



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

**Office of Healthcare Inspections**

**Report No. 13-03418-44**

**Community Based Outpatient Clinic  
and Primary Care Clinic Reviews  
at  
Lexington VA Medical Center  
Lexington, Kentucky**

**January 16, 2014**

**Washington, DC 20420**

**To Report Suspected Wrongdoing in VA Programs and Operations**

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**(Hotline Information: [www.va.gov/oig/hotline](http://www.va.gov/oig/hotline))**

## Glossary

AUD	alcohol use disorder
CBOC	community based outpatient clinic
DWHP	designated women's health provider
EHR	electronic health record
EOC	environment of care
FY	fiscal year
MH	mental health
MM	medication management
NM	not met
OIG	Office of Inspector General
PACT	Patient Aligned Care Teams
PCC	primary care clinic
PII	personally identifiable information
RN	registered nurse
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
WH	women's health

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## Executive Summary

**Review Purpose:** The purpose of the review was to evaluate selected patient care activities to determine whether the community based outpatient clinics (CBOCs) and primary care clinics (PCCs) provide safe, consistent, and high-quality health care for our veterans. We conducted a site visit during the week of December 2, 2013, at the Berea, KY, CBOC which is under the oversight of the Lexington VA Medical Center and Veterans Integrated Service Network 9.

**Review Results:** We conducted four focused reviews and had no findings for the Medication Management and Designated Women's Health Providers' Proficiency reviews. However, we made recommendations in the following two review areas:

Environment of Care. Ensure that patient's personally identifiable information is protected by securing laboratory specimens during transport from the Berea CBOC to the parent facility.

Alcohol Use Disorder. Ensure that CBOC/PCC Nurse Care Managers complete motivational interviewing and health coaching training within 12 months of appointment to Patient Aligned Care Teams.

### Comments

The VISN and Facility Directors agreed with the CBOC and PCC review findings and recommendations and provided acceptable improvement plans. (See Appendixes C-D, pages 14–17, 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, Scope, and Methodology**

### **Objectives**

The CBOC and PCC reviews are an element of the OIG's efforts to ensure that our Nation's veterans receive high-quality VA health care services. As such, the CBOC and PCC reviews are recurring evaluations of selected primary care operations that focus on patient care quality and the EOC. In general, our objectives are to:

- Determine whether the CBOCs are compliant with EOC requirements.
- Determine whether CBOCs/PCCs are compliant with VHA requirements in the care of patients with AUD.
- Determine compliance with requirements for the clinical oversight and patient education of fluoroquinolones for outpatients.
- Evaluate if processes are in place for DWHPs to maintain proficiency in WH.

### **Scope**

To evaluate for compliance with requirements related to patient care quality and the EOC, we conducted an onsite inspection, reviewed clinical and administrative records, and discussed processes and validated findings with managers and employees. The review covered the following four activities:

- EOC
- AUD
- MM
- DWHP Proficiency

The scope of this review is limited to the established objectives. Issues and concerns that come to our attention that are outside the scope of this standardized inspection will be reviewed and referred accordingly.

### **Methodology**

The onsite EOC inspection was only conducted at a randomly selected CBOC that had not been previously inspected.<sup>a</sup> Details of the targeted study populations for the AUD, MM, and DWHP Proficiency focused reviews are noted in Table 1.

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<sup>a</sup> Includes 93 CBOCs in operation before March 31, 2013.

**Table 1. CBOC/PCC Focused Reviews and Study Populations**

Review Topic	Study Population
AUD	All CBOC and PCC patients screened within the study period of July 1, 2012, through June 30, 2013, and who had a positive AUDIT-C score <sup>b</sup> and all providers and RN care managers assigned to PACT prior to October 1, 2012.
MM	All outpatients with an original prescription ordered for one of the three selected fluoroquinolones from July 1, 2012, through June 30, 2013.
DWHP Proficiencies	All WH Primary Care Providers designated as DWHPs as of October 1, 2012, and who remained as DWHPs until September 30, 2013.

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.

The review was done in accordance with OIG standard operating procedures for CBOC and PCC reviews.

<sup>b</sup> The AUDIT-C is a brief alcohol screen that reliably identifies patients who are hazardous drinkers or have active alcohol use disorders. Scores range from 0-12.

## Results and Recommendations

### EOC

The purpose of this review was to evaluate whether CBOC managers have established and maintained a safe and clean EOC as required.<sup>1</sup>

We reviewed relevant documents and conducted a physical inspection of the Berea CBOC. The table below shows the areas reviewed for this topic. The area marked as NM did not meet applicable requirements and needed improvement.

