



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

Office of Healthcare Inspections

Report No. 13-00026-191

**Community Based Outpatient
Clinic Reviews
at
Cheyenne VA Medical Center
Cheyenne, WY**

May 8, 2013

Washington, DC 20420

Why We Did This Review

The VA OIG is undertaking a systematic review of the VHA's CBOCs to assess whether CBOCs are operated in a manner that provides veterans with consistent, safe, high-quality health care.

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

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

CBOC	community based outpatient clinic
CDC	Centers for Disease Control and Prevention
EHR	electronic health record
EOC	environment of care
FPPE	Focused Professional Practice Evaluation
FY	fiscal year
IT	information technology
NCP	National Center for Health Promotion and Disease Prevention
NC	noncompliant
OIG	Office of Inspector General
VAMC	VA Medical Center
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
WH	women's health

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Executive Summary

Purpose: We evaluated select activities to assess whether the CBOCs operated in a manner that provides veterans with consistent, safe, high-quality health care.

We conducted an onsite inspection of the CBOC during the week of March 25, 2013.

The review covered the following topic areas:

- WH
- Vaccinations
- C&P
- EOC
- Emergency Management

For the WH and vaccinations topics, EHR reviews were performed for patients who were randomly selected from all CBOCs assigned to the respective parent facilities. The C&P, EOC, and emergency management onsite inspections were only conducted at the randomly selected CBOC (see Table 1).

VISN	Facility	CBOC Name	Location
19	Cheyenne VAMC	Fort Collins	Fort Collins, CO
Table 1. Sites Inspected			

Review Results: We made recommendations in two review areas.

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

- Ensure that clinicians administer pneumococcal vaccinations when indicated.
- Ensure that clinicians document all required pneumococcal and tetanus vaccination administration elements and that compliance is monitored.
- Ensure CBOC IT server closet is maintained according to IT safety and security standards.
- Ensure that all identified EOC deficiencies are tracked, trended, and corrected.

Comments

The VISN and Facility Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes A-B, pages 12–15, for the full text of the Directors’ comments.) We will follow up on the planned actions until they are completed.



JOHN D. DAIGH, JR., M.D.
Assistant Inspector General for
Healthcare Inspections

Objectives and Scope

Objectives

- Evaluate whether CBOCs comply with selected VHA requirements regarding the provision of cervical cancer screening, results reporting, and WH liaisons.
- Evaluate whether CBOCs properly provided selected vaccinations to veterans according to CDC guidelines and VHA recommendations.
- Determine whether CBOC providers are appropriately credentialed and privileged in accordance with VHA Handbook 1100.19.¹
- Determine whether CBOCs are in compliance with standards of operations according to VHA policy in the areas of environmental safety and emergency planning.²

Scope and Methodology

Scope

We reviewed selected clinical and administrative activities to evaluate compliance with requirements related to patient care quality and the EOC. In performing the reviews, we assessed clinical and administrative records as well as completed onsite inspections at randomly selected sites. Additionally, we interviewed managers and employees. The review covered the following five activities:

- WH
- Vaccinations
- C&P
- EOC
- Emergency Management

Methodology

To evaluate the quality of care provided to veterans at CBOCs, we conducted EHR reviews for the WH and vaccinations topic areas. For WH, the EHR reviews consisted of a random sample of 50 women veterans (23–64 years of age). For vaccinations, the EHR reviews consisted of random samples of 75 veterans (65 and older) and 75 additional veterans (all ages), unless fewer patients were available, for tetanus and

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.

pneumococcal, respectively. The study populations consisted of patients from all CBOCs assigned to the parent facility.³

The C&P, EOC, and emergency management onsite inspections were only conducted at the randomly selected CBOC. One CBOC was randomly selected from the 56 sampled parent facilities, with sampling probabilities proportional to the numbers of CBOCs eligible to be inspected within each of the parent facilities.⁴

In this report, we make recommendations for improvement. Recommendations pertain to issues that are significant enough to be monitored by the OIG until corrective actions are implemented.

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

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³ Includes all CBOCs in operation before October 1, 2011.

⁴ Includes 96 CBOCs in operation before October 1, 2011, that had 500 or more unique enrollees.

CBOC Profiles

To evaluate the quality of care provided to veterans at CBOCs, we designed reviews with an EHR component to capture data for patients enrolled at all of the CBOCs under the parent facility's oversight.⁵ The table below provides information relative to each of the CBOCs under the oversight of the respective parent facility.

