



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

Office of Healthcare Inspections

Report No. 13-03424-74

**Community Based Outpatient Clinic
and Primary Care Clinic
Reviews at
Harry S. Truman
Memorial Veterans' Hospital
Columbia, Missouri**

February 27, 2014

Washington, DC 20420

To Report Suspected Wrongdoing in VA Programs and Operations

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(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
EMC	Emergency Management Committee
EMP	Emergency Management Plan
EOC	environment of care
Facility	Harry S. Truman Memorial Veterans' Hospital
MI	motivational interviewing
MM	medication management
NM	not met
OIG	Office of Inspector General
PACT	Patient Aligned Care Teams
PCC	primary care clinic
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 site visits during the week of December 9, 2013, at the following CBOCs, which are under the oversight of the Harry S. Truman Memorial Veterans' Hospital and Veterans Integrated Service Network 15:

- Fort Leonard Wood CBOC, Waynesville, MO
- Lake of the Ozarks CBOC, Osage Beach, MO
- Mexico CBOC, Mexico, MO

Review Results: We conducted four focused reviews and we made recommendations in all of the review areas:

Environment of Care. Ensure that:

- Processes are improved to ensure review of the hazardous materials inventory occurs twice within a 12-month period at the Fort Leonard Wood, Lake of the Ozarks, and Mexico CBOCs.
- Panic alarm testing is documented at the Fort Leonard Wood, Lake of the Ozarks, and Mexico CBOCs.
- Fire drills are performed every 12 months at the Fort Leonard Wood and Lake of the Ozarks CBOCs.
- Doors to the examination rooms designated for women veterans are equipped with electronic or manual locks at the Lake of the Ozarks and Mexico CBOCs.
- Processes are strengthened to ensure women veterans can access gender-specific restrooms without entering public areas at the Mexico CBOC.
- The parent facility includes staff at the Fort Leonard Wood, Lake of the Ozarks, and Mexico CBOCs in required education, training, planning, and participation in annual disaster exercises.
- The parent facility document emergency management plan-specific training completed for the Fort Leonard Wood, Lake of the Ozarks, and Mexico CBOCs clinical providers.
- The parent facility's EMC evaluate the Fort Leonard Wood, Lake of the Ozarks, and Mexico CBOCs' emergency preparedness activities, participation in annual disaster

exercises, and staff training/education relating to emergency preparedness requirements.

Alcohol Use Disorder. Ensure that CBOC/PCC:

- Staff consistently complete follow-up assessments for patients with a positive alcohol screen.
- Staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.
- Registered Nurse Care Managers receive motivational interviewing and health coaching training within 12 months of appointment to Patient Aligned Care Teams.

Medication Management. Ensure that CBOC/PCC staff:

- Document that medication reconciliation was completed at each episode of care where the newly prescribed fluoroquinolone was administered, prescribed, or modified.

Designated Women's Health Providers' Proficiency. Ensure that all Designated Women's Health Providers:

- Maintain proficiency as required for the provision of women's health care.

Comments

The VISN and Facility Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes C and D, pages 16–22, for the full text of the Directors' comments.) We consider recommendation 3 closed. 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 onsite inspections, 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 inspections were only conducted at randomly selected CBOCs 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/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 ^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 physical inspections of the Fort Leonard Wood, Lake of the Ozarks, and Mexico CBOCs. The table below shows the areas reviewed for this topic. The areas 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.	
X	The CBOC maintains a written, current inventory of hazardous materials and waste that it uses, stores, or generates.	The CBOC's inventory of hazardous materials at the Fort Leonard Wood, Lake of the Ozarks, and Mexico CBOCs was not reviewed for accuracy twice within the prior 12 months.
X	An alarm system and/or panic buttons are installed in high-risk areas (e.g., mental health clinic).	Testing of the alarm/panic buttons at the Fort Leonard Wood, Lake of the Ozarks, and Mexico CBOCs was not 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.	
X	The CBOC conducts fire drills at least every 12 months.	There was no evidence of fire drills occurring at least every 12 months at the Fort Leonard Wood and Lake of the Ozarks CBOCs.
	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.	