**Table 2. EOC**

NM	Areas Reviewed	Findings
	The CBOC's location is clearly identifiable from the street as a VA CBOC.	
	The CBOC has interior signage available that clearly identifies the route to and location of the clinic entrance.	
	The CBOC is Americans with Disabilities Act accessible.	
	The furnishings are clean and in good repair.	
	The CBOC is clean.	
	The CBOC maintains a written, current inventory of hazardous materials and waste that it uses, stores, or generates.	
	An alarm system and/or panic buttons are installed in high-risk areas (e.g., MH clinic).	
	Alcohol hand wash or soap dispenser and sink are available in the examination rooms.	
	Sharps containers are secured.	
	Safety needle devices are available.	
	The CBOC has a separate storage room for storing medical (infectious) waste.	
	The CBOC conducts fire drills at least every 12 months.)	
	Means of egress from the building are unobstructed.	
	Access to fire alarm pull stations is unobstructed.	
	Access to fire extinguishers is unobstructed.	
	The CBOC has signs identifying the locations of fire extinguishers.	
	Exit signs are visible from any direction.	
	No expired medications were noted during the	

	onsite visit.	
	All medications are secured from unauthorized access.	
X	PII is protected on laboratory specimens during transport so that patient privacy is maintained.	PII was not protected on laboratory specimens during transport.
	Adequate privacy is provided to patients in examination rooms.	
	Documents containing patient-identifiable information are not laying around, visible, or unsecured.	
	Window coverings provide privacy.	
	The CBOC has a designated examination room for women veterans.	
	Adequate privacy is provided to women veterans in the examination room.	
	The IT network room/server closet is locked.	
	All computer screens are locked when not in use.	
	Staff use privacy screens on monitors to prevent unauthorized viewing in high-traffic areas.	
	EOC rounds are conducted semi-annually (at least twice in a 12-month period).	
	The CBOC has an automated external defibrillator.	
	Safety inspections are performed on the CBOC medical equipment in accordance with VA and Joint Commission standards.	
	The parent facility includes the CBOC in required education, training, planning, and participation leading up to the annual disaster exercise.	
	The parent facility's Emergency Management Committee evaluates CBOC emergency preparedness activities, participation in annual disaster exercise, and staff training/education relating to emergency preparedness requirements.	

**Recommendations**

1. We recommended that managers ensure that PII is protected by securing laboratory specimens during transport from the Berea CBOC to the parent facility.

## AUD

The purpose of this review was to determine whether the facility's CBOCs and PCCs complied with selected alcohol use screening and treatment requirements.<sup>2</sup>

We reviewed relevant documents. We also reviewed 40 EHRs and validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

**Table 3. AUD**

NM	Areas Reviewed	Findings
	Alcohol use screenings are completed during new patient encounters, and at least annually.	
	Diagnostic assessments are completed for patients with a positive alcohol screen.	
	Education and counseling about drinking levels and adverse consequences of heavy drinking are provided for patients with positive alcohol screens and drinking levels above National Institute on Alcohol Abuse and Alcoholism guidelines.	
	Documentation reflects the offer of further treatment for patients diagnosed with alcohol dependence.	
	For patients with AUD who decline referral to specialty care, CBOC/PCC staff monitored them and their alcohol use.	
	Counseling, education, and brief treatments for AUD are provided within 2 weeks of positive screening.	
X	CBOC/PCC RN Care Managers have received MI training within 12 months of appointment to PACT.	We found that 8 (24 percent) of 34 RN Care Managers did not complete MI training within 12 months of appointment to PACT.
X	CBOC/PCC RN Care Managers have received National Center for Health Promotion and Disease Prevention approved health coaching training within 12 months of appointment to PACT.	We found that 11 (32 percent) of 34 RN Care Managers did not complete required health coaching training within 12 months of appointment to PACT.
	The facility complied with any additional elements required by VHA or local policy.	

### Recommendations

2. We recommended that CBOC/PCC RN Care Managers complete motivational interviewing training within 12 months of appointment to PACT.

3. We recommended that CBOC/PCC RN Care Managers complete required health coaching training within 12 months of appointment to PACT.

**MM**

The purpose of this review was to determine whether appropriate clinical oversight and education were provided to outpatients prescribed oral fluoroquinolone antibiotics.<sup>3</sup>

We reviewed relevant documents. We also reviewed 40 EHRs and validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The facility generally met requirements. We made no recommendations.