VISN	Parent Facility	CBOC Name	Locality ⁶	Uniques FY 2012 ⁷	Visits FY 2012 ⁷	CBOC Size ⁸
19	Cheyenne VAMC	Fort Collins (Fort Collins, CO)	Urban	5,626	28,883	Large
		Greeley (Greeley, CO)	Urban	4,147	29,632	Mid-Size
		Sidney (Sidney, NE)	Rural	524	2,943	Small

Table 2. Profiles

⁵ Includes all CBOCs in operation before October 1, 2011.

⁶ <http://vaww.pssg.med.va.gov/>

⁷ <http://vssc.med.va.gov>

⁸ 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).

WH and Vaccination EHR Reviews Results and Recommendations

WH

Cervical cancer is the second most common cancer in women worldwide.⁹ Each year, approximately 12,000 women in the United States are diagnosed with cervical cancer.¹⁰ The first step of care is screening women for cervical cancer with the Papanicolaou test or “Pap” test. With timely screening, diagnosis, notification, and treatment, the cancer is highly preventable and associated with long survival and good quality of life.

VHA policy outlines specific requirements that must be met by facilities that provide services for women veterans.¹¹ We reviewed EHRs, meeting minutes and other relevant documents, and interviewed key WH employees. Table 3 shows the areas reviewed for this topic.

NC	Areas Reviewed
	Cervical cancer screening results were entered into the patient’s EHR.
	The ordering VHA provider or surrogate was notified of results within the defined timeframe.
	Patients were notified of results within the defined timeframe.
	Each CBOC has an appointed WH Liaison.
	There is evidence that the CBOC has processes in place to ensure that WH care needs are addressed.
Table 3. WH	

There were 30 patients who received a cervical cancer screening at the Cheyenne VAMC and its CBOCs.

Generally, the CBOCs assigned to the parent facility name were compliant with the review areas; therefore, we made no recommendations.

Vaccinations

The VHA NCP was established in 1995. The NCP establishes and monitors the clinical preventive services offered to veterans, which includes the administration of vaccinations.¹² The NCP provides best practices guidance on the administration of vaccinations for veterans. The CDC states that although vaccine-preventable disease

⁹ World Health Organization. Cancer of the cervix. Retrieved from: <http://www.who.int/reproductivehealth/topics/cancer/en/index.html>.

¹⁰ U.S. Cancer Statistics Working Group, United States Cancer Statistics: 1999-2008 Incidence and Mortality Web-based report.

¹¹ VHA Handbook 1330.01, *Health Care Services for Women Veterans*, May 21, 2010.

¹² VHA Handbook 1120.05, *Coordination and Development of Clinical Preventive Services*, October 13, 2009.

levels are at or near record lows, many adults are under-immunized, missing opportunities to protect themselves against diseases such as tetanus and pneumococcal.

Adults should receive a tetanus vaccine every 10 years. At the age of 65, individuals that have never had a pneumococcal vaccination should receive one. For individuals 65 and older who have received a prior pneumococcal vaccination, one-time revaccination is recommended if they were vaccinated 5 or more years previously and were less than 65 years of age at the time of the first vaccination.

We reviewed documentation of selected vaccine administrations and interviewed key personnel. Table 4 shows the areas reviewed for this topic. The review elements marked as noncompliant needed improvement. Details regarding the findings follow the table.

NC	Areas Reviewed
	Staff screened patients for the tetanus vaccination.
	Staff administered the tetanus vaccination when indicated.
	Staff screened patients for the pneumococcal vaccination.
X	Staff administered the pneumococcal vaccination when indicated.
X	Staff properly documented vaccine administration.
	Managers developed a prioritization plan for the potential occurrence of vaccine shortages.
Table 4. Vaccinations	

Pneumococcal Vaccination Administration for Patients with Pre-Existing Conditions.

The CDC recommends that at the age of 65, individuals that have never had a pneumococcal vaccination should receive one.¹³ For individuals 65 and older who have received a prior pneumococcal vaccination, a one-time revaccination is recommended if they were vaccinated 5 or more years previously and were less than 65 years of age at the time of the first vaccination. We reviewed the EHRs of five patients with pre-existing conditions who received their first vaccine prior to the age of 65. We did not find documentation in any of the EHRs indicating that their second vaccinations had been administered.

Documentation of Vaccinations.

Federal Law requires that documentation for administered vaccinations include specific elements, such as the date of the vaccine information statement that is provided to the patient.¹⁴ We reviewed the EHRs of 37 patients who received a pneumococcal vaccine administration at the parent facility or its associated CBOCs and did not find documentation of all the required information related to pneumococcal vaccine administration in any of the EHRs. We reviewed the EHRs of 12 patients who received a tetanus vaccine administration at the parent facility or its associated CBOCs and did not find documentation of all the required information related to tetanus vaccine administration in any of the EHRs.

