



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

Office of Healthcare Inspections

Report No. 13-00026-233

**Community Based Outpatient
Clinic Reviews
at
Jesse Brown VA Medical Center
Chicago, IL**

July 15, 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

C&P	credentialing and privileging
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
LIP	licensed independent practitioner
MEC	medical executive committee
MH	mental health
MSDS	material safety data sheets
NCP	National Center for Health Promotion and Disease Prevention
NC	noncompliant
OIG	Office of Inspector General
OPPE	Ongoing Professional Practice Evaluation
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 CBOCs during the week of April 2, 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 CBOCs (see Table 1).

VISN	Facility	CBOC Name	Location
12	Jesse Brown VAMC	Chicago Heights	Chicago Heights, IL
		Chicago HCS (Lakeside)	Chicago, IL

Table 1. Sites Inspected

Review Results: We made recommendations in four review areas.

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

- Ensure that the ordering provider or surrogate is notified of abnormal cervical cancer screening results within the allotted timeframe and that notification is documented in the EHR.
- Ensure that patients with abnormal cervical cancer screening results are notified of results within the defined timeframe and that notification is documented in the EHR.
- Ensure that clinicians administer pneumococcal vaccinations when indicated.
- Ensure that clinicians document all required tetanus vaccination administration elements and that compliance is monitored.

- Ensure that the service chief's documentation in VetPro reflects documents reviewed and the rationale for re-privileging providers at the Chicago Heights and Lakeside CBOCs.
- Ensure that the MEC grants privileges consistent with the services provided at the Chicago Heights and Lakeside CBOCs.
- Ensure that MSDS are readily available to staff at the Lakeside CBOC.

Comments

The VISN and Acting Facility Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes A and B, pages 12–16, for 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 (all ages) and 75 additional veterans (65 and older), unless fewer patients were available, for the 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 reviews, 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 CBOCs. Two CBOCs were 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.

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 facilities' oversight.⁵ Table 2 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 ⁸	CBOC Size ⁹
12	Jesse Brown VAMC	Adams Benjamin Jr. (Crown Point, IN)	Urban	13,797	120,156	Very Large
		Chicago Heights (Chicago Heights, IL)	Urban	2,250	6,346	Mid-Size
		Chicago HCS (Lakeside) (Chicago, IL)	Urban	4,381	17,716	Mid-Size
		Woodlawn (Beverly) (Chicago, IL)	Urban	2,357	7,347	Mid-Size

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

⁸ <http://vssc.med.va.gov>

⁹ 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.¹⁰ Each year, approximately 12,000 women in the United States are diagnosed with cervical cancer.¹¹ 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.¹² We reviewed EHRs, meeting minutes and other relevant documents, and interviewed key WH employees. Table 3 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
	Cervical cancer screening results were entered into the patient's EHR.
X	The ordering VHA provider or surrogate was notified of results within the defined timeframe.
X	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 34 patients who received a cervical cancer screening at the Jesse Brown VAMC's CBOCs.

Provider Notification. VHA requires that abnormal cervical cancer screening results must be reported to the ordering provider or surrogate within 5 business days of the report being issued and that the notification is documented in the EHR.¹³ We reviewed EHRs of seven patients and did not find documentation in four records that the interpreting physician notified the ordering provider or surrogate of the abnormal cervical cancer screening results within 5 business days.

¹⁰ World Health Organization, *Comprehensive Cervical Cancer Prevention and Control: A Healthier Future for Girls and Women*, Retrieved (4/25/20213): <http://www.who.int/reproductivehealth/topics/cancers/en/index.html>

¹¹ U.S. Cancer Statistics Working Group, *United States Cancer Statistics: 1999-2008 Incidence and Mortality Web-based report.*

¹² VHA Handbook 1330.01, *Health Care Services for Women Veterans*, May 21, 2010.

¹³ VHA Handbook 1330.01.

Patient Notification of Abnormal Cervical Cancer Screening Results. We reviewed the EHRs of seven patients who had abnormal cervical cancer screening results and determined that four patients were not notified within the required 5 business days from the date the pathology report became available.

Recommendations

1. We recommended that a process is established to ensure that the ordering provider or surrogate is notified of abnormal cervical cancer screening results within the allotted timeframe and that notification is documented in the EHR.
2. We recommended that managers ensure that patients with abnormal cervical cancer screening results are notified of results within the defined timeframe and that notification is documented in the EHR.