NM	Areas Reviewed	Findings
	No expired medications were noted during the onsite visit.	
	All medications are secured from unauthorized access.	
	Patient-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.	
X	Adequate privacy is provided to women veterans in the examination room.	<p>The examination rooms designated for women veterans at the Lake of the Ozarks and Mexico CBOCs were not equipped with either an electronic or manual door lock.</p> <p>Gowned women veterans at the Mexico CBOC cannot access gender-specific restrooms without entering public areas.</p>
	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 automatic external defibrillator.	
	Safety inspections are performed on the CBOC medical equipment in accordance with JC standards.	
X	The parent facility includes the CBOC in required education, training, planning, and participation leading up to the annual disaster exercise.	<p>The parent facility did not include the Fort Leonard Wood, Lake of the Ozarks, and Mexico CBOCs in required education, training, planning, and participation leading up to the annual disaster exercises.</p> <p>The parent facility did not document EMP-specific training for any of the Fort Leonard Wood, Lake of the Ozarks, and Mexico CBOCs clinical providers.</p>

NM	Areas Reviewed	Findings
X	The parent facility's EMC evaluates CBOC emergency preparedness activities, participation in annual disaster exercise, and staff training/education relating to emergency preparedness requirements.	The parent facility's EMC did not evaluate the Fort Leonard Wood, Lake of the Ozarks, and Mexico CBOCs' emergency preparedness activities, participation in annual disaster exercise, and staff training/education relating to emergency preparedness requirements.

Recommendations

1. We recommended that processes are improved to ensure review of the hazardous materials inventory occurs twice within a 12-month period at the Fort Leonard Wood, Lake of the Ozarks, and Mexico CBOCs.
2. We recommended that panic alarm testing is documented at the Fort Leonard Wood, Lake of the Ozarks, and Mexico CBOCs.
3. We recommended that fire drills are performed every 12 months at the Fort Leonard Wood and Lake of the Ozarks CBOCs.
4. We recommended that the doors to the examination rooms designated for women veterans are equipped with electronic or manual locks at the Lake of the Ozarks and Mexico CBOCs.
5. We recommended that processes are strengthened to ensure women veterans can access gender-specific restrooms without entering public areas at the Mexico CBOC.
6. We recommended that the parent facility include staff at the Fort Leonard Wood, Lake of the Ozarks, and Mexico CBOCs in required education, training, planning, and participation in annual disaster exercises.
7. We recommended that the parent facility document EMP-specific training completed for the Fort Leonard Wood, Lake of the Ozarks, and Mexico CBOCs clinical providers.
8. We recommended that the parent facility's EMC evaluate the Fort Leonard Wood, Lake of the Ozarks, and Mexico CBOCs' emergency preparedness activities, participation in annual disaster exercises, and staff training/education relating to emergency preparedness requirements.

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 30 (75 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.	
X	Documentation reflects the offer of further treatment for patients diagnosed with alcohol dependence.	We did not find documentation of the offer of further treatment for three of seven 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 13 of 23 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 13 of 23 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

- 9.** We recommended that staff consistently complete follow-up assessments for patients with a positive alcohol screen.
- 10.** We recommended that staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.
- 11.** We recommended that 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 38 EHRs and validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The area marked as NM did not meet applicable requirements and needed improvement.

Table 4. Fluoroquinolones

NM	Areas Reviewed	Findings
X	Clinicians documented the medication reconciliation process that included the fluoroquinolone.	We did not find documentation that medication reconciliation included the newly prescribed fluoroquinolone in 15 (39 percent) of 38 patient EHRs.
	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.	

Recommendation

12. We recommended that staff document that medication reconciliation was completed at each episode of care where the newly prescribed fluoroquinolone was administered, prescribed, or modified.

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, Primary Care Management Module 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
X	CBOC and PCC DWHPs maintained proficiency requirements.	Thirty-nine (89 percent) of the 44 DWHPs at the CBOC and/or PCCs did not have evidence of implementation of alternative plans to ensure ongoing proficiency in women's health care.
	CBOC and PCC DWHPs were designated with the WH indicator in the Primary Care Management Model.	

Recommendation

13. We recommended that clinical executive/primary care leaders ensure that CBOC/PCC DWHPs maintain proficiency as required for the provision of women's health care.

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
Ft Leonard Wood MO	MO	589GF	Rural	Mid-Size	699	2,188	2,750	3,510	3,308	5,759	10,682	19,749
Jefferson City	MO	589G8	Urban	Mid-Size	379	2,552	2,618	3,352	1,867	7,797	10,671	20,335
Lake of the Ozarks/Camdenton	MO	589GH	Rural	Mid-Size	396	2,261	1,706	2,593	1,572	4,841	7,217	13,630
Kirksville	MO	589GE	Rural	Mid-Size	177	2,285	861	2,313	1,304	5,614	1,780	8,698
Mexico	MO	589GX	Rural	Mid-Size	216	1,862	986	2,001	1,013	4,344	2,027	7,384
St. James	MO	589GY	Rural	Mid-Size	340	1,589	1,070	1,776	1,750	3,739	3,698	9,187
Sedalia	MO	589JA	Rural	Small	298	1,088	575	1,307	1,923	3,124	1,033	6,080

^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 mental health 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
Ft Leonard Wood MO	---	Audiology	Tele Primary Care
Jefferson City	---	Audiology	Tele Primary Care
Lake of the Ozarks/Camdenton	---	MOVE! Program ⁿ	Tele Primary Care
Kirksville	---	---	Tele Primary Care
Mexico	---	---	Tele Primary Care
St. James	---	---	Tele Primary Care
Sedalia	---	---	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-MH services provided by a physician.