**Table 4. Fluoroquinolones**

<b>NM</b>	<b>Areas Reviewed</b>	<b>Findings</b>
	Clinicians documented the medication reconciliation process that included the fluoroquinolone.	
	Written information on the patient's prescribed medications was provided at the end of the outpatient encounter.	
	Medication counseling/education for the fluoroquinolone was documented in the patients' EHRs.	
	Clinicians documented the evaluation of each patient's level of understanding for the education provided.	
	The facility complied with local policy.	

## DWHP Proficiency

The purpose of this review was to determine whether the facility's CBOCs and PCCs complied with selected DWHP proficiency requirements.<sup>4</sup>

We reviewed the facility self-assessment, VHA and local policies, Primary Care Management Model data, and supporting documentation for DWHPs' proficiencies. The table below shows the areas reviewed for this topic. The facility generally met requirements. We made no recommendations.

**Table 5. DWHP Proficiency**

NM	Areas Reviewed	Findings
	CBOC and PCC DWHPs maintained proficiency requirements.	
	CBOC and PCC DWHPs were designated with the WH indicator in the Primary Care Management Model.	

## CBOC Profiles

This review evaluates the quality of care provided to veterans at all of the CBOCs under the parent facility's oversight.<sup>c</sup> The table below provides information relative to each of the CBOCs.

Location	State	Station #	Locality <sup>e</sup>	CBOC Size <sup>f</sup>	Uniques <sup>d</sup>				Encounters <sup>d</sup>			
					MH <sup>g</sup>	PC <sup>h</sup>	Other <sup>i</sup>	All	MH <sup>g</sup>	PC <sup>h</sup>	Other <sup>i</sup>	All
Somerset	KY	596GA	Rural	Large	940	4,611	1,972	5,145	3,907	13,432	3,784	21,123
Berea	KY	596GD	Rural	Mid-Size	263	3,765	1,530	4,031	866	7,938	3,237	12,041
Morehead	KY	596GB	Rural	Mid-Size	179	2,137	1,094	2,255	563	5,284	2,375	8,222
Hazard/Perry County	KY	596GC	Rural	Mid-Size	248	1,937	865	2,077	1,029	4,248	1,784	7,061

<sup>c</sup> Includes all CBOCs in operation before March 31, 2013.

<sup>d</sup> Unique patients and Total Encounters – Source: MedSAS outpatient files; completed outpatient appointments indicated by a valid stop code during the July 1, 2012, through June 30, 2013, timeframe at the specified CBOC.

<sup>e</sup> [http://vaww.pssg.med.va.gov/PSSG/DVDC/FY2013\\_Q1\\_VAST.xlsx](http://vaww.pssg.med.va.gov/PSSG/DVDC/FY2013_Q1_VAST.xlsx)

<sup>f</sup> 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).

<sup>g</sup> MH includes stop codes in the 500 series, excluding 531 and 563, in the primary position.

<sup>h</sup> Primary Care includes the stop code list in the primary position: 323 – Primary Care; 322 – Women's Clinic; 348 – Primary Care Group; 350 – Geriatric Primary Care; 531 – MH Primary Care Team-Individual; 563 – MH Primary care Team-Group; 170 – Home Based Primary Care (HBPC) Physician.

<sup>i</sup> All other non-Primary Care and non-MH stop codes in the primary position.

## CBOC Services Provided

In addition to primary care integrated with WH and MH care, the CBOCs provide various specialty care, ancillary, and tele-health services. The following table lists the services provided at each CBOC.<sup>j</sup>

CBOC	Specialty Care Services <sup>k</sup>	Ancillary Services <sup>l</sup>	Tele-Health Services <sup>m</sup>
Somerset	---	Rehabilitation Nutrition Diabetic Retinal Screening	Tele Primary Care
Berea	---	Nutrition	Tele Primary Care
Morehead	---	Nutrition	Tele Primary Care
Hazard/Perry County	---	Nutrition	Tele Primary Care

<sup>j</sup> The denoted Specialty Care and Ancillary Services are limited to Primary Clinic Stops with a count  $\geq 100$  encounters during the July 1, 2012, through June 30, 2013, timeframe at the specified CBOC.

