



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

Office of Healthcare Inspections

Report No. 13-03419-90

**Community Based Outpatient Clinic
and Primary Care Clinic Reviews
at
Atlanta VA Medical Center
Decatur, Georgia**

March 17, 2014

Washington, DC 20420

To Report Suspected Wrongdoing in VA Programs and Operations

Telephone: 1-800-488-8244

E-Mail: vaoighotline@va.gov

(Hotline Information: 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
MH	mental health
MI	motivational interviewing
MM	medication management
NM	not met
OIG	Office of Inspector General
PACT	Patient Aligned Care Teams
PCC	primary care clinic
PCMM	Primary Care Management Module
RN	registered nurse
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
WH	women's health

Table of Contents

	Page
Executive Summary	i
Objectives, Scope, and Methodology	1
Objectives	1
Scope	1
Methodology	1
Results and Recommendations	3
EOC	3
AUD	5
MM	7
DWHP Proficiency	8
Appendixes	
A. CBOC Profiles and Services Provided	9
B. PACT Compass Metrics	11
C. VISN Director Comments	15
D. Facility Director Comments	16
E. OIG Contact and Staff Acknowledgments	18
F. Report Distribution	19
G. Endnotes	20

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 November 18, 2013, at the Trinka Davis Veterans Village CBOC, Carrollton, GA, which is under the oversight of the Atlanta VA Medical Center and Veterans Integrated Service Network 7.

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

Environment of Care. Ensure that panic alarms are tested and testing is documented.

Alcohol Use Disorder. Ensure that CBOC/PCC:

- Staff consistently complete diagnostic assessments for patients with a positive alcohol screen.
- Registered Nurse Care Managers receive motivational interviewing and health coach 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 and D, pages 15–17, 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.^a Details of the targeted study populations for the AUD, MM, and DWHP Proficiency focused reviews are noted in Table 1.

^a Includes 93 CBOCs in operation before March 31, 2013.

Table 1. CBOC 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 ^b 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.

^b 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.¹

We reviewed relevant documents and conducted a physical inspection of the 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.	
X	An alarm system and/or panic buttons are installed in high-risk areas (e.g., MH clinic).	The testing of the alarm system was not performed and documented.
	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.	

NM	Areas Reviewed (continued)	Findings
	Personally identifiable information is protected on laboratory specimens during transport so that patient privacy is maintained.	
	Adequate privacy is provided to patients in examination rooms.	
	Documents containing patient-identifiable information are 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 information technology 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 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 panic alarms are tested and testing is documented.

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.²

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.	
X	Diagnostic assessments are completed for patients with a positive alcohol screen.	Staff did not complete diagnostic assessments for 6 (15 percent) of 40 patients who had positive alcohol use screens.
	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 17 (35 percent) of 48 RN Care Managers did not receive 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 (most likely TEACH for Success) within 12 months of appointment to PACT.	We found that 17 (35 percent) of 48 RN Care Managers did not receive 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 staff consistently complete diagnostic assessments for patients with a positive alcohol screen.

3. We recommended that CBOC/PCC RN Care Managers receive MI and 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.³

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

NM	Areas Reviewed	Findings
	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.⁴

We reviewed the facility self-assessment, VHA and local policies, PCMM data, and supporting documentation for DWHPs' proficiencies. The table below shows the areas reviewed for this topic. The area marked as NM did not meet applicable requirements and needed improvement.

Table 5. DWHP Proficiency

NM	Areas Reviewed	Findings
	CBOC and PCC DWHPs maintained proficiency requirements.	
X	CBOC and PCC DWHPs were designated with the WH indicator in the PCMM.	Thirteen DWHPs were noted as Women's Wellness providers and not designated with the WH indicator in the PCMM.

The facility made the required WH designations in PCMM for CBOC and PCC DWHPs during the week of our review. We verified the updated information on November 26, 2013. Therefore, we did not make a recommendation.

