



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

Office of Healthcare Inspections

Report No. 14-00904-226

**Community Based Outpatient Clinic
and Primary Care Clinic Reviews
at
Bay Pines VA Healthcare System
Bay Pines, Florida**

August 8, 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
FY	fiscal year
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
PCP	primary care provider
RN	registered nurse
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
WH	womens' 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 May 12, 2014, at the following CBOCs which are under the oversight of the Bay Pines VA Healthcare System and Veterans Integrated Service Network 8:

- Bradenton CBOC, Bradenton, FL
- Palm Harbor CBOC, Palm Harbor, FL

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

Alcohol Use Disorder. Ensure that CBOC/PCC:

- Staff consistently complete diagnostic 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 at each episode of care where the newly prescribed fluoroquinolone was administered, prescribed, or modified.

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 16–19, for the full text of the Directors' comments.) We will follow up on 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 conducted at randomly selected CBOCs that had not been previously inspected.¹ Details of the targeted study populations for the AUD, MM, and DWHP Proficiency focused reviews are noted in Table 1.

¹ 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 ² 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 PCPs 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.

² 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.^a

We reviewed relevant documents and conducted physical inspections of the Bradenton and Palm Harbor CBOCs. The table below shows the areas reviewed for this topic. The facility generally met requirements. We made no recommendations.

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 and tested 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.	

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 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 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) and deficiencies are reported to and tracked by the EOC Committee until resolution.	
	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.	

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.^b

We reviewed relevant documents. We also reviewed 37 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 8 of 27 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 five 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 16 (46 percent) of 35 RN Care Managers did not receive MI training within 12 months of appointment to PACT.
X	CBOC/PCC RN Care Managers have received VHA 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 (37 percent) of 35 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

1. We recommended that CBOC/Primary Care Clinic staff consistently complete diagnostic assessments for patients with a positive alcohol screen.

2. We recommended that CBOC/Primary Care Clinic staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.
3. We recommended that CBOC/Primary Care Clinic Registered Nurse Care Managers receive motivational interviewing and health coaching training within 12 months of appointment to Patient Aligned Care Teams.

MM

The purpose of this review was to determine whether appropriate clinical oversight and education were provided to outpatients prescribed oral fluoroquinolone antibiotics.^c

We reviewed relevant documents. We also reviewed 31 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 6 (19 percent) of 31 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

4. 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.^d

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 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 Module.	

CBOC Profiles

This review evaluates the quality of care provided to veterans at all of the CBOCs under the parent facility's oversight.³ The table below provides information relative to each of the CBOCs.

Location	State	Station #	Locality ⁵	CBOC Size ⁶	Uniques ⁴				Encounters ⁴			
					MH ⁷	PC ⁸	Other ⁹	All	MH ⁷	PC ⁸	Other ⁹	All
Lee County	FL	516BZ	Urban	Very Large	4,429	19,329	32,640	33,598	25,437	48,113	264,308	337,858
Bradenton	FL	516GD	Urban	Very Large	1,205	7,396	12,859	13,100	5,232	14,562	55,537	75,331
Sarasota	FL	516GA	Urban	Very Large	1,779	9,974	12,275	12,711	9,464	20,994	51,434	81,892
Port Charlotte / Charlotte County	FL	516GE	Urban	Large	1,494	7,576	8,579	9,061	6,132	17,165	47,510	70,807
Palm Harbor	FL	516GC	Urban	Large	1,086	6,248	7,529	7,947	5,127	18,151	30,085	53,363
Naples/Collier County	FL	516GF	Urban	Large	1,061	6,020	6,001	6,677	6,035	14,693	25,752	46,480
Sebring	FL	516GH	Urban	Mid-Size	664	2,829	2,915	3,099	4,444	8,485	15,388	28,317
St Petersburg	FL	516GB	Urban	Mid-Size	479	2,143	2,176	2,511	11,458	5,613	8,680	25,751

³ Includes all CBOCs in operation before March 31, 2013.