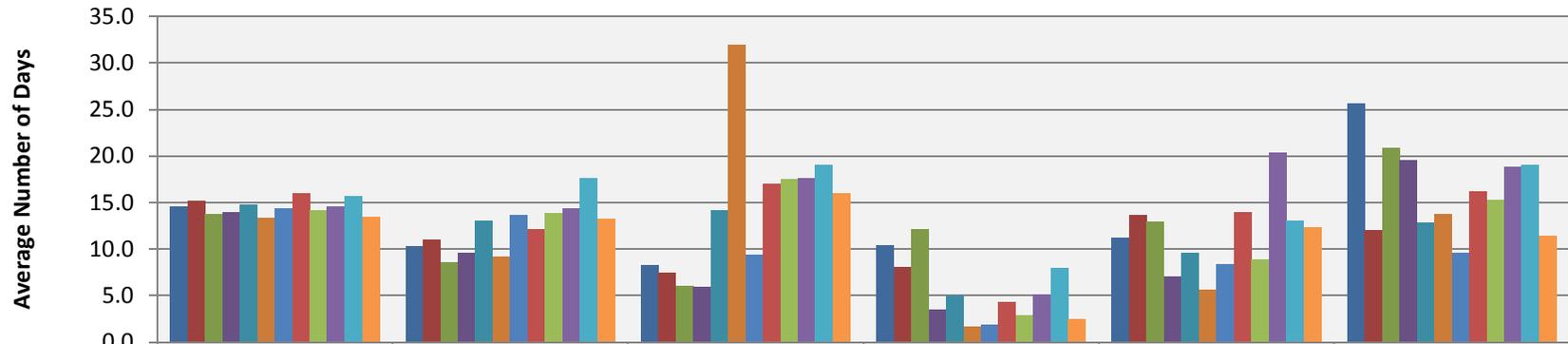
<sup>k</sup> Specialty Care Services refer to non-Primary Care and non-Mental Health services provided by a physician.

<sup>l</sup> Ancillary Services refer to non-Primary Care and non-Mental Health services that are not provided by a physician.

<sup>m</sup> Tele-Health Services refer to services provided under the VA Telehealth program (<http://www.telehealth.va.gov/>)

## PACT Compass Metrics

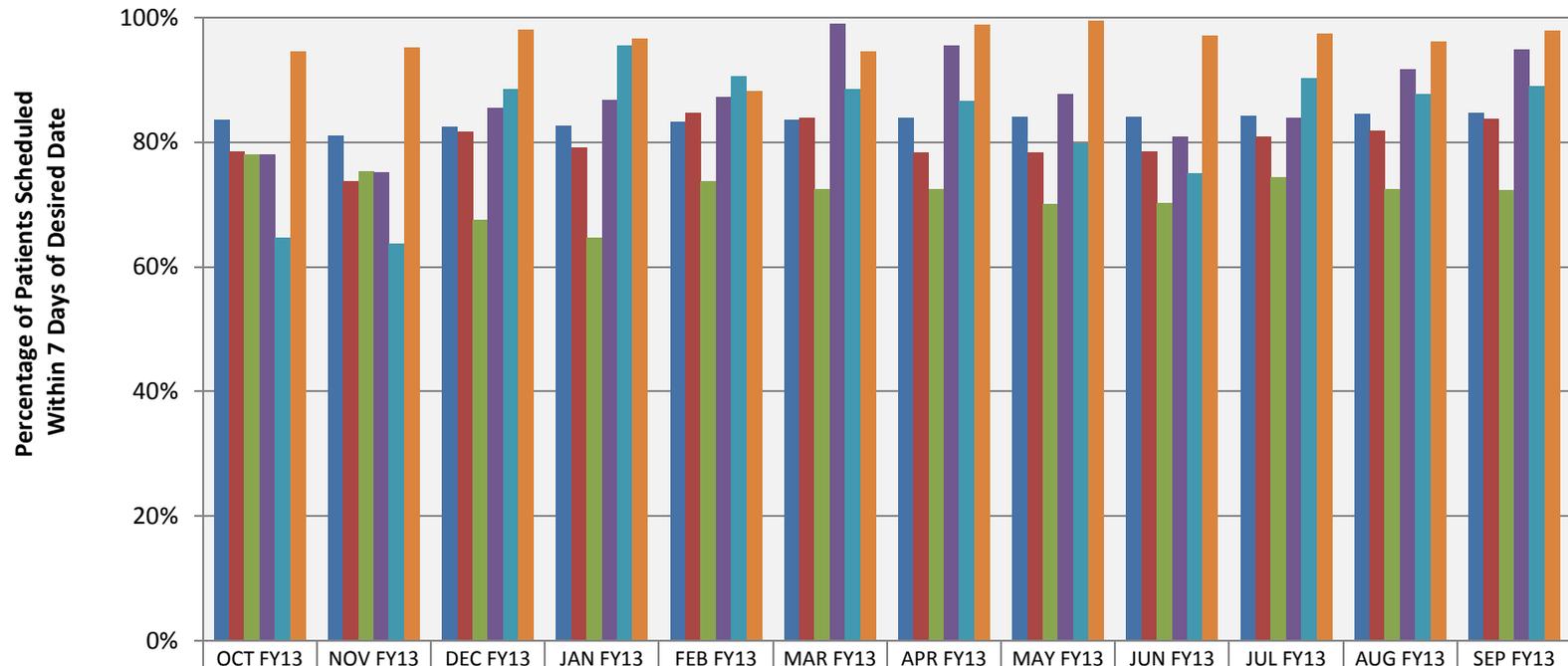
### FY 2013 Average 3rd Next Available in PC Clinics