CBOC Profiles

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

Location	State	Station #	Locality ^e	CBOC Size ^f	Uniques ^d				Encounters ^d			
					MH ^g	PC ^h	Other ⁱ	All	MH ^g	PC ^h	Other ⁱ	All
Lawrenceville (Gwinnett County)	GA	508GH	Urban	Large	1,364	8,131	5,017	8,608	5,972	15,347	13,251	34,570
East Point	GA	508GA	Urban	Large	1,154	6,728	5,783	8,027	5,619	16,823	18,837	41,279
Stockbridge	GA	508GG	Urban	Large	1,111	6,032	5,756	7,101	6,421	11,846	23,649	41,916
Austell	GA	508GF	Urban	Large	1,096	5,982	4,963	6,780	5,990	12,273	16,854	35,117
NE Georgia/Oakwood	GA	508GE	Urban	Large	467	5,104	2,822	5,204	2,935	14,474	6,825	24,234
Newnan	GA	508GI	Urban	Mid-Size	704	3,773	2,913	4,316	3,602	8,277	7,534	19,413
Carrollton	GA	508GK	Rural	Mid-Size	449	1,692	2,349	2,750	1,860	3,583	7,896	13,339
Blairsville	GA	508GJ	Rural	Mid-Size	556	2,560	1,569	2,708	3,184	5,945	4,268	13,397

^c Includes all CBOCs in operation before March 31, 2013.

^d 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.

^e http://vaww.pssg.med.va.gov/PSSG/DVDC/FY2013_Q1_VAST.xlsx

^f 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).

^g Mental Health includes stop codes in the 500 series, excluding 531 and 563, in the primary position.

^h 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.

ⁱ 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.^j

CBOC	Specialty Care Services^k	Ancillary Services^l	Tele-Health Services^m
Lawrenceville (Gwinnett County)	Women's Cancer Care Dermatology	Diabetic Retinal Screening Pharmacy Nutrition MOVE! Program ⁿ	Tele Primary Care
East Point	Anti-Coagulation Clinic	Pharmacy Diabetic Retinal Screening Nutrition MOVE! Program	Tele Primary Care
Stockbridge	Anti-Coagulation Clinic Dermatology Women's Cancer Care	Pharmacy MOVE! Program Diabetic Retinal Screening	Tele Primary Care
Austell	Dermatology	Pharmacy Diabetic Retinal Screening	Tele Primary Care
NE Georgia/Oakwood	Dermatology	Diabetic Retinal Screening Nutrition	Tele Primary Care
Newnan	Dermatology	Pharmacy Diabetic Retinal Screening MOVE! Program Nutrition	Tele Primary Care
Carrollton	Dental Optometry Anti-Coagulation Clinic Podiatry	Audiology Rehabilitation Pharmacy Nutrition Diabetic Retinal Screening	Tele Primary Care
Blairsville	Dermatology	Nutrition Pharmacy Diabetic Retinal Screening MOVE! Program	Tele Primary Care

^j Source: MedSAS outpatient files; the denoted Specialty Care and Ancillary Services are limited to Primary Clinic Stops with a count ≥ 100 encounters during the July 1, 2012, through June 30, 2013, timeframe at the specified CBOC.

^k Specialty Care Services refer to non-Primary Care and non-Mental Health services provided by a physician.