¹³ Centers for Disease Control and Prevention, <http://www.cdc.gov/vaccines/vpd-vac/>.

¹⁴ Childhood Vaccine Injury Act of 1986 (PL 99 660) sub part C, November 16, 2010.

Recommendations

1. We recommended that managers ensure that clinicians administer pneumococcal vaccinations when indicated.
2. We recommended that managers ensure that clinicians document all required pneumococcal and tetanus vaccination administration elements and that compliance is monitored.

Onsite Reviews Results and Recommendations

CBOC Characteristics

We formulated a list of CBOC characteristics that includes identifiers and descriptive information for the randomly selected CBOCs (see Table 5).

	Fort Collins
VISN	19
Parent Facility	Cheyenne VAMC
Types of Providers	Licensed Clinical Social Worker Nurse Practitioner Primary Care Physician Psychiatrist Psychologist Pharmacist Audiologist Ophthalmologist
Number of Mental Health Uniques, FY 2012	1,256
Number of Mental Health Visits, FY 2012	9,023
Mental Health Services Onsite	Yes
Specialty Care Services Onsite	Audiology Optometry WH
Ancillary Services Provided Onsite	Laboratory Anticoagulation Clinic
Tele-Health Services	Endocrinology Pain Clinic Retinal Imaging
Table 5. Characteristics	

C&P

We reviewed C&P folders, scopes of practice, meeting minutes, and VetPro information and interviewed senior managers to determine whether facilities had consistent processes to ensure that providers complied with applicable requirements as defined by VHA policy.¹⁵ Table 6 shows the areas reviewed for this topic.

NC	Areas Reviewed
	Each provider's license was unrestricted.
New Provider	
	Efforts were made to obtain verification of clinical privileges currently or most recently held at other institutions.
	FPPE was initiated.
	Timeframe for the FPPE was clearly documented.
	The FPPE outlined the criteria monitored.
	The FPPE was implemented on first clinical start day.
	The FPPE results were reported to the medical staff's Executive Committee.
Additional New Privilege	
	Prior to the start of a new privilege, criteria for the FPPE were developed.
	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.
FPPE for Performance	
	The FPPE included criteria developed for evaluation of the practitioners when issues affecting the provision of safe, high-quality care were identified.
	A timeframe for the FPPE was clearly documented.
	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.
Privileges and Scopes of Practice	
	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.
	Privileges granted to providers were setting, service, and provider specific.
	The determination to continue current privileges were based in part on results of Ongoing Professional Practice Evaluation activities.
Table 6. C&P	

¹⁵ VHA Handbook 1100.19.

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

EOC and Emergency Management

EOC

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, infection control, and general maintenance. We reviewed relevant documents and interviewed key employees and managers. Table 7 shows the areas reviewed for this topic. The elements identified as noncompliant needed improvement. Details regarding the findings follow the table.

NC	Areas Reviewed
	The CBOC was American with Disabilities Act-compliant, including: parking, ramps, door widths, door hardware, restrooms, and counters.
	The CBOC was well maintained (e.g., ceiling tiles clean and in good repair, walls without holes, etc.).
	The CBOC was clean (walls, floors, and equipment are clean).
	Material safety data sheets were readily available to staff.
	The patient care area was safe.
	Access to fire alarms and fire extinguishers was unobstructed.
	Fire extinguishers were visually inspected monthly.
	Exit signs were visible from any direction.
	There was evidence of fire drills occurring at least annually.
	Fire extinguishers were easily identifiable.
	There was evidence of an annual fire and safety inspection.
	There was an alarm system or panic button installed in high-risk areas as identified by the vulnerability risk assessment.
	The CBOC had a process to identify expired medications.
	Medications were secured from unauthorized access.
	Privacy was maintained.
	Patients' personally identifiable information was secured and protected.
	Laboratory specimens were transported securely to prevent unauthorized access.
	Staff used two patient identifiers for blood drawing procedures.
X	IT security rules were adhered to.
	There was alcohol hand wash or a soap dispenser and sink available in each examination room.
	Sharps containers were less than 3/4 full.
	Safety needle devices were available for staff use (e.g., lancets, injection needles, phlebotomy needles).

NC	Areas Reviewed (continued)
X	The CBOC was included in facility-wide EOC activities.
Table 7. EOC	

IT Security. According to VA, this locked location must contain equipment or information critical to the information infrastructure.¹⁶ Also an access log must be maintained to include name and organization of the person visiting, signature of the visitor, form of identification, date of access, time of entry and departure, and the purpose of visit. We found no access log present or maintained.