	VHA Total	Lexington-Leestown (596)	Somerset (596GA)	Morehead (596GB)	Hazard (596GC)	Berea (596GD)
OCT FY13	14.6	10.3	8.3	10.4	11.2	25.6
NOV FY13	15.2	11.0	7.5	8.1	13.6	12.0
DEC FY13	13.8	8.6	6.0	12.2	12.9	20.8
JAN FY13	14.0	9.6	6.0	3.5	7.0	19.6
FEB FY13	14.8	13.1	14.2	5.1	9.6	12.8
MAR FY13	13.3	9.2	31.9	1.7	5.6	13.8
APR FY13	14.4	13.6	9.4	1.9	8.4	9.6
MAY FY13	16.0	12.1	17.0	4.3	14.0	16.3
JUN FY13	14.2	13.9	17.5	2.9	8.9	15.3
JUL FY13	14.6	14.3	17.6	5.1	20.4	18.8
AUG FY13	15.7	17.6	19.0	7.9	13.0	19.1
SEP FY13	13.4	13.3	16.0	2.5	12.3	11.4

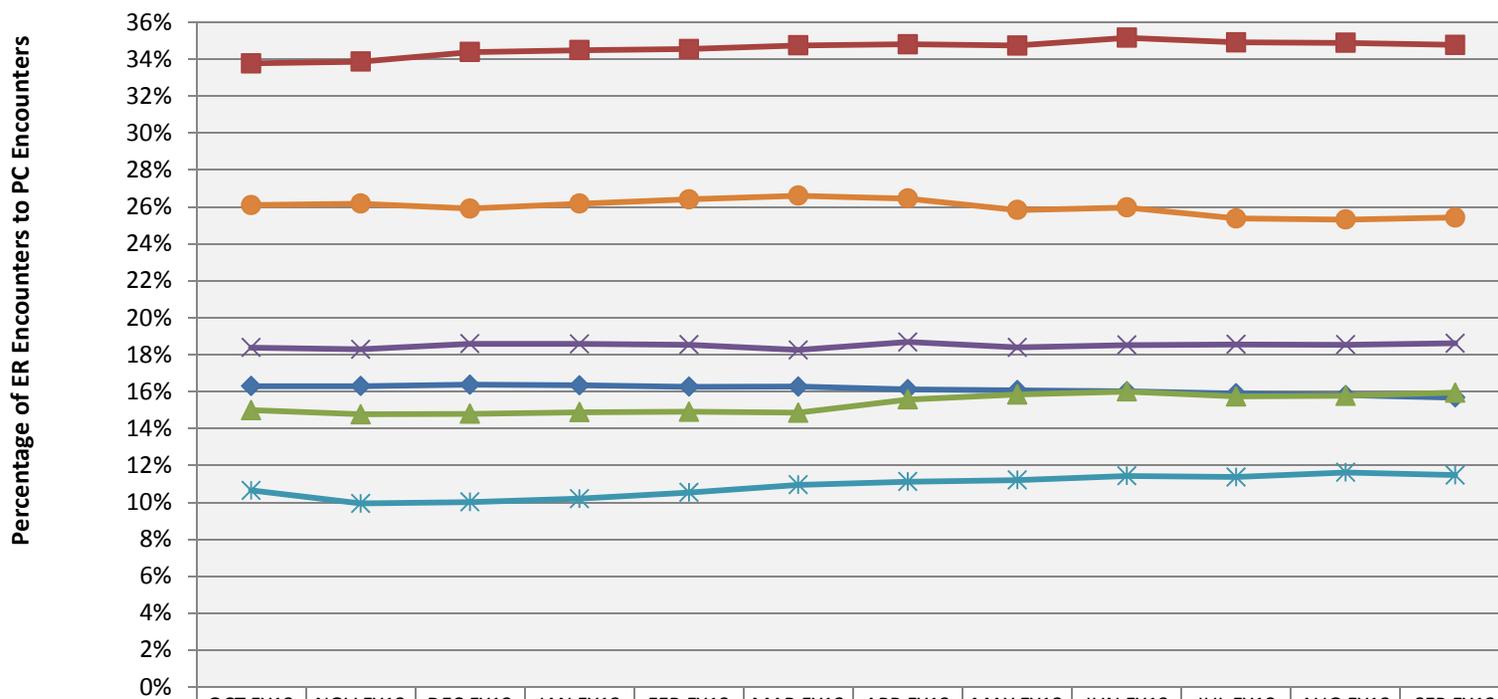
**Data Definition.**<sup>5</sup> The average waiting time in days until the next third open appointment slot for completed primary care appointments in stop code 350. Completed appointments in stop code 350 for this metric include completed appointments where a 350 stop code is in the primary position on the appointment or one of the telephone stop codes is in the primary position, and 350 stop code is in the secondary position. The data is averaged from the national to the division level.

