



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

Office of Healthcare Inspections

Report No. 13-00026-248

**Community Based Outpatient
Clinic Reviews
at
VA Butler Healthcare
Butler, PA**

July 19, 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
LCSW	licensed clinical social worker
MH	mental health
MOVE!	Managing Obesity in Veterans Everywhere
MSEC	Medical Staff Executive Committee
NC	noncompliant
NCP	National Center for Health Promotion and Disease Prevention
OIG	Office of Inspector General
PII	personally identifiable information
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 May 13, 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
4	VA Butler Healthcare	Armstrong County	Ford City, PA
		Lawrence County	New Castle, PA
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 screen patients for tetanus vaccinations.
- Ensure that clinicians administer tetanus vaccinations when indicated.
- Ensure that clinicians administer pneumococcal vaccinations when indicated.
- Ensure signage is installed to direct physically challenged patients to the handicapped accessible entrance of the Armstrong County CBOC.
- Ensure that all exit routes are clearly identified at the Armstrong County CBOC.
- Ensure that PII is protected by securing laboratory specimens during transport from the Armstrong County CBOC to the contracted processing facility.

Comments

The VISN and Facility Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes A and 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
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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 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
4	VA Butler Healthcare	Armstrong County (Ford City, PA)	Rural	1,436	3,092	Small
		Clarion County (Foxburg, PA)	Rural	1,112	3,229	Small
		Cranberry Township (Cranberry Township, PA)	Urban	1,731	5,263	Mid-Size
		Lawrence County (New Castle, PA)	Rural	1,846	6,051	Mid-Size
		Mercer County (Hermitage, PA)	Urban	2,254	8,920	Mid-Size

Table 2. CBOC 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 20 patients who received a cervical cancer screening at the Butler VA Healthcare’s CBOCs.

Generally the CBOCs assigned to the VA Butler Healthcare 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, *Comprehensive Cervical Cancer Prevention and Control: A Healthier Future for Girls and Women*, Retrieved (4/25/2013): <http://www.who.int/reproductivehealth/topics/cancers/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
X	Staff screened patients for the tetanus vaccination.
X	Staff administered the tetanus vaccination when indicated.
	Staff screened patients for the pneumococcal vaccination.
X	Staff administered the pneumococcal vaccination when indicated.
	Staff properly documented vaccine administration.
	Managers developed a prioritization plan for the potential occurrence of vaccine shortages.
Table 4. Vaccinations	

Tetanus Vaccination Screening. Through clinical reminders, VHA requires that CBOC clinicians screen patients for tetanus vaccinations.¹³ We reviewed 75 patients' EHRs and did not find documentation of tetanus vaccination screening in 22 EHRs.

Tetanus Vaccination Administration. The CDC recommends that, when indicated, clinicians administer the tetanus vaccination.¹⁴ We reviewed 53 patients' EHRs and did not find documentation in 12 EHRs that the tetanus vaccination had been administered.

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 five patients with preexisting 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 vaccination had been administered.

¹³ VHA Handbook 1120.05.

¹⁴ CDC, <http://www.cdc.gov/vaccines/vpd-vac/>.

¹⁵ CDC, <http://www.cdc.gov/vaccines/vpd-vac/>.

Recommendations

1. We recommended that managers ensure that clinicians screen patients for tetanus vaccinations.
2. We recommended that managers ensure that clinicians administer tetanus vaccinations when indicated.
3. We recommended that managers ensure that clinicians administer pneumococcal vaccinations when indicated.

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).

	Armstrong County	Lawrence County
VISN	4	4
Parent Facility	VA Butler Healthcare	VA Butler Healthcare
Types of Providers	LCSW Nurse Practitioner Primary Care Physician Dietitian	LCSW Primary Care Physician Dietitian
Number of MH Uniques, FY 2012	82	84
Number of MH Visits, FY 2012	331	362
MH Services Onsite	Yes	Yes
Specialty Care Services Onsite	WH	Podiatry WH
Ancillary Services Provided Onsite	Nutrition	Nutrition
Tele-Health Services	Dermatology MH MOVE! ¹⁶ Palliative Care Retinal Imaging	Dermatology MH MOVE! Palliative Care Retinal Imaging
Table 5. Characteristics		

¹⁶ 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.¹⁷ 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 MSEC.
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 MSEC
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 MSEC.
Privileges and Scopes of Practice	
	The Service Chief, Credentialing Board, and/or MSEC 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 was based in part on results of ongoing professional practice evaluation activities.
Table 6. C&P	

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

¹⁷ VHA Handbook 1100.19.

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 findings follow the table.

NC	Areas Reviewed
	The CBOC was Americans with Disabilities Act-compliant, including: parking, ramps, door widths, door hardware, restrooms, and counters.
Armstrong County	Signage and wayfinding is adequate.
	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.
Armstrong County	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' PII information was secured and protected.
Armstrong County	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.
Table 7. EOC	

Physical Access. VHA's Signage Design Guide prescribes the use of signs to identify the location of the building entrances, the configuration of the corridors, and the desired path of travel within a building.¹⁸ This system is known as "wayfinding." The Armstrong County CBOC is located on the second floor in leased space within a multi-office building complex. The main entrance of the building is inaccessible to handicapped patients, and the absence of wayfinding signage to the clinic's handicapped entrance encumbers physical access to the Armstrong County CBOC.