⁴ Unique patients and Total Encounters – Source: MedSAS outpatient files; completed outpatient appointments indicated by a valid stop code during the October 1, 2012, through September 30, 2013, timeframe at the specified CBOC.

⁵ http://vaww.pssg.med.va.gov/PSSG/DVDC/FY2013_Q1_VAST.xlsx

⁶ 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).

⁷ Mental Health includes stop codes in the 500 series, excluding 531 and 563, in the primary position.

⁸ 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.

⁹ 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.¹⁰

CBOC	Specialty Care Services ¹¹	Ancillary Services ¹²	Tele-Health Services ¹³
Lee County	Dental Urology Optometry Cardiology Anti-Coagulation Clinic Gastroenterology Orthopedics Podiatry Dermatology Ophthalmology General Surgery Ear, Nose and Throat Endocrinology Neurology Neurosurgery Infectious Disease Nephrology Immunology Pulmonary	Radiology Electrocardiography Computer Tomography MOVE! Program ¹⁴ Vascular Lab Social Work Nuclear Medicine Rehabilitation Magnetic Resonance Imaging Prosthetics/Orthotics Diabetic Retinal Screening Pulmonary Function Test Nutrition Sleep Medicine VIST ¹⁵	Tele Primary Care Tele Case Management
Bradenton	Optometry Dental Gynecology	Laboratory Radiology Pharmacy Audiology MOVE! Program Social Work Electrocardiography	Tele Primary Care Tele Case Management
Sarasota	Medicine Specialties Gynecology General Surgery	Laboratory Audiology MOVE! Program Pharmacy Electrocardiography Social Work Diabetic Retinal Screening Nutrition	Tele Primary Care Tele Case Management

¹⁰ Source: MedSAS outpatient files; the denoted Specialty Care and Ancillary Services are limited to Primary Clinic Stops with a count ≥ 100 encounters during the October 1, 2012, through September 30, 2013, timeframe at the specified CBOC.

¹¹ Specialty Care Services refer to non-Primary Care and non-MH services provided by a physician.