### FY 2013 Established PC Prospective Wait Times 7 Days



**Data Definition.**<sup>5</sup> The percent of patients scheduled within 7 days of the desired date. Data source is the Wait Times Prospective Wait Times measures. The total number of scheduled appointments for primary care-assigned patients in primary care clinics 322, 323 and 350. Data is collected twice a month on the 1<sup>st</sup> and the 15<sup>th</sup>. Data reported is for the data pulled on the 15<sup>th</sup> of the month. There is no FY to date score for this measure.

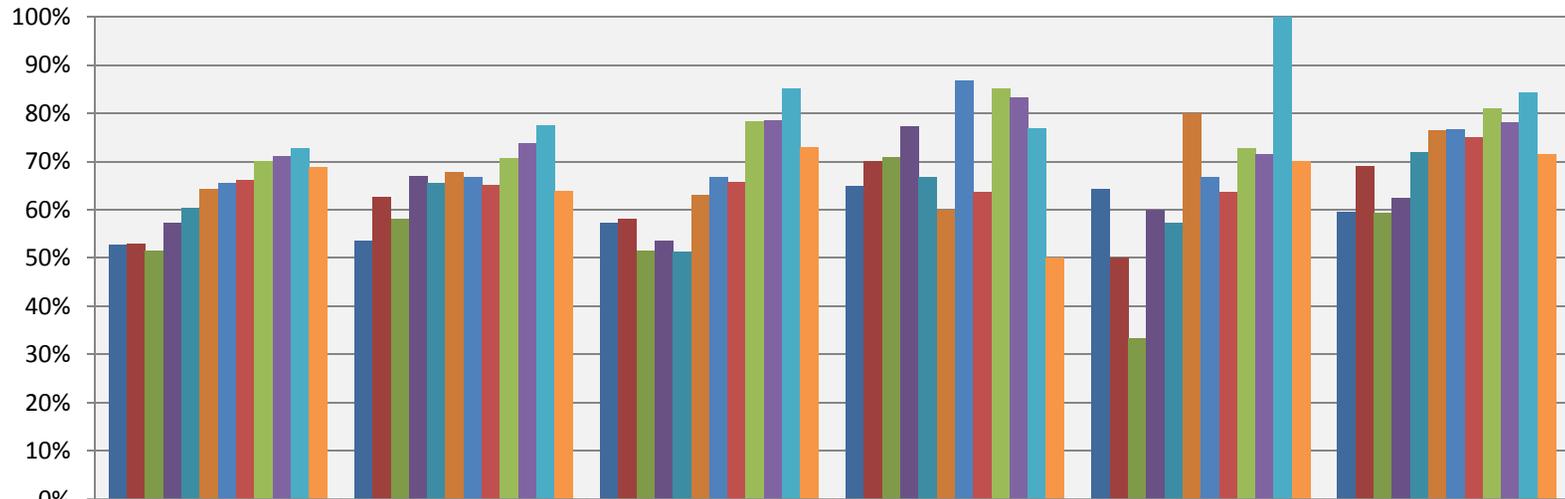
### FY 2013 Ratio of ER Encounters While on Panel to PC Encounters While on Panel (FEE ER Included)