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.¹⁴ The NCP provides best practices guidance on the administration of vaccinations for veterans. The CDC states that although vaccine-preventable disease 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	

¹⁴ VHA Handbook 1120.05, *Coordination and Development of Clinical Preventive Services*, October 13, 2009.

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.¹⁵ 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 three 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 Tetanus Vaccination. Federal Law requires that documentation for administered vaccinations include specific elements, such as the vaccine manufacturer and lot number of the vaccine used.¹⁶ We reviewed the EHRs of 28 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.

Recommendations

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

¹⁵ Centers for Disease Control and Prevention, <http://www.cdc.gov/vaccines/vpd-vac/>

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

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).

	Chicago Heights	Lakeside
VISN	12	12
Parent Facility	Jesse Brown VAMC	Jesse Brown VAMC
Types of Providers	Licensed Clinical Social Worker Nurse Practitioner Primary Care Physician	Licensed Clinical Social Worker Nurse Practitioner Primary Care Physician
Number of MH Uniques, FY 2012	315	109
Number of MH Visits, FY 2012	1,003	401
MH Services Onsite	Yes	Yes
Specialty Care Services Onsite	None	None
Ancillary Services Provided Onsite	Electrocardiogram Laboratory	Electrocardiogram Laboratory
Tele-Health Services	Care Coordination Home Telehealth MOVE ¹⁷ Pain Clinic Retinal Imaging	Care Coordination Home Telehealth Pain Clinic Retinal Imaging
Table 5. Characteristics		

¹⁷ VHA Handbook 1120.01, *MOVE! Weight Management Program for Veterans*, March 31, 2011.

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.¹⁸ Table 6 shows the areas reviewed for this topic. The CBOCs identified as noncompliant needed improvement. Details regarding the findings follow the table.

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
Chicago Heights Lakeside	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.
Chicago Heights Lakeside	Privileges granted to providers were setting, service, and provider specific.

¹⁸ VHA Handbook 1100.19.

NC	Areas Reviewed (continued)
	The determination to continue current privileges was based in part on results of Ongoing Professional Practice Evaluation activities.
Table 6. C&P	

Documentation of Re-Privileging Decisions. According to VHA, the list of documents reviewed and the rationale for conclusions reached by the service chief must be documented.¹⁹ We found that all three Chicago Heights and three of four Lakeside LIPs did not have the service chief's documentation in VetPro that reflected the documents utilized to arrive at the decision to grant clinical privileges to the providers.

Clinical Privileges. VHA requires that privileges granted be facility-specific and based on the services that are provided within the health care facility.²⁰ The MEC granted privileges to all three Chicago Heights and three of four Lakeside LIPs for services that were not provided at the CBOCs. The LIPs were granted privileges for admitting patients.

Recommendations

- We recommended that the service chief's documentation in VetPro reflects documents reviewed and the rationale for re-privileging providers at the Chicago Heights and Lakeside CBOCs.
- We recommended that the MEC grants privileges consistent with the services provided at the Chicago Heights and Lakeside CBOCs.

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 CBOC identified as noncompliant needed improvement. Details regarding the finding follow the table.

NC	Areas Reviewed
	The CBOC was Americans 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).
Lakeside	Material safety data sheets were readily available to staff.

¹⁹ VHA Handbook 1100.19.

²⁰ VHA Handbook 1100.19.

NC	Areas Reviewed (continued)
	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.
	Information Technology 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).
	The CBOC was included in facility-wide EOC activities.
	Medical equipment checked according to policy (biomed tags as applicable).
Table 7. EOC	

MSDS. The Occupational Safety and Health Administration²¹ require that facilities maintain current MSDS for each hazardous chemical used in the clinical area and that this information is available to staff in their work area. We found MSDS were not readily available to staff at the Lakeside CBOC.

Recommendation

7. We recommended that managers ensure that MSDS are readily available to staff at the Lakeside CBOC.

²¹ Occupational Safety and Health Administration 1910.1200(g)(8)(10).

Emergency Management

VHA policy requires each CBOC to have a local policy or standard operating procedure defining how medical and MH emergencies are handled.²² 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	

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

²² VHA Handbook 1006.1.

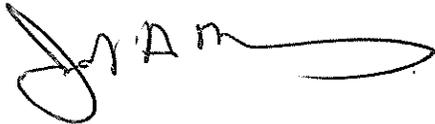
VISN 12 Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: June 7, 2013
From: Director, VISN 12 (10N12)
Subject: **CBOC Reviews at Jesse Brown VAMC**
To: Director, Chicago Healthcare Inspections Division (54CH)
Acting Director, Management Review Service (VHA 10AR
MRS OIG CAP CBOC)

1. Attached please find the CBOC Review draft response from Jesse Brown VAMC.
2. I have reviewed the draft report for the Jesse Brown VAMC and concur with the findings and recommendations.
3. I appreciate the Office of Inspector General's efforts to ensure high quality of care to veterans at the Jesse Brown VAMC.



