denominator
There is documentation in the patients' medical records that communication occurred between the inpatient and CBOC providers regarding the HF admission.	VA Gulf Coast Veterans HCS		
	JACC CBOC	*NA	NA
	South Texas Veterans HCS		
	New Braunfels CBOC	NA	NA
	NCFC CBOC	3	4
	Victoria CBOC	0	5
A clinician documented a review of the patients' medications during the first follow-up primary care or cardiology visit.	VA Gulf Coast Veterans HCS		
	JACC CBOC	NA	NA
	South Texas Veterans HCS		
	New Braunfels CBOC	NA	NA
	NCFC CBOC	4	4
	Victoria CBOC	4	4
A clinician documented a review of the patients' weights during the first follow-up primary care or cardiology visit.	VA Gulf Coast Veterans HCS		
	JACC CBOC	NA	NA
	South Texas Veterans HCS		
	New Braunfels CBOC	NA	NA
	NCFC CBOC	3	4
	Victoria CBOC	3	4

*There were no patients at the JACC and New Braunfels CBOCs that met the criteria for this informational topic review

HF Follow-Up Results (continued)

Medical Record Review Results (continued)			
<i>Guidance</i>	<i>Facility</i>	<i>Numerator</i>	<i>Denominator</i>
A clinician documented a review of the patients' restricted sodium diet during the first follow-up primary care or cardiology visit.	VA Gulf Coast Veterans HCS		
	JACC CBOC	NA	NA
	South Texas Veterans HCS		
	New Braunfels CBOC	NA	NA
	NCFC CBOC	2	4
	Victoria CBOC	2	4
A clinician documented a review of the patients' fluid intake during the first follow-up primary care or cardiology visit.	VA Gulf Coast Veterans HCS		
	JACC CBOC	NA	NA
	South Texas Veterans HCS		
	New Braunfels CBOC	NA	NA
	NCFC CBOC	2	4
	Victoria CBOC	0	4
A clinician educated the patients, during the first follow-up primary care or cardiology visit, on key components that would trigger the patients to notify the provider.	VA Gulf Coast Veterans HCS		
	JACC CBOC	NA	NA
	South Texas Veterans HCS		
	New Braunfels CBOC	NA	NA
	NCFC CBOC	2	4
	Victoria CBOC	1	4

Interim VISN 16 Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: February 21, 2012

From: Interim Network Director, South Central VA Health Care Network (10N16)

Subject: **CBOC Review: Pensacola (Joint Ambulatory Care Center), FL**

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

1. The South Central VA Health Care Network has reviewed and concurs with the comments and action plans submitted by the VA Gulf Coast Veterans Health Care System in response to the CBOC review of the Pensacola Joint Ambulatory Care Center conducted the week of November 14, 2011.
2. If you have any questions regarding the information or require additional information, please contact Reba Moore at 601-206-7022.

(original signed by.)

Michael R. Winn

Interim Director, South Central VA Health Care Network (10N16)

VA Gulf Coast Veterans HCS Director Comments

Department of
Veterans Affairs

Memorandum

Date: February 16, 2012
From: Director, VA Gulf Coast Veterans HCS (520/00)
Subject: **CBOC Review: Pensacola (Joint Ambulatory Care Center), FL**
To: Director, South Central VA Health Care Network (10N16)

Attached please find our response to the CBOC Review of the Pensacola Joint Ambulatory Care Center conducted the week of November 14, 2011.

If you have any questions, you may contact the Director at (228) 523-5000, extension 5766.



Thomas Wisniewski, MPA, FACHE
Director, VA Gulf Coast Veterans HCS (520/00)

Comments to Office of Inspector General's Report

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

OIG Recommendations

Recommendation 1. We recommended that the JACC CBOC establishes a system to identify and track patients at risk for lower limb amputation in accordance with VHA policy.

Concur

Target Date for Completion: May 30, 2012

In accordance with VHA Directive 2006-050, the facility level Preservation-Amputation Care and Treatment (PACT) Program and PACT Program Coordinator will develop a system to track patients who are determined to be at risk for lower limb amputation. Results of this identification and tracking monitor will be reported in the PACT Committee and reflected in Committee minutes.

A sample of Committee minutes will be submitted to demonstrate compliance.

Recommendation 2. We recommended that JACC CBOC clinicians document risk levels for diabetic patients in CPRS in accordance with VHA policy.