	OCT FY13	NOV FY13	DEC FY13	JAN FY13	FEB FY13	MAR FY13	APR FY13	MAY FY13	JUN FY13	JUL FY13	AUG FY13	SEP FY13
VHA Total	16.3%	16.3%	16.4%	16.3%	16.3%	16.3%	16.1%	16.1%	16.0%	15.9%	15.8%	15.7%
Lexington-Leestown (596)	33.8%	33.9%	34.4%	34.5%	34.6%	34.8%	34.8%	34.7%	35.2%	34.9%	34.9%	34.8%
Somerset (596GA)	15.0%	14.8%	14.8%	14.9%	14.9%	14.9%	15.6%	15.8%	16.0%	15.7%	15.8%	15.9%
Morehead (596GB)	18.4%	18.3%	18.6%	18.6%	18.5%	18.3%	18.7%	18.4%	18.5%	18.6%	18.5%	18.6%
Hazard (596GC)	10.7%	9.9%	10.0%	10.2%	10.5%	11.0%	11.1%	11.2%	11.4%	11.4%	11.6%	11.5%
Berea (596GD)	26.1%	26.2%	25.9%	26.2%	26.4%	26.6%	26.5%	25.8%	26.0%	25.4%	25.3%	25.4%

**Data Definition.**<sup>5</sup> This is a measure of where the patient receives his or her primary care and by whom. A low percentage is better. The formula is the total VHA ER/Urgent Care/FEE ER Encounters WOP (including FEE ER visits) *divided by* the number of primary care encounters WOP with the patient's assigned primary care (or associate) provider plus the total VHA ER/Urgent Care/FEE ER Encounters (including FEE ER visits) WOP plus the number of primary care encounters WOP with a provider other than the patient's PCP/AP.

### FY 13 2-Day Contact Post Discharge Ratio



	VHA Total	Lexington-Leestown (596)	Somerset (596GA)	Morehead (596GB)	Hazard (596GC)	Berea (596GD)
■ OCT FY13	52.8%	53.5%	57.1%	64.9%	64.3%	59.5%
■ NOV FY13	52.9%	62.5%	58.1%	70.0%	50.0%	69.0%
■ DEC FY13	51.5%	58.1%	51.4%	71.0%	33.3%	59.4%
■ JAN FY13	57.2%	66.9%	53.5%	77.3%	60.0%	62.5%
■ FEB FY13	60.4%	65.5%	51.3%	66.7%	57.1%	71.8%
■ MAR FY13	64.4%	67.8%	63.0%	60.0%	80.0%	76.5%
■ APR FY13	65.5%	66.7%	66.7%	86.7%	66.7%	76.7%
■ MAY FY13	66.1%	65.2%	65.7%	63.6%	63.6%	75.0%
■ JUN FY13	70.1%	70.8%	78.3%	85.0%	72.7%	81.0%
■ JUL FY13	71.1%	73.8%	78.6%	83.3%	71.4%	78.1%
■ AUG FY13	72.7%	77.5%	85.0%	76.9%	100.0%	84.2%
■ SEP FY13	68.9%	63.8%	73.0%	50.0%	70.0%	71.4%

**Data Definition.**<sup>5</sup> Total Discharges Included in 2-day Contact Post Discharge Ratio: The total VHA and FEE Inpatient Discharges for assigned primary care patients for the reporting timeframe. Discharges resulting in death and discharges where a patient is readmitted within 2 days of discharge are excluded from this metric.

## VISN Director Comments

**Department of  
Veterans Affairs**

**Memorandum**

**Date:** January 6, 2014

**From:** Director, VA Mid-South Healthcare Network (10N9)

**Subject:** **CBOC and PCC Reviews of the Lexington VA Medical Center, Lexington, KY**

**To:** Director, Bay Pines Office of Healthcare Inspections (54SP)  
Director, Management Review Service (VHA 10AR MRS  
OIG CAP CBOC)

1. I concur with the findings and recommendations of this Office of Inspector General CBOC and PCC Reviews at the Lexington VA Medical Center, Lexington, Kentucky, as well as the action plan developed by the facility.
2. If you have any questions or need additional information from the Network, please do not hesitate to contact Joe Schoeck, Staff Assistant to the Network Director, at 615-695-2205 or me at 615-695-2206.