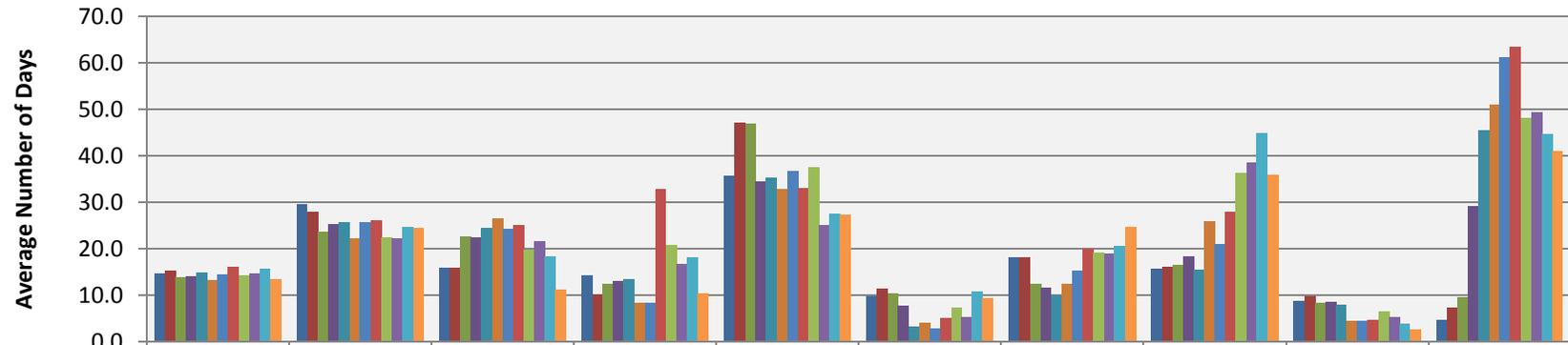
^l Ancillary Services refer to non-Primary Care and non-Mental Health services that are not provided by a physician.

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

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

PACT Compass Metrics

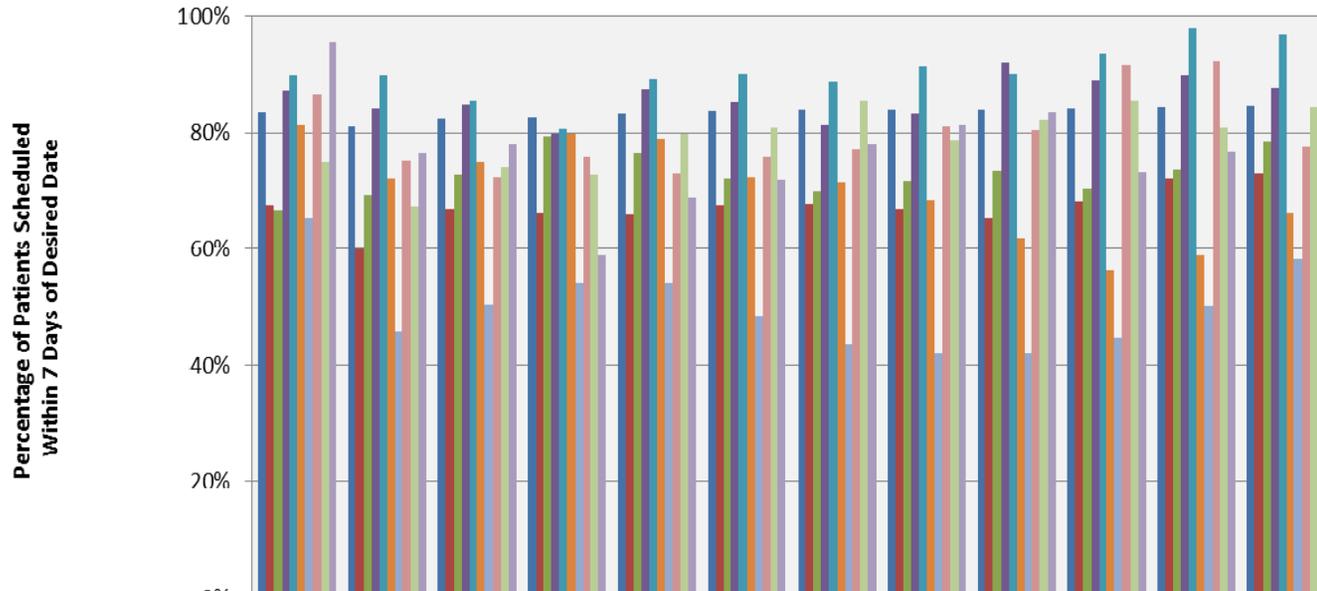
FY 2013 Average 3rd Next Available in PC Clinics