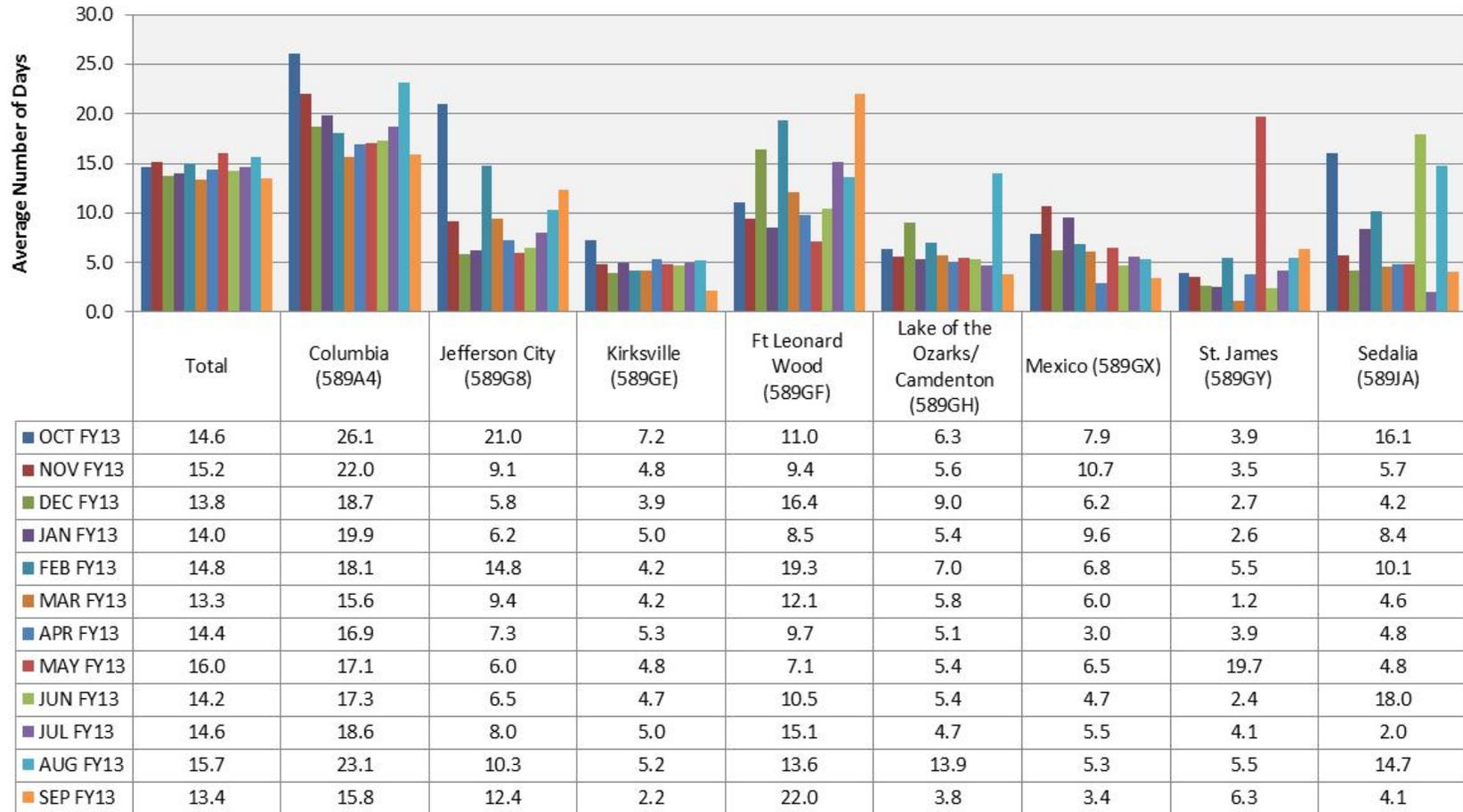
^l Ancillary Services refer to non-Primary Care and non-MH services that are not provided by a physician.