*(original signed by:)*

John E. Patrick

## Facility Director Comments

**Department of  
Veterans Affairs**

**Memorandum**

**Date:** December 16, 2013

**From:** Director, Lexington VA Medical Center (596/00)

**Subject:** **CBOC and PCC Reviews of the Lexington VA Medical Center, Lexington, KY**

**To:** Director, VA Mid-South Healthcare Network (10N9)

1. On behalf of the Lexington VA Medical Center, I would like to thank you for the opportunity to review the OIG report. I concur with the findings and recommendations.
2. Our responses to the report recommendations are attached. We have already been actively working on improvements. We appreciate the perspective from the OIG evaluation and will take this opportunity to strengthen and improve our medical center processes.

*(original signed by:)*

Emma Metcalf, (SES), MSN, RN  
Director

## Comments to OIG's Report

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

### **OIG Recommendations**

**Recommendation 1.** We recommended that managers ensure that PII is protected by securing laboratory specimens during transport from the Berea CBOC to the parent facility.

Concur

Target date for completion: January 13, 2014

Facility response: Prior to placing laboratory specimens in the cooler for transport from the CBOC, specimens will be placed inside opaque, tear resistant and tamper-evident polyethylene mailers and then sealed to provide PII protection. When the samples arrive at the Cooper Drive laboratory, use of the opaque tamper-evident polyethylene mailer and the mailer's integrity (no rips or no broken seals) will be inspected and documented on the receipt log. The P&LMS Quality Manager will review the log weekly for compliance and initiate corrective actions if necessary.

**Recommendation 2.** We recommended that CBOC/PCC RN Care Managers complete motivational interviewing training within 12 months of appointment to PACT.

Concur

Target date for completion: May 30, 2014

Facility response: All CBOC/PCC RN Care Managers who have not completed motivational interviewing training within 12 months of appointment to PACT will be trained by May 30, 2014. The RN Care Manager Orientation checklist will be revised to include the date within the first 12 months of appointment to PACT that the RN Care Manager is scheduled for motivational interviewing. The Health Promotion Disease Prevention Coordinator will report percentage of compliance with motivational training of RN Care Managers within 12 months of appointment to PACT to the PACT Steering Committee quarterly.

**Recommendation 3.** We recommended that CBOC/PCC RN Care Managers complete required health coaching training within 12 months of appointment to PACT.

Concur

Target date for completion: May 30, 2014

Facility response: All CBOC/PCC RN Care Managers who have not completed coaching training within 12 months of appointment to PACT will be trained by May 30, 2014. The RN Care Manager Orientation checklist will be revised to include the date within the first 12 months of appointment that the RN Care Manager is scheduled for coaching training. The Health Promotion Disease Prevention Coordinator will report percentage of compliance with coaching training of RN Care Managers within 12 months of appointment to PACT to the PACT Steering Committee quarterly.

## OIG Contact and Staff Acknowledgments

<b>Contact</b>	For more information about this report, please contact the OIG at (202) 461-4720.
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U.S. Senate: Mitch McConnell, Paul Rand  
U.S. House of Representatives: Andy Barr, Thomas Massie, Harold Rogers

This report is available at [www.va.gov/oig](http://www.va.gov/oig).

## Endnotes

<sup>1</sup> References used for the EOC review included:

- US Access Board, *Americans with Disabilities Act Accessibility Guidelines (ADAAG)*, September 2, 2002.
- US Department of Health and Human Services, Health Insurance Portability and Accountability Act, *The Privacy Rule*, August 14, 2002.
- US Department of Labor, Occupational Safety and Health Administration, *Laws and Regulations*.
- US Department of Labor, Occupational Safety and Health Administration, *Guidelines for Preventing Workplace Violence*, 2004.
- Joint Commission, *Joint Commission Comprehensive Accreditation and Certification Manual*, July 1, 2013.
- VA Directive 0324, *Test, Training, Exercise, and Evaluation Program*, April 5, 2012.
- VA Directive 0059, *VA Chemicals Management and Pollution Prevention*, May 25, 2012.
- VA Handbook 6500, *Risk Management Framework for VA Information System*, September 20, 2012.
- VHA Center for Engineering, Occupational Safety, and Health, *Emergency Management Program Guidebook*, March 2011.
- VHA Center for Engineering, Occupational Safety, and Health, *Online National Fire Protection Association Codes, Standards, Handbooks, and Annotated Editions of Select Codes and Standards*, July 9, 2013.
- VHA Deputy Under Secretary for Health for Operations and Management, Memorandum: *Environmental Rounds*, March 5, 2007.
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