	VHA Total	Atlanta (508)	East Point CBOC (508GA)	NE Georgia/Oakwood (508GE)	Austell (508GF)	Stockbridge (508GG)	Lawrenceville (Gwinnett County) (508GH)	Newnan (508GI)	Blairsville (508GJ)	Carrollton (508GK)
■ OCT FY13	14.6	29.6	15.8	14.2	35.6	9.8	18.1	15.7	8.8	4.7
■ NOV FY13	15.2	28.0	15.9	10.1	47.1	11.4	18.2	16.0	9.7	7.3
■ DEC FY13	13.8	23.6	22.7	12.4	46.9	10.3	12.3	16.5	8.3	9.6
■ JAN FY13	14.0	25.3	22.4	13.1	34.4	7.6	11.6	18.4	8.4	29.2
■ FEB FY13	14.8	25.6	24.4	13.4	35.2	3.1	10.0	15.4	8.0	45.5
■ MAR FY13	13.3	22.2	26.6	8.4	32.8	4.0	12.3	25.9	4.4	51.0
■ APR FY13	14.4	25.6	24.2	8.3	36.7	2.9	15.2	21.0	4.3	61.2
■ MAY FY13	16.0	26.2	25.1	32.8	33.1	5.1	19.9	28.0	4.7	63.4
■ JUN FY13	14.2	22.4	19.8	20.7	37.5	7.3	19.1	36.3	6.6	48.1
■ JUL FY13	14.6	22.2	21.6	16.6	25.0	5.3	18.9	38.6	5.2	49.5
■ AUG FY13	15.7	24.6	18.4	18.2	27.5	10.8	20.5	44.9	3.9	44.7
■ SEP FY13	13.4	24.3	11.1	10.4	27.3	9.4	24.6	35.8	2.6	41.0

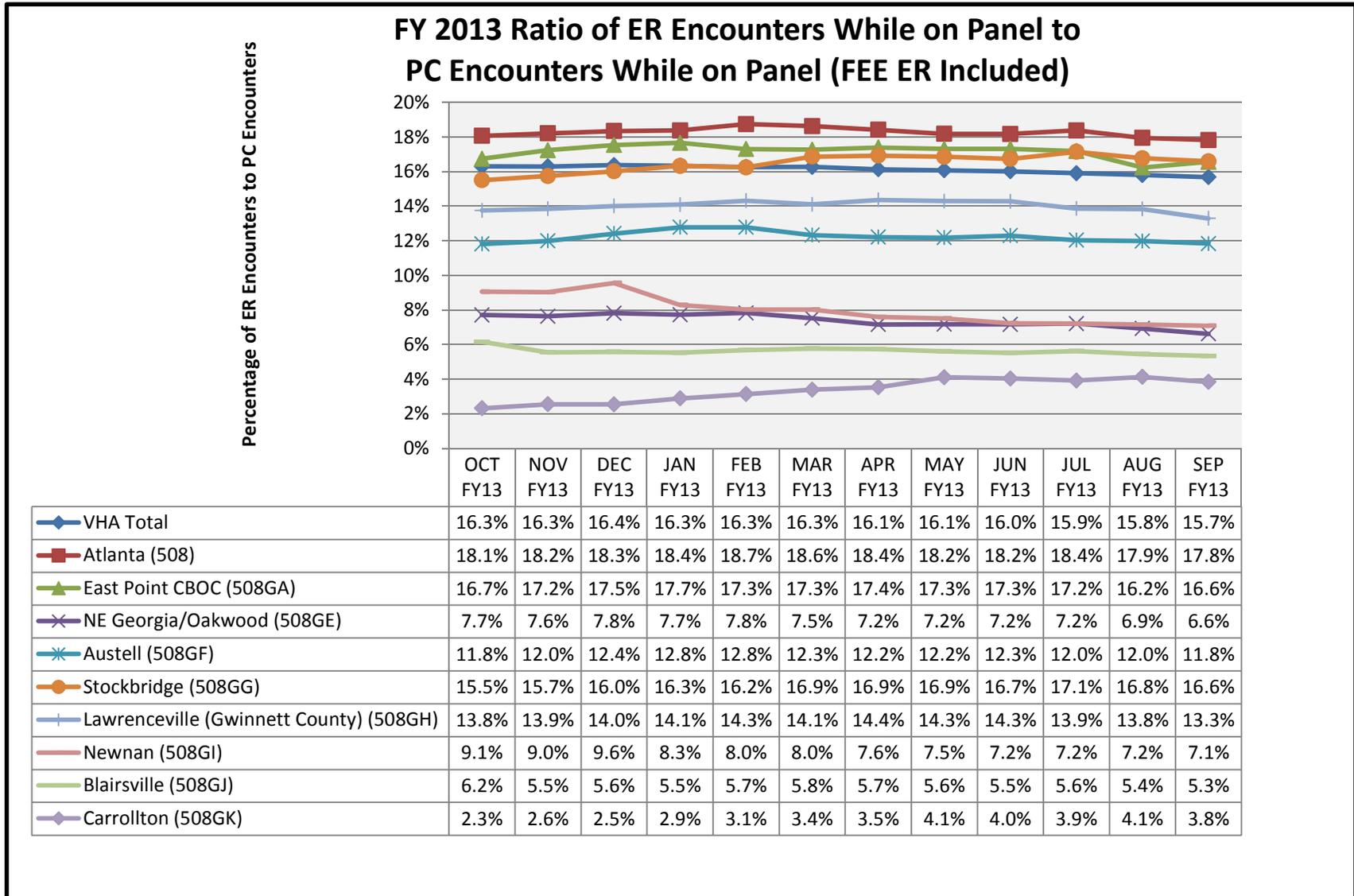
Data Definition.⁵ The average waiting time in days until the next third open appointment slot for completed primary care appointments in stop code 350. Completed appointments in stop code 350 for this metric include completed appointments where a 350 stop code is in the primary position on the appointment 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