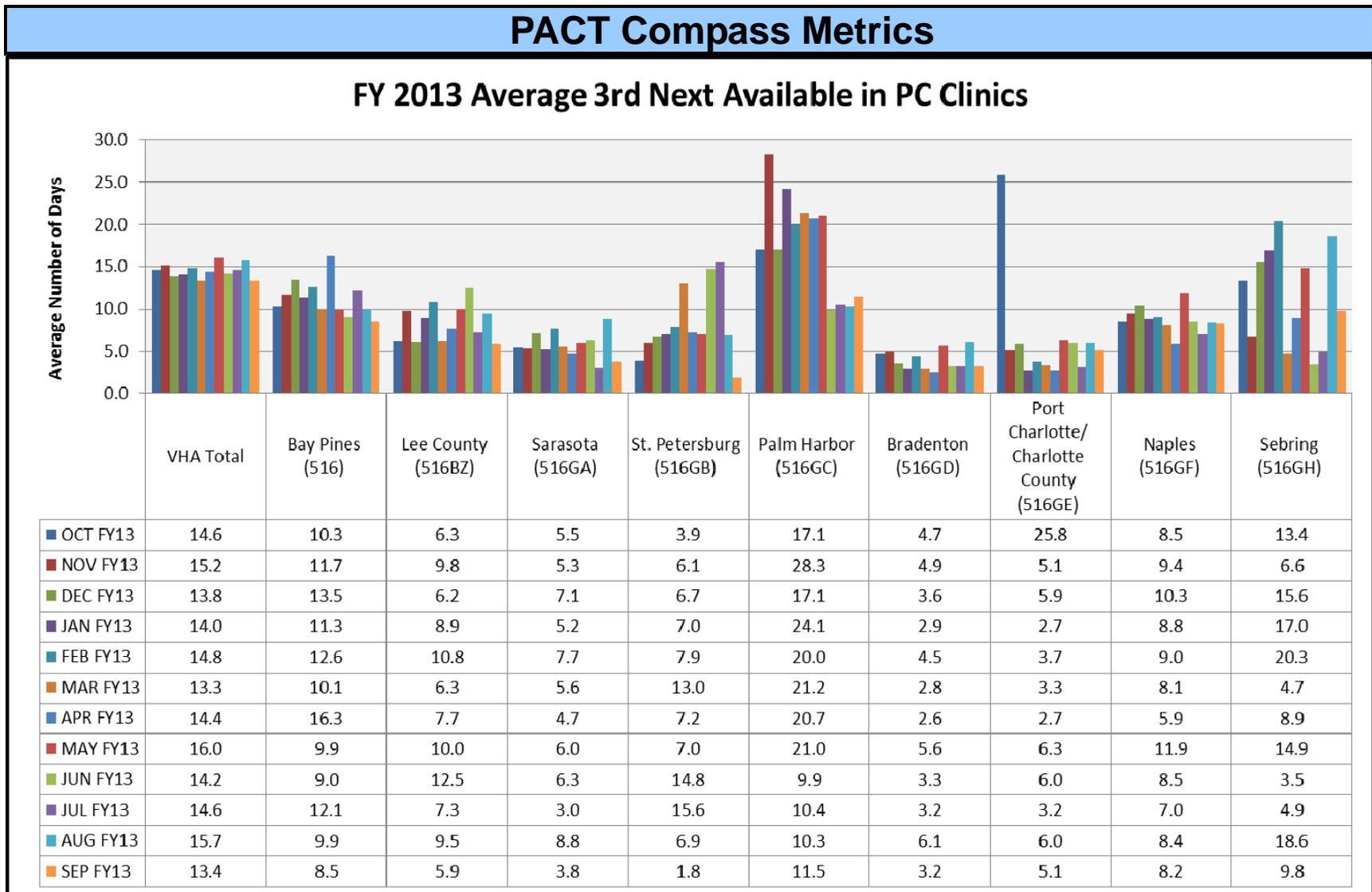
¹² Ancillary Services refer to non-Primary Care and non-MH services that are not provided by a physician.

¹³ Tele-Health Services refer to services provided under the VA Telehealth program (<http://www.telehealth.va.gov/>)

¹⁴ VHA Handbook 1120.01, *MOVE! Weight Management Program for Veterans*, March 31, 2011.