Concur

Target Date for Completion: August 31, 2012

In accordance with VHA Directive, 2006-050, the documentation of risk levels for diabetic patients will be completed by the treating provider. Adjustments will be made to the documentation template for diabetic foot screening. At the time the foot screen is completed, the provider will be asked to document a risk assessment level and this rating will then used to determine the appropriate care and/or referral for the Veteran.

To ensure compliance, data will be compiled monthly on the number of completed diabetic foot screens and risk level assignments for JACC CBOC patients. Twenty-five chart audits will be completed each month until three consecutive months of compliance is demonstrated.

Recommendation 6. We recommended that providers at the JACC CBOC document a justification for the use of STFB care in the medical record.

Concur

Target Date for Completion: September 30, 2012

VA Gulf Coast Veterans Health Care System (VAGCVHCS) has been selected as a beta test-site for the new Non-VA Care Coordination (NVCC) program being launched by VHA. New practice guidelines and documentation templates are being implemented by Fee Basis, Primary Care, Diagnostic Medicine, Medical, and Surgical Services to comply with guidance put forth in VHA Handbook 1907.01, VHA Business Office Policy 1601F and VHA Directive 2009-019. As part of the NVCC process, consult templates now include mandatory drop down boxes that require providers to enter a justification for the use of STFB care.

To ensure compliance, a monitor will be established to review this specific element of the STFB consult and the STFB program. Twenty-five medical records will be audited each month until three consecutive months of compliance is demonstrated.

Recommendation 7. We recommended that the STFB consults are approved for the JACC CBOC no later than 10 days from the date the consult was initiated.

Concur

Target Date for Completion: September 30, 2012

VAGCVHCS has been selected as a beta test-site for the new NVCC program being launched by VHA. New practice guidelines and documentation templates are being implemented by Fee Basis, Primary Care, Diagnostic Medicine, Medical, and Surgical Services to comply with guidance put forth in VHA Handbook 1907.01, VHA Business Office Policy 1601F and VHA Directive 2009-019. The current STFB process establishes a five-day target for the approval of consults. Additional processes are built in to target consults that exceed the five day range to prevent them from exceeding 10 days.

To ensure compliance, a monitor will be established to review this specific element of the STFB consult and the STFB program. Twenty-five medical records will be audited each month until three consecutive months of compliance is demonstrated.

Recommendation 8. We recommended that the STFB consults for the JACC CBOC are approved by the appropriate leadership VA official or designee in accordance with VHA and local policy.

Concur

Target Date for Completion: September 30, 2012

VAGCVHCS has been selected as a beta test-site for the new NVCC program being launched by VHA. New practice guidelines and documentation templates are being implemented by Fee Basis, Primary Care, Diagnostic Medicine, Medical, and Surgical Services to comply with guidance put forth in VHA Handbook 1907.01, VHA Business Office Policy 1601F and VHA Directive 2009-019. The previous response template to a STFB consult has been changed to include approval information by the appropriate VA official or designee in accordance with both VHA and local policy.

To ensure compliance, a monitor will be established to review this specific element of the STFB consult and the STFB program. Twenty-five medical records will be audited each month until three consecutive months of compliance is demonstrated.

Recommendation 9. We recommended that the patients at the JACC CBOC are sent written notification when a STFB consult is approved.

Concur

Target Date for Completion: September 30, 2012

VAGCVHCS has been selected as a beta test-site for the new NVCC program being launched by VHA. New practice guidelines and documentation templates are being implemented by Fee Basis, Primary Care, Diagnostic Medicine, Medical, and Surgical Services to comply with guidance put forth in VHA Handbook 1907.01, VHA Business Office Policy 1601F and VHA Directive 2009-019. In addition, administrative practices such as patient notifications and scheduling is also being revised for improved compliance. With the implementation of the new NVCC processes, Fee Basis has established patient contact practices for STFB consultations that are specific to patient sources of care such as Project Hero/Humana, United States Department of the Navy, and Eglin Air Force Base. These new processes will improve the written notification obligation that is required of patients enrolled in the STFB program.

To ensure compliance, a monitor will be established to review this specific element of the STFB consult and the STFB program. Twenty-five medical records will be audited each month until three consecutive months of compliance is demonstrated.

Recommendation 10. We recommended that the JACC CBOC ordering providers document in the medical record that they reviewed the STFB imaging report within 14 days from the date made available to the provider.