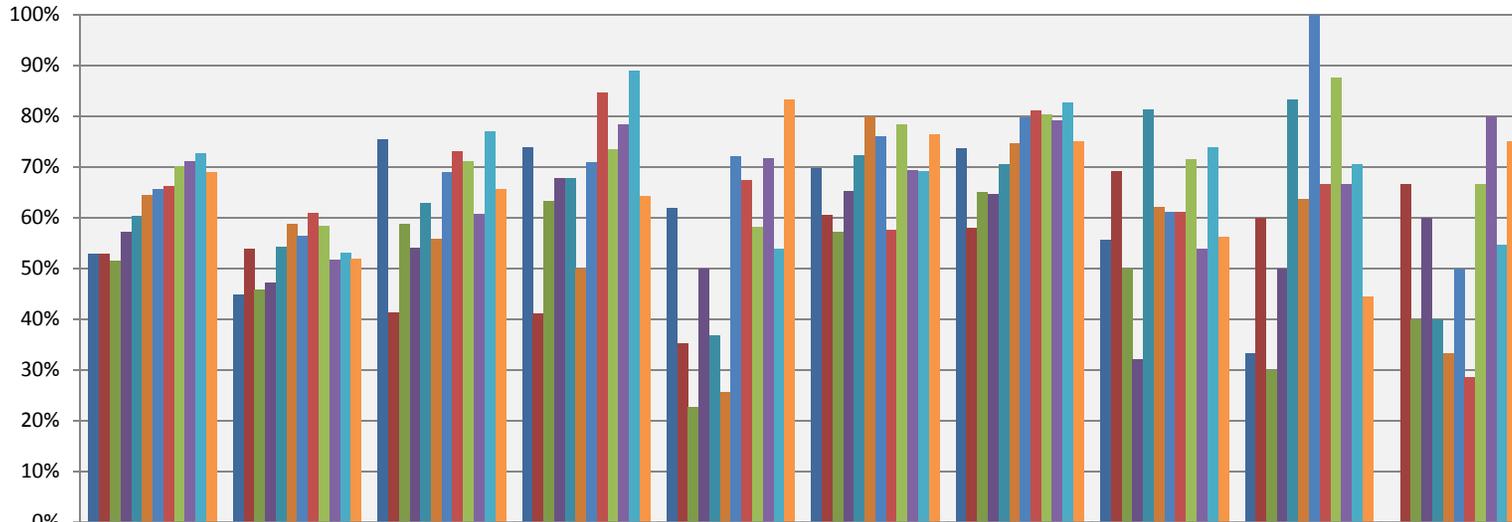
	OCT FY13	NOV FY13	DEC FY13	JAN FY13	FEB FY13	MAR FY13	APR FY13	MAY FY13	JUN FY13	JUL FY13	AUG FY13	SEP FY13
VHA Total	83.5%	81.1%	82.4%	82.6%	83.2%	83.6%	84.0%	84.0%	84.1%	84.3%	84.5%	84.7%
Atlanta (508)	67.4%	59.9%	67.0%	66.2%	65.8%	67.6%	67.9%	66.8%	65.2%	68.1%	71.9%	73.0%
East Point CBOC (508GA)	66.8%	69.3%	72.9%	79.4%	76.4%	72.2%	69.8%	71.6%	73.5%	70.3%	73.7%	78.5%
NE Georgia/Oakwood (508GE)	87.2%	84.2%	84.9%	79.8%	87.4%	85.4%	81.3%	83.3%	92.0%	88.9%	89.9%	87.6%
Austell (508GF)	89.7%	89.8%	85.6%	80.7%	89.2%	90.1%	88.7%	91.5%	90.2%	93.6%	98.0%	96.9%
Stockbridge (508GG)	81.3%	72.1%	75.0%	79.8%	79.0%	72.5%	71.4%	68.5%	61.7%	56.3%	58.8%	66.1%
Lawrenceville (Gwinnett County) (508GH)	65.3%	45.7%	50.4%	54.1%	53.9%	48.4%	43.6%	42.0%	42.1%	44.6%	50.2%	58.2%
Newnan (508GI)	86.6%	75.3%	72.4%	75.8%	73.1%	75.8%	77.0%	81.0%	80.5%	91.6%	92.3%	77.4%
Blairsville (508GJ)	74.9%	67.3%	74.2%	72.8%	79.9%	80.8%	85.6%	78.7%	82.2%	85.5%	80.9%	84.4%
Carrollton (508GK)	95.5%	76.5%	78.2%	58.8%	68.8%	71.7%	78.0%	81.4%	83.5%	73.3%	76.7%	78.6%