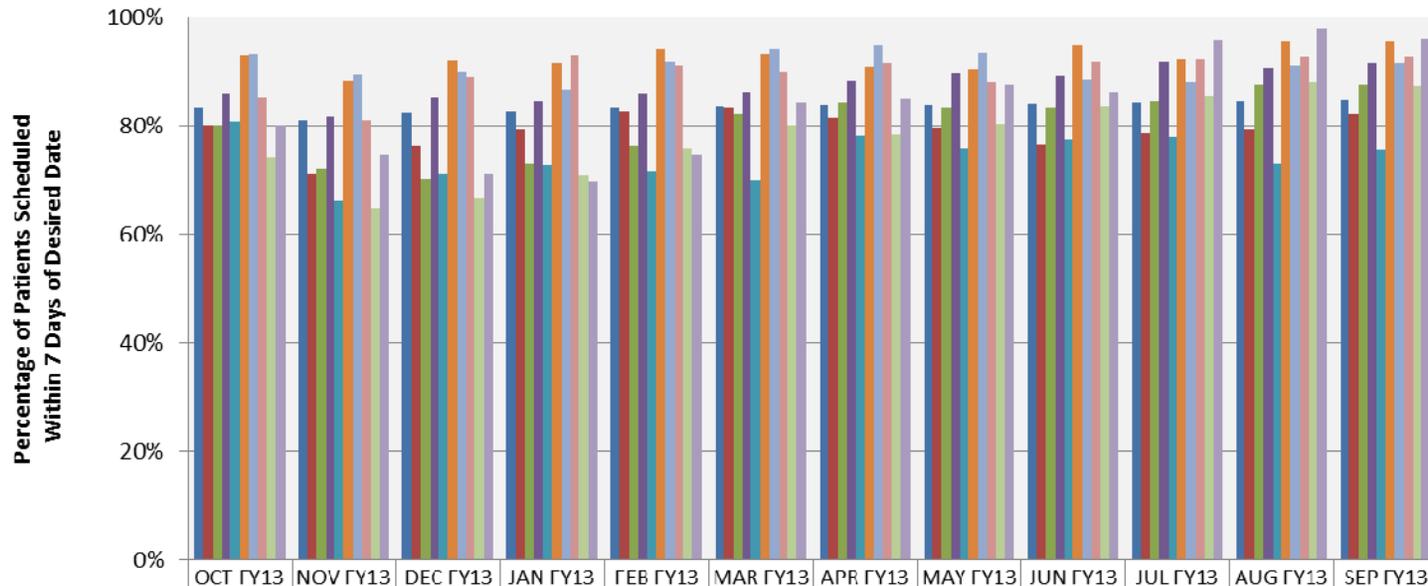
¹⁵ The Visual Impairment Services Team (VIST) is a group of case managers that coordinate services for severely disabled and visually impaired Veterans and active duty service members.

CBOC (continued)	Specialty Care Services	Ancillary Services	Tele-Health Services
Port Charlotte / Charlotte County	Optometry Orthopedics Dermatology Cardiology	Laboratory Audiology Pharmacy MOVE! Program Electrocardiography Social Work Diabetes Care	Tele Primary Care
Palm Harbor	---	Laboratory Audiology Pharmacy Electrocardiography Social Work	Tele Primary Care
Naples/Collier County	Dermatology Cardiology	Laboratory Pharmacy MOVE! Program Diabetic Retinal Screening Social Work	Tele Primary Care Tele Case Management
Sebring	---	Laboratory Pharmacy Diabetic Retinal Screening	Tele Primary Care
St Petersburg	---	Laboratory Pharmacy Social Work	Tele Primary Care



Data Definition.^e 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.

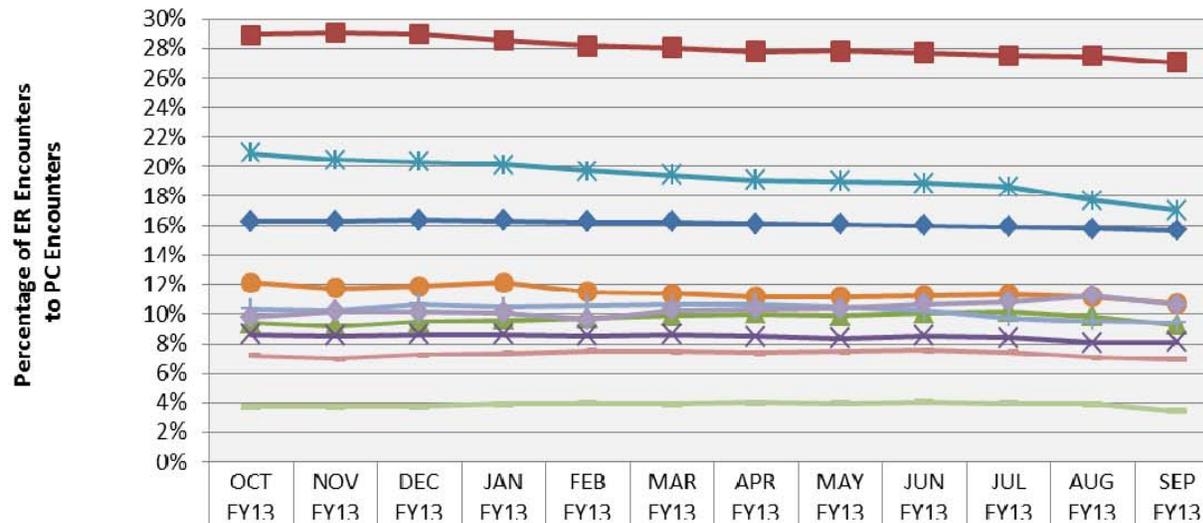
FY 2013 Established PC Prospective Wait Times 7 Days