EOC Rounds. VHA requires that EOC rounds be completed at least semi-annually and findings be corrected and appropriately tracked.¹⁷ EOC rounds did occur semi-annually; however, we found the deficiencies have not been tracked and trended as evidenced by lack of documentation on EOC rounds tool and minutes. Therefore, we were unable to ensure that the identified deficiencies were corrected.

Recommendations

3. We recommend that the CBOC IT server closet is maintained according to IT safety and security standards.
4. We recommended that all identified EOC deficiencies are tracked, trended, and corrected.

Emergency Management

VHA policy requires each CBOC to have a local policy or standard operating procedure defining how medical and MH emergencies are handled.¹⁸ Table 8 shows the areas reviewed for this topic.

NC	Areas Reviewed
	There was a local medical emergency management plan for this CBOC.
	The staff articulated the procedural steps of the medical emergency plan.
	The CBOC had an automated external defibrillator onsite for cardiac emergencies.
	There was a local MH emergency management plan for this CBOC.
	The staff articulated the procedural steps of the MH emergency plan.
Table 8. Emergency Management	

¹⁶ VA Handbook 6500, *Risk Management Framework for VA Information Systems – Tier 3: VA Information Security Program*, September 20, 2012

¹⁷ Memorandum Deputy Undersecretary for Health for Operations and Management, *Environmental Rounds*, March 5, 2007.

¹⁸ VHA Handbook 1006.1.

The CBOC was compliant with the review areas; therefore, we made no recommendations.

VISN 19 Director Comments**Department of
Veterans Affairs****Memorandum**

Date: April 22, 2013

From: Director, VISN 19 (10N19)

Subject: **CBOC Reviews at Cheyenne VAMC**

To: Director, 54DV Healthcare Inspections Division (54DV)
Acting Director, Management Review Service (VHA 10AR
MRS OIG CAP CBOC)

I have reviewed and concurred on the response from the Cheyenne VAMC. If you have any further questions, please contact Ms. Susan Curtis, VISN 19 HSS at (303) 639-6995.

(original signed by:)

Ralph T. Gigliotti, FACHE

Cheyenne VAMC Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: April 15, 2013
From: Director, Cheyenne VAMC (442/00)
Subject: **CBOC Reviews at Cheyenne VAMC**
To: Director, VISN 19 (10N19)

1. The Cheyenne VAMC would like to express our appreciation for the opportunity to work with the Office of Inspector General and to review and comment regarding the recommendations for improvement contained in this report.
2. Please find attached our response to each recommendation provided in this report.
3. If there are any questions regarding the response to the recommendations or any additional information is required, please contact Ms. Lisa Adamson, Chief of Quality Management, (307) 433-3621 or at Lisa.Adamson@va.gov.

(original signed by:)

Cynthia McCormack
Medical Center Director

Comments to OIG's Report

The following Director's comments are submitted in response to the recommendations in the OIG report:

OIG Recommendations

1. We recommended that managers ensure that clinicians administer pneumococcal vaccinations when indicated.

Concur

Target date for completion: Completed

As of April 9, 2013, the date of the last pneumococcal vaccine is included in the medical note when a patient is seen and the clinical reminder for pneumococcal vaccine is set to recur 5 years from initial administration. Education is provided for nurses and providers to review pneumococcal vaccine administration dates for all patients over age 65 or older, or for those that have received a pneumococcal vaccine prior to age 65, but 5 years has passed since administration.

2. We recommended that managers ensure that clinicians document all required pneumococcal and tetanus vaccination administration elements and that compliance is monitored.

Concur

Target date for completion: Completed

The Vaccine Information Sheet edition date has been included on the template used to document vaccine administration. Staff have been educated to this change. Monitoring will be completed to ensure compliance.

3. We recommend that the CBOC IT server closet is maintained according to IT safety and security standards.

Concur

Target date for completion: Completed

As of April 2013, a log sheet for access with all required information has been implemented. All clutter has been removed from the IT server closet and closets will be inspected randomly throughout the year by the Chief Information Officer and during EOC rounds.

4. We recommended that all identified EOC deficiencies are tracked, trended, and corrected.

Concur

Target date for completion: May 31, 2013

The EOC Rounds forms for evaluation and tracking of deficiencies are now separate forms for each CBOC, as well as the main facility. A spreadsheet for each inspection is created weekly for each inspected area to track and trend deficiencies and is sent to each EOC team member and the department head where the inspection was completed. The spreadsheets are posted on the Facility Management Service SharePoint to facilitate access. Improved reporting to EOC Committee will include a spreadsheet with itemized information on every inspected department including the total number of deficiencies found, the open deficiencies for the department, the number of days left to complete the open deficiencies, and responsible party(s) for each deficiency.

OIG Contact and Staff Acknowledgments

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