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

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

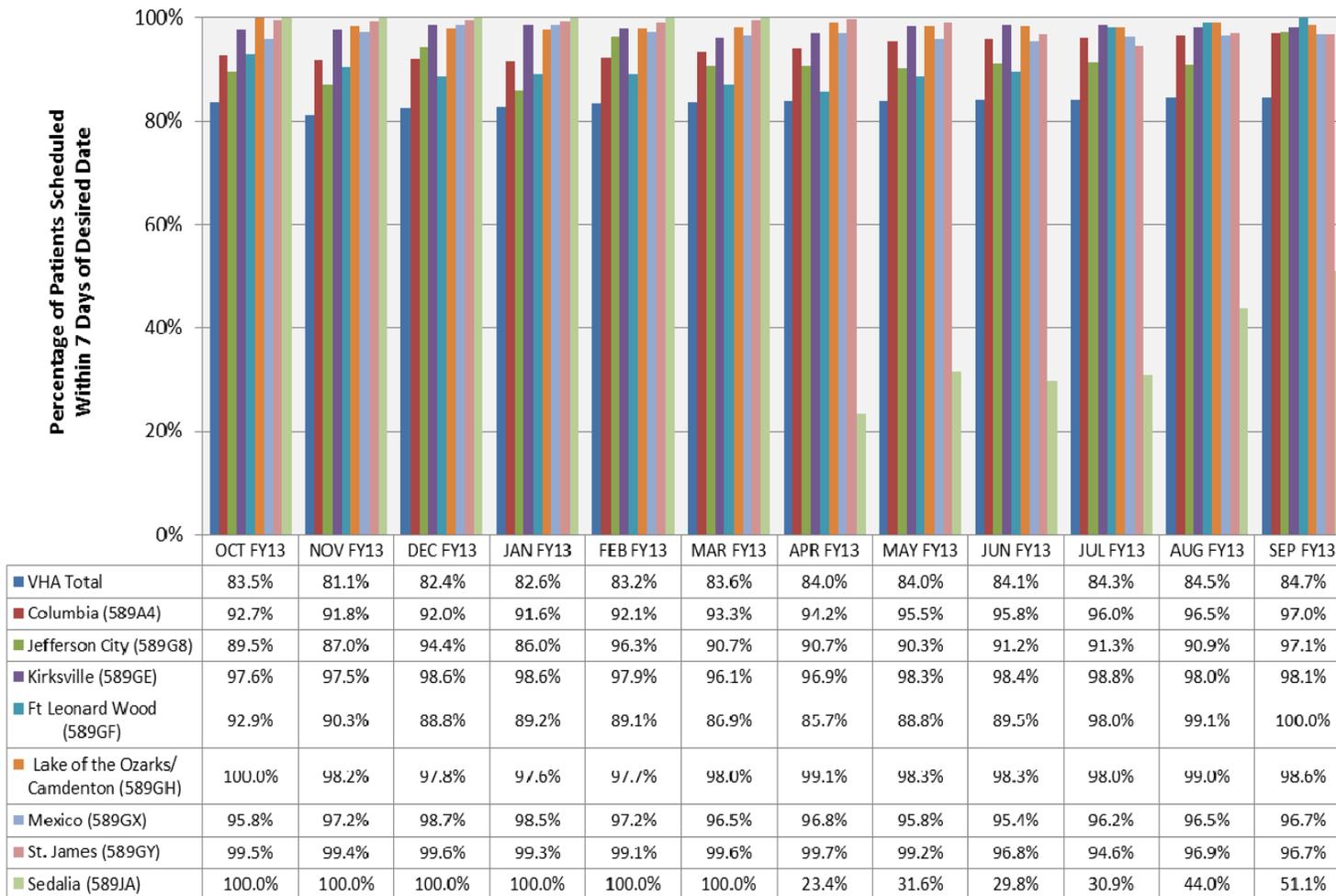
PACT Compass Metrics

FY 2013 Average 3rd Next Available in PC Clinics



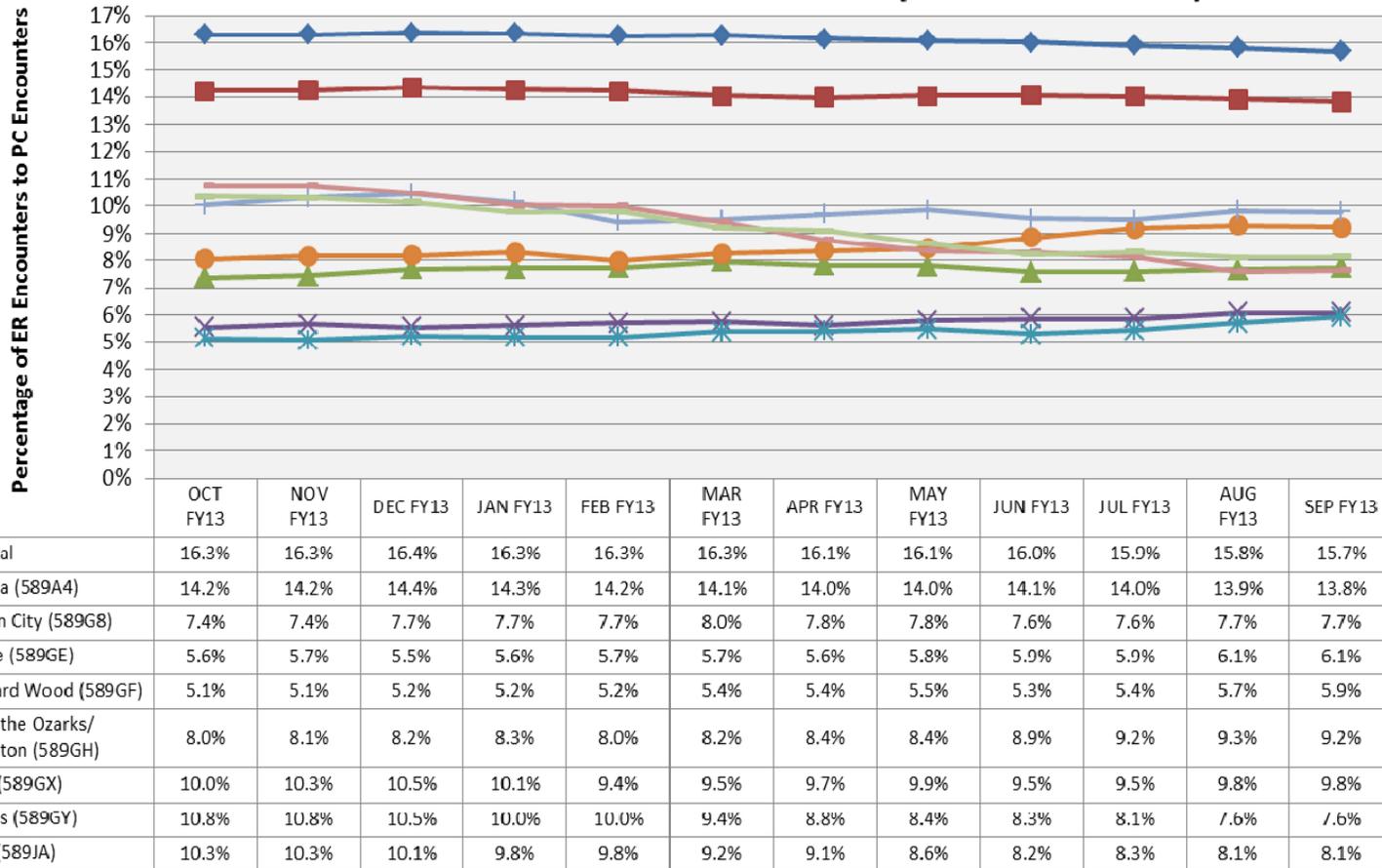
Data Definition.⁵ The average waiting time in days until the next third open appointment slot for completed primary care appointments in stop code 350. Completed appointments in stop code 350 for this metric include completed appointments where a 