Data Definition.⁵ 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 1st and the 15th. Data reported is for the data pulled on the 15th of the month. There is no FY to date score for this measure.



Data Definition.⁵ 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 2013 2-Day Contact Post Discharge Ratio



	VHA Total	Atlanta (508)	East Point CBOC (508GA)	NE Georgia/Oakwood (508GE)	Austell (508GF)	Stockbridge (508GG)	Lawrenceville (Gwinnett County) (508GH)	Newnan (508GI)	Blairsville (508GJ)	Carrollton (508GK)
■ OCT FY13	52.8%	44.8%	75.5%	73.9%	61.9%	69.6%	73.6%	55.6%	33.3%	0.0%
■ NOV FY13	52.9%	53.9%	41.3%	41.2%	35.3%	60.5%	58.0%	69.2%	60.0%	66.7%
■ DEC FY13	51.5%	45.9%	58.8%	63.3%	22.6%	57.1%	65.1%	50.0%	30.0%	40.0%
■ JAN FY13	57.2%	47.2%	54.1%	67.7%	50.0%	65.2%	64.6%	32.0%	50.0%	60.0%
■ FEB FY13	60.4%	54.2%	62.9%	67.9%	36.8%	72.2%	70.6%	81.3%	83.3%	40.0%
■ MAR FY13	64.4%	58.8%	55.9%	50.0%	25.6%	80.0%	74.7%	62.1%	63.6%	33.3%
■ APR FY13	65.5%	56.3%	68.9%	71.0%	72.0%	76.1%	79.7%	61.1%	100.0%	50.0%
■ MAY FY13	66.1%	60.9%	73.1%	84.6%	67.3%	57.5%	81.2%	61.1%	66.7%	28.6%
■ JUN FY13	70.1%	58.4%	71.1%	73.5%	58.1%	78.3%	80.4%	71.4%	87.5%	66.7%
■ JUL FY13	71.1%	51.7%	60.7%	78.3%	71.7%	69.4%	79.1%	53.8%	66.7%	80.0%
■ AUG FY13	72.7%	53.1%	76.9%	88.9%	53.8%	69.2%	82.6%	73.9%	70.6%	54.5%
■ SEP FY13	68.9%	51.9%	65.7%	64.3%	83.3%	76.3%	75.0%	56.3%	44.4%	75.0%