Exit Signs. VHA requires that every exit be clearly visible or the route to reach every exit be conspicuously indicated. The Armstrong County CBOC had an L-shaped hallway that leads to an exit; however, the exit was not visible from all vantage points, and the route to the exit was not identified.¹⁹

PII. We found that the transportation of laboratory specimens was not secured at the Armstrong County CBOC. CBOC staff placed the specimens in unsecured containers, and a courier transported the specimens to the contracted processing facility. The specimens disclosed the patients' names and social security numbers. The containers were unsecured; therefore, staff could not ensure the security of patients' PII.²⁰

Recommendations

- 4.** We recommended that managers ensure that signage is installed to direct physically challenged patients to the handicapped accessible entrance of the Armstrong County CBOC.
- 5.** We recommended that managers ensure all exit routes be clearly identified at the Armstrong County CBOC.
- 6.** We recommended that managers ensure that PII is protected by securing laboratory specimens during transport from the Armstrong County CBOC to the contracted processing facility.

Emergency Management

VHA policy requires each CBOC to have a local policy or standard operating procedure defining how medical and MH emergencies are handled.²¹ Table 8 shows the areas reviewed for this topic.

¹⁸ VHA Handbook 1805.05, *Interior Design Operations and Signage*, July 1, 2011.

¹⁹ NFPA 1, Fire Code, 2012 Edition, General Requirements, Chapter 4.

²⁰ The Health Insurance Portability and Accountability Act (HIPAA), 1996.

²¹ VHA Handbook 1006.1.

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.

VISN 4 Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: July 2, 2013

From: Network Director, VA Healthcare – VISN 4 (10N4)

Subj: Draft Report – Community Based Outpatient Clinic Reviews- Lawrence County and Armstrong County, PA

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

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



Michael E. Moreland, FACHE

VA Butler Healthcare Director Comments

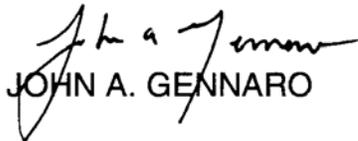
**Department of
Veterans Affairs**

Memorandum

Date: June 26, 2013
From: Director, VA Butler Healthcare (529/00)
Subject: **CBOC Reviews at VA Butler Healthcare**
To: Director, VISN 4 (10N4)

The findings from the VA Butler Healthcare Community Based Outpatient Clinic Review by the Office of the Inspector General, conducted during the week of May13, 2013, have been reviewed.

Attached is the facility's response addressing all recommendations that are in progress and those that have been completed.


JOHN A. GENNARO

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 screen patients for tetanus vaccinations.

Concur

Target date for completion: Completed June 25, 2013

A Decision Support Tool (Clinical Reminder) that assists the healthcare providers and healthcare systems to implement recommended actions has been initiated for the screening of the Td and Tdap vaccines. A weekly report will be generated allowing the Associate Chief Nurse for Ambulatory Care to monitor the completion of the Td/Tdap vaccine screenings. Findings will be reported quarterly to the Medical Executive Committee for follow up actions as needed.

2. We recommended that managers ensure that clinicians administer tetanus vaccinations when indicated.

Concur

Target date for completion: Completed June 25, 2013

A Decision Support Tool (Clinical Reminder) that assists the healthcare providers and healthcare systems to implement recommended actions has been initiated for the administration of the Td and Tdap vaccines. A weekly report will be generated allowing the Associate Chief Nurse for Ambulatory Care to monitor the completion of the Td/Tdap vaccine administration. Findings will be reported quarterly to the Medical Executive Committee for follow up actions as needed.

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

Concur

Target date for completion: June 25, 2013

A Decision Support Tool (Clinical Reminder) that assists the healthcare providers and healthcare systems to implement recommended actions has been initiated for the administration of the pneumonia re-vaccinations. A weekly report will be generated allowing the Associate Chief Nurse for Ambulatory Care to monitor the completion of the

pneumonia re-vaccinations. Findings will be reported quarterly to the Medical Executive Committee for follow up actions as needed.

4. We recommended that managers ensure that signage is installed to direct physically challenged patients to the handicapped accessible entrance of the Armstrong County CBOC.

Concur

Target date for completion: August 16, 2013

Wayfaring signage has been constructed and will be installed at the entrance to the Armstrong CBOC in order to improve the identification of the handicapped entrance into the building.

5. We recommended that managers ensure all exit routes be clearly identified at the Armstrong County CBOC.

Concur

Target date for completion: August 16, 2013

Exit signage will be installed in the "L" shaped corridor of the Armstrong CBOC so that the exit is clearly visible from all vantage points and the route to the exit identified.

6. We recommended that managers ensure that PII is protected by securing laboratory specimens during transport from the Armstrong County CBOC to the contracted processing facility.

Concur

Target date for completion: Completed June 25, 2013

Secure medical transport coolers are in use at the Armstrong CBOC in order to secure the personal identifiable information of our Veterans.

OIG Contact and Staff Acknowledgments

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