Concur

Target Date for Completion: September 30, 2012

VAGCVHCS has been selected as a beta test-site for the new NVCC program being launched by VHA. New practice guidelines and documentation templates are being implemented by Fee Basis, Primary Care, Diagnostic Medicine, Medical, and Surgical Services to comply with guidance put forth in VHA Handbook 1907.01, VHA Business Office Policy 1601F and VHA Directive 2009-019. Timely notification to providers of the receipt of STFB reports and information is also being addressed as part of this project. Timelines are being built into the new process with the idea that specific target dates for review, action and/or communication on the part of the provider and program staff will produce better results for the patient and improve his/her treatment experience.

To ensure compliance, a monitor will be established to review this specific element of the STFB consult and the STFB program. Twenty-five medical records will be audited each month until three consecutive months of compliance is demonstrated.

Recommendation 11. We recommended that the ordering providers, or surrogate providers, at the JACC CBOC communicate the STFB results of the imaging report to the patient within 14 days from the date made available to the provider.

Concur

Target Date for Completion: September 30, 2012

VAGCVHCS has been selected as a beta test-site for the new NVCC program being launched by VHA. New practice guidelines and documentation templates are being implemented by Fee Basis, Primary Care, Diagnostic Medicine, Medical, and Surgical Services to comply with guidance put forth in VHA Handbook 1907.01, VHA Business Office Policy 1601F and VHA Directive 2009-019. Timely notification to providers of the receipt of STFB reports and information is also being addressed as part of this project. Timelines are being built into the new process with the idea that specific target dates for review, action and/or communication on the part of the provider and program staff will produce better results for the patient and improve his/her treatment experience.

To ensure compliance, a monitor will be established to review this specific element of the STFB consult and the STFB program. Twenty-five medical records will be audited each month until three consecutive months of compliance is demonstrated.

Recommendation 12. We recommended that the JACC CBOC establish a process to ensure that patients with normal mammogram results are notified of results within the allotted timeframe and that notification is documented in the medical record.

Concur

Target Date for Completion: August 31, 2012

A standard operating procedure (SOP) has been developed by the Women Veterans Program Manager that gives guidance to providers on the process for reviewing mammogram findings and documenting the communication of results to patients in the electronic medical record. A tracking tool is now being developed to track compliance with the newly developed SOP.

Upon completion of the tracking tool, monitoring of communication between providers and patients will begin. Twenty medical records will be audited each month until three consecutive months of compliance is demonstrated.

Recommendation 13. We recommended that the PSB submit actions and recommendations for privileging and reprivileging to the CEB and that meeting minutes reflect documents reviewed and the rationale for privileging or reprivileging at the JACC CBOC.

Concur

Target Date for Completion: June 30, 2012

The minutes of the PSB will continue to reflect actions and recommendations made by the Board for privileging and reprivileging providers. A more robust executive summary of PSB minutes will be completed by Credentialing and Privileging staff and communicated up to the CEB. In turn, the minutes of the CEB will reflect the documents reviewed and the rationale for privileging or reprivileging of providers.

A sample of CEB minutes will be submitted to demonstrate compliance.

VISN 17 Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: February 22, 2012

From: Director, VA Heart of Texas Health Care Network (10N17)

Subject: **CBOC Reviews: New Braunfels, TX, San Antonio (North Central Federal Clinic), TX, and Victoria, TX**

To: Director, 54DA Healthcare Inspections Division (54DA)

Director, Management Review Service (VHA 10A4A4)

1. Thank you for allowing me to respond to this Community Based Outpatient Clinic (CBOC) Review of New Braunfels, TX, North Central Federal Clinic, and Victoria, TX facilities.
2. I agree with the recommendations and have ensured that action plans with target dates for completion were developed.
3. If you have further questions regarding this CBOC review, please contact Judy Finley, Quality Management Officer at 817-385-3761 or Denise B. Elliott, VISN 17 HSS at 817-385-3734.

(original signed by:)

Lawrence A. Biro

Director, VA Heart of Texas Health Care Network (10N17)

South Texas Veterans HCS Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: February 15, 2012

From: Director, South Texas Veterans HCS (671/00)

Subject: **CBOC Reviews: New Braunfels, TX, San Antonio (North Central Federal Clinic), TX, and Victoria, TX**

To: VA Heart of Texas Health Care Network (10N17)

1. Attached please find the response from the South Texas Veterans Health Care System.
2. If you have any questions, please contact Amjed Baghdadi, Chief Quality Management Officer at 210-617-5205.