Data Definition.⁵ 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 31, 2014
From: Director, VISN 7 (10N7)
Subject: **CBOC and PCC Reviews of the Atlanta VA Medical Center, Decatur, GA**
To: Director, Atlanta Office of Healthcare Inspections (54AT)
Acting Director, Management Review Service (VHA 10AR
MRS OIG CAP CBOC)

1. I concur with the Atlanta VA Medical Center's responses and action plans as detailed within this report. VISN 7 will provide oversight and support to ensure that all actions are implemented and sustained.
2. If you have any questions or require additional information please contact Dr. Robin Hindsman, VISN QMO at 678-924-5723.

(original signed by:)

Charles E. Sepich, FACHE

Facility Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: January 27, 2014
From: Director, Atlanta VA Medical Center (508/00)
Subject: **CBOC and PCC Reviews of the Atlanta VA Medical Center, Decatur, GA**
To: Director, VA Southeast Network (10N7)

1. I concur with all of the findings and recommendations of the Office of Inspector General Community Based Outpatient Clinic (CBOC) and Primary Care Reviews at the Atlanta VA Medical Center, Decatur, GA.
2. Thank you for the opportunity to review the draft report. Attached are the facility actions taken as a result of these findings.

(original signed by:)

Leslie Wiggins
Director, Atlanta VA Medical Center (508/00)

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 panic alarms are tested and testing is documented.

Concur

Target date for completion: Completed: January 24, 2014

Facility response: The Atlanta VA Police Service performs system-wide monthly testing of panic alarms including the Trinka Davis Veterans Village. The results of the panic alarm testing are documented and filed into a healthcare system-wide database.

Recommendation 2. We recommended that staff consistently complete diagnostic assessments for patients with a positive alcohol screen.

Concur

Target date for completion: Completed: December 22, 2013

Facility response: The Primary Care Service Line developed the standard operating procedure (SOP) that includes nursing staff providing veterans scoring a positive score on Audit C screen, with an educational alcohol brochure at intake. The Clinicians will perform brief alcohol counselling and intervention with the help of the clinical reminder. Review of Medical records indicated compliance with the SOP. The Primary Care Service Line Performance Improvement Coordinator will continue to monitor medical records monthly for compliance of brief alcohol counselling for positive Audit C screens.

Recommendation 3. We recommended that CBOC/PCC RN Care Managers receive MI and health coaching training within 12 months of appointment to PACT.

Concur

Target date for completion: Completed: January 17, 2014

Facility response: All RN Care Managers associated with CBOCs received MI and health coaching as per the handbook. To maintain compliance, the Health Promotion Disease Prevention (HPDP) Program Manager and Health Behavior Coordinator will continue to work closely with the CBOC Operations Managers to identify RN Care Managers needing training. All new CBOC/PCC RN Care Managers will be scheduled to attend the MI and TEACH training within 12 months of appointment to PACT.

OIG Contact and Staff Acknowledgments

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Endnotes

¹ References used for the EOC review included:

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