350 stop code is in the primary position on the appointment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



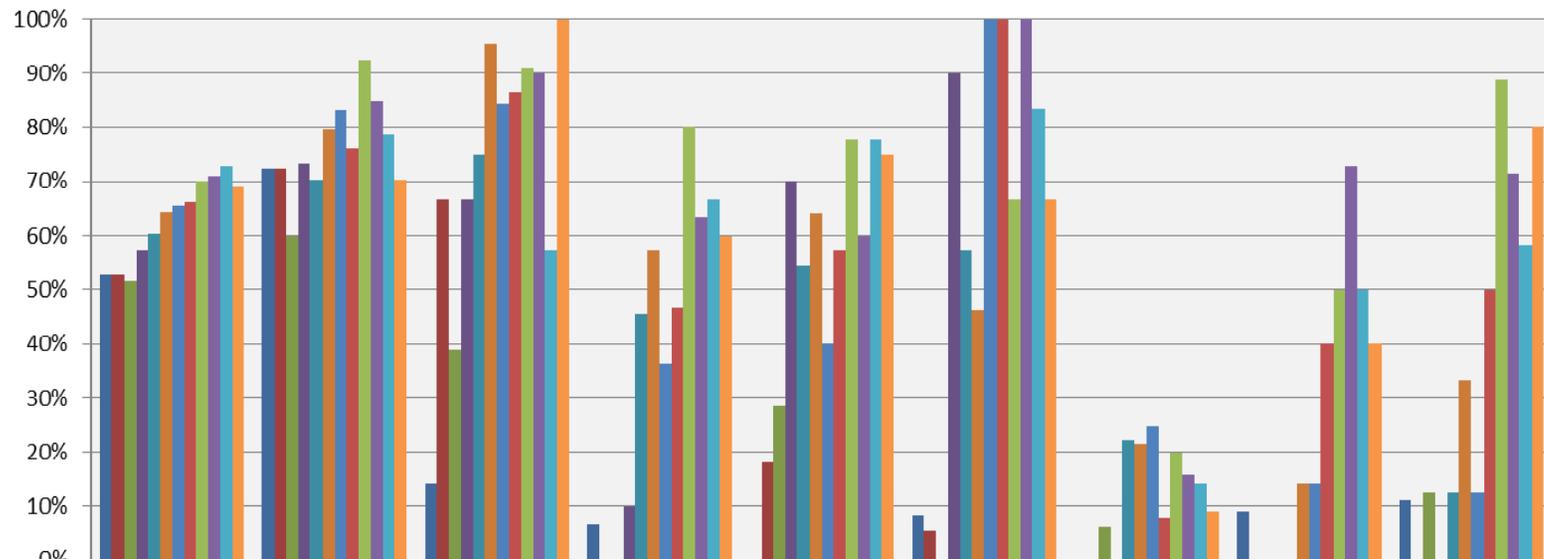
Data Definition.⁵ The percent of patients scheduled within 7 days of the desired date. Data source is the Wait Times Prospective Wait Times measures. The total number of scheduled appointments for primary care-assigned patients in primary care clinics 322, 323 and 350. Data is collected twice a month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