	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%
■ Bay Pines (516)	80.0%	71.0%	76.4%	79.5%	82.6%	83.2%	81.5%	79.6%	76.6%	78.5%	79.3%	82.1%
■ Lee County (516BZ)	80.2%	72.2%	70.2%	73.0%	76.4%	82.2%	84.3%	83.3%	83.5%	84.6%	87.5%	87.5%
■ Sarasota (516GA)	85.0%	81.7%	85.3%	84.6%	85.8%	86.1%	88.4%	89.7%	89.2%	91.9%	90.5%	91.6%
■ St. Petersburg (516GB)	80.7%	66.2%	70.9%	72.9%	71.7%	70.0%	78.2%	75.9%	77.5%	77.9%	73.0%	75.7%
■ Palm Harbor (516GC)	93.1%	88.4%	92.2%	91.5%	94.1%	93.3%	90.7%	90.3%	94.7%	92.3%	95.4%	95.4%
■ Bradenton (516GD)	93.3%	89.5%	89.9%	86.7%	92.0%	94.1%	94.7%	93.4%	88.7%	88.1%	91.1%	91.3%
■ Port Charlotte/ Charlotte County (516GE)	85.1%	81.1%	89.1%	93.1%	91.1%	90.0%	91.6%	88.2%	91.9%	92.3%	92.9%	92.7%
■ Naples (516GF)	74.1%	64.9%	66.6%	70.7%	75.9%	80.1%	78.3%	80.3%	83.7%	85.5%	88.1%	87.2%
■ Sebring (516GH)	80.1%	74.5%	71.0%	69.6%	74.6%	84.3%	85.0%	87.7%	86.1%	95.9%	97.8%	96.2%