(original signed by:)

Marie L. Weldon, FACHE
Director, South Texas Veterans HCS (671/00)

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 3. We recommended that the NCFC CBOC clinicians document risk levels for diabetic patients in CPRS in accordance with VHA policy.

Concur

Target Date for Completion: March 30, 2012

The NCFC CBOC clinicians will review the status of the Diabetic Foot Exam Clinical Reminder (CR) during the patient visit and act upon any CR due. The Diabetic Foot Exam Clinical Reminder prompts evaluation and documentation of all components of an appropriate examination of the foot and risk assessment and documentation of a risk level based on the examination. The nurses will also review this CR and alert the provider for any CR due and, when possible, will have the patient "staged" (i.e. have the patient's shoes and socks removed and feet placed on clean paper) to facilitate provider completion of this exam. The CR is unable to be completed if the amputation risk for the patient is not assessed. The Chief Medical Officer and Nurse Manager at the NCFC will review this recommendation and plan during an inservice(s) with the nursing and provider staff by March 30, 2012. There will be a sign in sheet to document persons attending. The Associate Chief of Staff for Primary Care will request the VISN CHIO add this CR back to the VISN Data Mart report to facilitate monitoring of compliance. If Podiatry is following a patient for whom the diabetic foot reminder is due, Podiatry will complete the risk assessment and document risk level. The Chief of Podiatry will inservice Podiatry staff by March 30, 2012.

Recommendation 4. We recommended that the NCFC CBOC clinicians document education of preventative foot care to diabetic patients in CPRS in accordance with VHA policy.

Concur

Target Date for Completion: March 30, 2012

The Diabetic Foot Exam Clinical Reminder (CR) facilitates documentation of the appropriate patient education on preventive foot care based on amputation risk. This part of the CR is not mandatory to complete the CR. The CMO of the NCFC will discuss this important component of the DM foot exam CR and ask that the provider staff complete this part of the CR, even though it is not currently mandatory in the CR. The ACOS/PC will request the VISN CHIO to consider making this component mandatory to complete the CR. Podiatry documents diabetic foot education provided in clinic under

the plan section of the progress note. Documentation is also noted upon dispensement of the Diabetic Foot Field Reminder.

Recommendation 5. We recommended that the New Braunfels, NCFC, and Victoria CBOC clinicians document that therapeutic footwear or orthotics were prescribed to diabetic patients identified at high risk for extremity ulcers and amputation.

Concur

Target Date for Completion: March 30, 2012

The CMO of the NCFC, the CMO of the Victoria CBOC, and the COTR for the New Braunfels contract CBOC (who will facilitate accomplishing this through the CRA Associates contractor) will instruct all providers to document that therapeutic footwear or orthotics are prescribed to diabetic patients identified as high risk (category 2 or greater) for extremity ulcers and amputation (the inservice will instruct them to order these items and the orders will serve as the documentation). The Chief of Podiatry directs that Primary Care Providers will order only diabetic shoes and socks. The Chief of Podiatry directs that the Podiatry providers will order all other appropriate orthotics and/or devices. The Chief of Podiatry and the ACOS/PC will ask the VISN CHIO to consider adding the ordering of diabetic shoes, socks and orthotics to the DM Foot Exam CR.

Recommendation 14. We recommended that the facility ensure that medications are securely transported to all CBOCs.

Concur

Target Date for Completion: March 30, 2012

South Texas Veterans Health Care System (STVHCS) Pharmacy Service will develop a Standard Operating Procedure (SOP) governing the security of medication transport to and from all community-based outpatient clinics (CBOCs). All medications that require refrigeration are shipped to the CBOCs via certified United States Postal Service mail. STVHCS Pharmacy Service will procure an adequate supply of medication lock boxes to meet needs for non-refrigerated secure medication transport to and from the CBOCs via STVHCS Logistics transport vehicles. Lock combinations will be communicated only to key nursing and pharmacy personnel. Prior to transport of any medications secured in lock boxes to or from any CBOC, sending Pharmacy or CBOC staff will notify the receiving staff of the impending shipment of medications. All responsible pharmacy and nursing staff will be inserviced on the new standard operating procedures through their respective services.

OIG Contact and Staff Acknowledgments

OIG Contact For more information about this report, please contact the Office of Inspector General at (202) 461-4720.

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