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



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	Columbia (589A4)	Jefferson City (589G8)	Kirksville (589GE)	Ft Leonard Wood (589GF)	Lake of the Ozarks/ Camdenton (589GH)	Mexico (589GX)	St. James (589GY)	Sedalia (589JA)
■ OCT FY13	52.8%	72.4%	14.3%	6.7%	0.0%	8.3%	0.0%	9.1%	11.1%
■ NOV FY13	52.0%	72.3%	66.7%	0.0%	18.2%	5.6%	0.0%	0.0%	0.0%
■ DEC FY13	51.5%	59.9%	38.9%	0.0%	28.6%	0.0%	6.3%	0.0%	12.5%
■ JAN FY13	57.2%	73.2%	66.7%	10.0%	70.0%	90.0%	0.0%	0.0%	0.0%
■ FEB FY13	60.4%	70.3%	75.0%	45.5%	54.5%	57.1%	22.2%	0.0%	12.5%
■ MAR FY13	64.4%	79.5%	95.5%	57.1%	64.3%	46.2%	21.4%	14.3%	33.3%
■ APR FY13	65.5%	83.1%	84.2%	36.4%	40.0%	100.0%	25.0%	14.3%	12.5%
■ MAY FY13	66.1%	76.1%	86.7%	46.7%	57.1%	100.0%	7.7%	40.0%	50.0%
■ JUN FY13	70.1%	92.4%	90.9%	80.0%	77.8%	66.7%	20.0%	50.0%	88.9%
■ JUL FY13	71.1%	84.7%	90.0%	63.6%	60.0%	100.0%	15.8%	72.7%	71.4%
■ AUG FY13	72.7%	78.7%	57.1%	66.7%	77.8%	83.3%	14.3%	50.0%	58.3%
■ SEP FY13	68.9%	70.3%	100.0%	60.0%	75.0%	66.7%	9.1%	40.0%	80.0%

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 10, 2014

From: Director, VA Heartland Network (10N15)

Subject: **CBOC and PCC Reviews of the Harry S. Truman Memorial Veterans' Hospital, Columbia, MO**

To: Director, Kansas City Office of Healthcare Inspections (54KC)

Director, Management Review Service (VHA 10AR MRS
OIG CAP CBOC)

1. Attached please find Truman VA's response to the draft report of the Community Based Outpatient Clinic (CBOC) and Primary Care Clinic Reviews conducted the week of December 9, 2013.
2. I have reviewed and concur with the Acting Medical Center Director's response and proposed action plans.
3. If you have any questions, please feel free to contact Julie Madere, Acting VISN 15 Quality Management Officer at 816-701-3000.

(original signed by:)

William P. Patterson, MD. MSS

Acting Facility Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: January 3, 2014

From: Acting Director, Harry S. Truman Memorial Veterans' Hospital (589A4/00)

Subject: **CBOC and PCC Reviews of the Harry S. Truman Memorial Veterans' Hospital, Columbia, MO**

To: Director, VA Heartland Network (10N15)

1. I have reviewed and concur with the findings and recommendations in the draft report of the Community Based Outpatient Clinic (CBOC) and Primary Care Clinic Reviews conducted the week of December 9, 2013.
2. Corrective action plans have been developed or implemented for all recommendations as outlined in the attached report.

(original signed by:)

Robert G. Ritter, FACHE

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 processes are improved to ensure review of the hazardous materials inventory occurs twice within a 12-month period at the Fort Leonard Wood, Lake of the Ozarks, and Mexico CBOCs.