Jeffrey A. Murawsky, M.D.

Jesse Brown VAMC Acting Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: June 7, 2013
From: Acting Director, Jesse Brown VAMC (537/00)
Subject: **CBOC Reviews at Jesse Brown VAMC**
To: Director, VISN 12 (10N12)

1. I would like to express my appreciation to the Office of Inspector General (OIG) survey Team for their professional and comprehensive CBOC review conducted April 2-4, 2013. The results of their review validate the efforts of this Medical Center in providing high quality care to our nation's veterans.
2. I have reviewed the draft report for the Jesse Brown VA Medical Center and concur with the findings and recommendations.
3. I appreciate the opportunity for this review as it provides for a continual process to improve the care to our veterans.

(original signed by:)
Joan M. Ricard, FACHE

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 a process is established to ensure that the ordering provider or surrogate is notified of abnormal cervical cancer screening results within the allotted timeframe and that notification is documented in the EHR.

Concur

Target date for completion: April 13, 2013

A SOP was finalized in February 2013 and all Women's Health providers and Women's Health program support staff were trained in March 2013 on the established process of reporting abnormal cervical cancer screening results to the ordering provider or surrogate and EHR documentation. An excel data base has been established to ensure that the ordering provider or surrogate receive timely notification of abnormal cervical cancer screening results. EHR monitoring will be conducted to ensure that 90% compliance of provider notification of abnormal labs is sustained.

2. We recommended that managers ensure that patients with abnormal cervical cancer screening results are notified of results within the defined timeframe and that notification is documented in the EHR.

Concur

Target date for completion: August 1, 2013

A SOP was finalized in February 2013 and all Women's Health providers and Women's Health program support staff were trained in March 2013 on the established process of reporting abnormal cervical cancer screening results to the ordering provider or surrogate and EHR documentation. An excel data base has been established to ensure that the ordering provider or surrogate receive timely notification of abnormal cervical cancer screening results. Monthly EHR reviews are performed to validate that patients are notified of abnormal results within the defined timeframe and notification is documented in the EHR. This process will be monitored until 90% compliance is sustained.

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

Concur

Target date for completion: August 1, 2013

CBOC nursing staff was educated in April 2013 on the Center for Disease Control (CDC) recommendations on pneumococcal vaccination administration for patients with pre-existing conditions. Random medical record audits will be conducted to ensure compliance of administration of pneumococcal vaccine using the CDC recommendations until 90% compliance is sustained.

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

Concur

Target date for completion: August 1, 2013

In January 2013, additions were made to the vaccine administration template in CPRS to include areas for clinicians to document the vaccine Information Sheet (VIS) edition date, manufacturer, and lot number in order to meet all of the required information related to tetanus vaccine administration. CBOC staff education was completed and the template was implemented on March 29, 2013. Medical Record reviews will be conducted to ensure 90% compliance is sustained.

5. We recommended that the service chief's documentation in VetPro reflects documents reviewed and the rationale for re-privileging providers at the Chicago Heights and Lakeside CBOCs.

Concur

Target date for completion: July 3, 2013

In May 2013, all service chiefs responsible for provider privileging and the credentialing coordinator were trained to include the type of documents reviewed and the rationale for privileging providers in their re-privileging documentation. This process will be reflected in the PSB meeting minutes. Vet Pro entries will be reviewed to assure 90% compliance with required documentation.

6. We recommended that the MEC grants privileges consistent with the services provided at the Chicago Heights and Lakeside CBOCs.

Concur

Target date for completion: August 1, 2013

The updated privileging form now defines site-specific privileges. The form will be presented to the PSB for approval during the July 2013 meeting. All CBOC providers' privileging forms will be revised to reflect the site-specific privileges.

7. We recommended that managers ensure that MSDS are readily available to staff at the Lakeside CBOC.

Concur

Target date for completion: August 1, 2013

The MSDS inventory is being updated for the Lakeside CBOC. CBOC staff training was completed on MSDS online access. Monitoring will reflect that all Lakeside CBOC staff will be able to access MSDS information during weekly EOC rounds with a target of 90% compliance.

OIG Contact and Staff Acknowledgments

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