Concur

Target date for completion: June 30, 2014

Facility response: An annual chemical inventory is conducted by all services/departments in accordance with the Occupational Safety and Health Administration Hazard Communication Standard. This annual review is coordinated by the Safety Office and is currently being conducted in December. To ensure a semi-annual review, our process has been changed to conduct a review in June and December each year.

Recommendation 2. We recommended that panic alarm testing is documented at the Fort Leonard Wood, Lake of the Ozarks, and Mexico CBOCs.

Concur

Target date for completion: December 31, 2013

Facility response: The panic alarms will be tested monthly at each CBOC by the VA Police. Documentation of the testing will include which alarms were tested as well any identified issues and corrective actions taken. Documentation of the panic alarm tests will be maintained by the Police Chief. Monthly testing was completed for all CBOC locations in December 2013.

Recommendation 3. We recommended that fire drills are performed every 12 months at the Fort Leonard Wood and Lake of the Ozarks CBOCs.

Concur

Target date for completion: July 1, 2013

Facility response: This issue was previously identified by our new Safety Specialist, and a recording system was put into place in June 2013 that allows for easy identification of due dates. Six part folders were created for each CBOC, including fire drill records, life safety reviews, and fire alarm system testing. In addition, an electronic database was created to track testing/drill dates and the use of calendar reminders was

implemented. The database is available to all Safety employees. There have been no deficiencies since implementation of the tracking system.

Recommendation 4. We recommended that the doors to the examination rooms designated for women veterans are equipped with electronic or manual locks at the Lake of the Ozarks and Mexico CBOCs.

Concur

Target date for completion: January 31, 2014-Lake Ozark CBOC
September 30, 2014-Mexico CBOC

Facility response: Locking hardware will be installed for the six exam rooms and the procedure room at the Lake of the Ozarks CBOC. We have received approval to relocate the Mexico CBOC during fiscal year 2014. Part of the construction process will be to have locks placed on all exam room doors. In the interim, all exam rooms at the Lake of the Ozarks and Mexico CBOCs have curtains for privacy.

Recommendation 5. We recommended that processes are strengthened to ensure women veterans can access gender-specific restrooms without entering public areas at the Mexico CBOC.

Concur

Target date for completion: January 31, 2014

Facility response: Due to space restrictions at the current CBOC location, the only available restrooms are in a public area. Staff at the Mexico CBOC will be instructed to inform women Veterans to use the restroom prior to going back to the exam room. Please note that we have received approval to relocate the Mexico CBOC during fiscal year 2014. As part of the new clinic, internal bathrooms will be available.

Recommendation 6. We recommended that the parent facility include staff at the Fort Leonard Wood, Lake of the Ozarks, and Mexico CBOCs in required education, training, planning, and participation in annual disaster exercises.

Concur

Target date for completion: March 1, 2014

Facility response: A CBOC Emergency Plan will be incorporated into the medical center's Emergency Operations Plan (EOP). The CBOC Emergency Plan will address the types of emergencies specific to the CBOCs, i.e., utility failure, weather related, etc., and the response plan for each. Training will be provided by the CBOC Manager and documented and reported to the EMC. Planned disaster exercises will include CBOC participation.

Recommendation 7. We recommended that the parent facility document EMP-specific training completed for the Fort Leonard Wood, Lake of the Ozarks, and Mexico CBOCs clinical providers.

Concur

Target date for completion: June 30, 2014

Facility response: The CBOC Manager will provide initial and annual EOP training. This will be documented and reported to the EMC.

Recommendation 8. We recommended that the parent facility's EMC evaluate the Fort Leonard Wood, Lake of the Ozarks, and Mexico CBOCs' emergency preparedness activities, participation in annual disaster exercises, and staff training/education relating to emergency preparedness requirements.

Concur

Target date for completion: June 30, 2014

Facility response: CBOC semi-annual drills will be conducted by the CBOC Manager at each CBOC. A summary of the CBOCs' emergency preparedness activities including drills, participation in annual disaster exercise, and staff training/education relating to emergency preparedness will be reported to the EMC the month after drills are conducted. The report will include any identified areas of improvement. Documentation of the report/discussion will be included in the EMC minutes.

Recommendation 9. We recommended that staff consistently complete follow-up assessments for patients with a positive alcohol screen.

Concur

Target date for completion: February 28, 2014

Facility response: Providers have been educated on the need to complete further assessment for positive alcohol screens. Licensed practical nurses/registered nurses completing the initial screen have been educated to notify the provider if the screen is positive. The national reminder template was enhanced locally to create a mandated field for follow-up assessments. Monitoring of records for completion of follow-up assessments for patients with a positive alcohol screen will be completed for a minimum of 3 months or until 90 percent compliance is achieved and sustained.

Recommendation 10. We recommended that staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.

Concur

Target date for completion: February 28, 2014

Facility response: The national reminder will be modified locally to make the field for further treatment mandatory. Currently it is in the reminder as optional. We have contacted the national program office to review the reminder. As part of this reminder, further treatment recommendations/options will be outlined for Primary Care and Mental Health providers to be incorporated into the clinical care provided to those Veterans diagnosed with alcohol dependence. Education of all pertinent providers will be completed related to treatment offerings and documentation of those offerings. Monitoring of records for documentation of the offer for further treatment for patients with a diagnosis of alcohol dependence will be completed for a minimum of 3 months or until 90 percent compliance is achieved and sustained.

Recommendation 11. We recommended that RN Care Managers receive MI and health coaching training within 12 months of appointment to PACT.

Concur

Target date for completion: June 30, 2014

Facility response: The Health Promotion Disease Prevention Coordinator has now received official certification in regards to Motivational Interviewing and TEACH training. This training will be provided to all delinquent RN Care Managers by June 30, 2014. In the future all new RN Care Managers will receive the training within 12 months of appointment to PACT.

Recommendation 12. We recommended that staff document that medication reconciliation was completed at each episode of care where the newly prescribed fluoroquinolone was administered, prescribed, or modified.

Concur

Target date for completion: January 31, 2014

Facility response: The template notes for the surgery specialties are being revised to automatically pull a list of Veterans' current medications into the note for review and documentation of medication reconciliation with any newly prescribed medications. All providers were re-educated on the requirement to document medication reconciliation and appropriate discussion.

Recommendation 13. We recommended that clinical executive/primary care leaders ensure that CBOC/PCC DWHPs maintain proficiency as required for the provision of women's health care.

Concur

Target date for completion: June 30, 2014

Facility response: All DWHPs will be required to complete 2 hours of women's health specific Continuing Medical Education every year. Primary Care is working with the

Credentialing Department to request this be documented and monitored as part of the re-credentialing review of all DWHPs performed every 2 years.

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Endnotes

¹ References used for the EOC review included:

- US Access Board, *Americans with Disabilities Act Accessibility Guidelines (ADAAG)*, September 2, 2002.
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- VHA Deputy Under Secretary for Health for Operations and Management, Memorandum: *Environmental Rounds*, March 5, 2007.
- VHA Directive 2011-007, *Required Hand Hygiene Practices*, February 16, 2011.
- VHA Directive 2012-026, *Sexual Assaults & Other Defined Public Safety Incidents in VHA Facilities*, September 27, 2012.
- VHA Handbook 1006.1, *Planning and Activating Community-Based Outpatient Clinics*, May 19, 2004.
- VHA Handbook 1330.01, *Health Care Services for Women Veterans*, May 21, 2010.
- VHA Handbook 1850.05, *Interior Design Operations and Signage*, July 1, 2011.

² References used for the AUD review included:

- National Center for Health Promotion and Disease Prevention (NCP), Veteran Health Education and Information (NVEI) Program, *Patient Education: TEACH for Success*. Retrieved from http://www.prevention.va.gov/Publications/Newsletters/2013/HealthPOWER_Prevention_News_Winter_2012_2_013_FY12_TEACH_MI_Facilitator_Training.asp on January 17, 2014.
- VHA Handbook 1120.02, *Health Promotion Disease Prevention (HPDP) Program*, July 5, 2012.
- VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics*, September 11, 2008.

³ References used for the Medication Management review included:

- VHA Directive 2011-012, *Medication Reconciliation*, March 9, 2011.
- VHA Directive 2012-011, *Primary Care Standards*, April 11, 2012.
- VHA Handbook 1108.05, *Outpatient Pharmacy Services*, May 30, 2006.
- VHA Handbook 1108.07, *Pharmacy General Requirements*, April 17, 2008.
- Joint Commission, *Joint Commission Comprehensive Accreditation and Certification Manual*, July 1, 2013.

⁴ References used for the DWHP review included:

- VHA Deputy Under Secretary for Health for Operations and Management, Memorandum: *Health Care Services for Women Veterans*, Veterans Health Administration (VHA) Handbook 1330.01; Women's Health (WH) Primary Care Provider (PCP) Proficiency, July 8, 2013.
- VHA Handbook 1330.01 *Health Care Services for Women Veterans*, May 21, 2010.
- VHA Handbook 1100.19, *Credentialing and Privileging*, November 14, 2008.

⁵ Reference used for PACT Compass data graphs:

- Department of Veterans' Affairs, *Patient Aligned Care Teams Compass Data Definitions*, August 29, 2013.