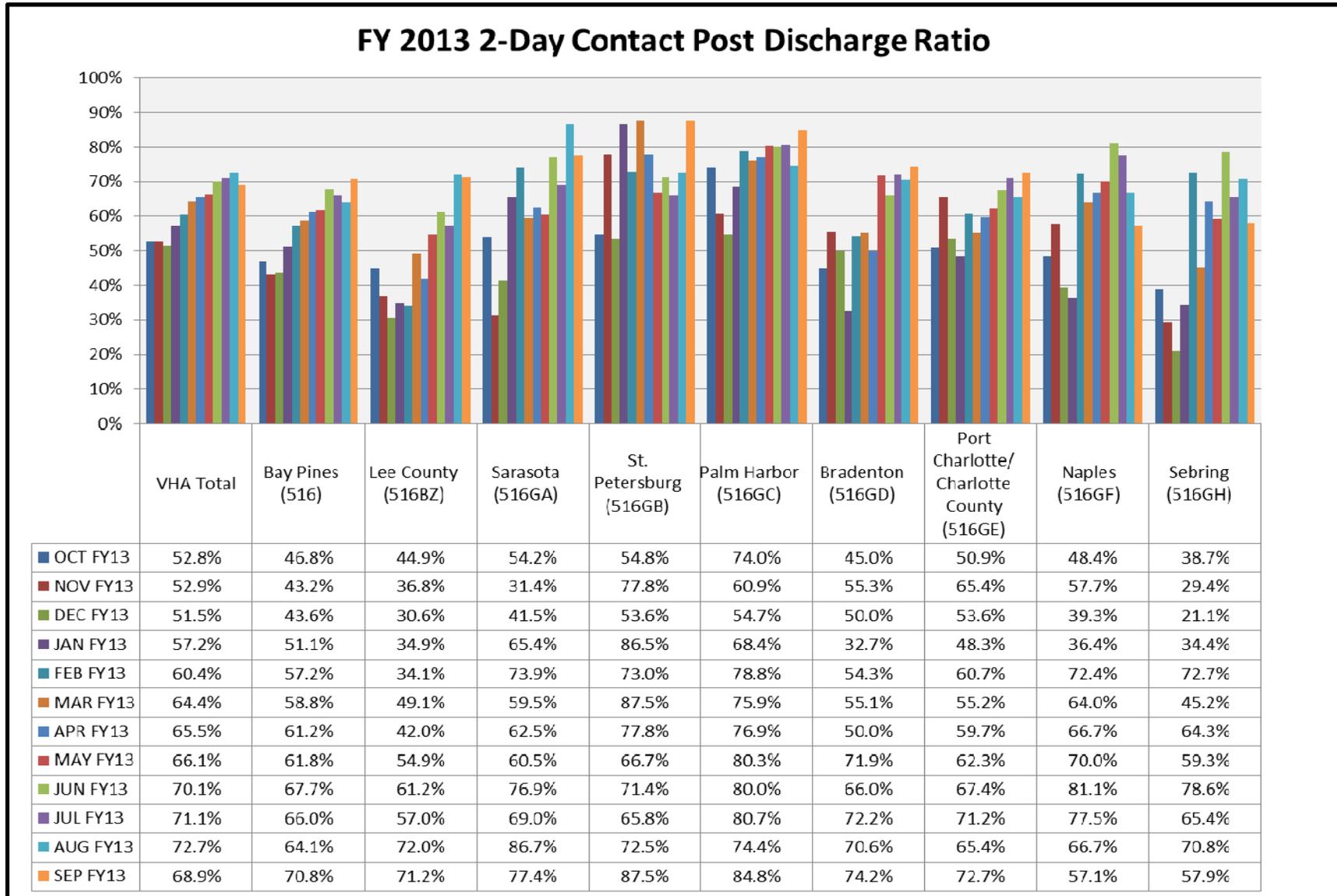
Data Definition.^e The percent of patients scheduled within 7 days of the desired date. Data source is the Wait Times Prospective Wait Times measures. The total number of scheduled appointments for primary care-assigned patients in primary care clinics 322, 323 and 350. Data is collected twice a month 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.

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
VIA 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%
Bay Pines (516)	28.9%	29.1%	29.0%	28.5%	28.2%	28.0%	27.8%	27.8%	27.7%	27.5%	27.5%	27.1%
Lee County (516BZ)	9.4%	9.2%	9.5%	9.6%	9.7%	9.9%	10.0%	9.9%	10.0%	10.2%	9.8%	9.3%
Sarasota (516GA)	8.6%	8.5%	8.6%	8.6%	8.5%	8.6%	8.5%	8.3%	8.5%	8.4%	8.1%	8.1%
St. Petersburg (516GB)	20.9%	20.1%	20.3%	20.1%	19.7%	19.4%	19.1%	19.0%	18.9%	18.6%	17.7%	17.0%
Palm Harbor (516GC)	12.1%	11.8%	11.9%	12.1%	11.5%	11.4%	11.2%	11.2%	11.3%	11.3%	11.2%	10.7%
Bradenton (516GD)	10.3%	10.3%	10.7%	10.5%	10.6%	10.6%	10.7%	10.5%	10.2%	9.8%	9.5%	9.4%
Port Charlotte/ Charlotte County (516GE)	7.2%	7.0%	7.2%	7.4%	7.5%	7.5%	7.4%	7.5%	7.6%	7.5%	7.0%	6.9%
Naples (516GF)	3.7%	3.7%	3.8%	3.9%	3.9%	3.9%	4.0%	4.0%	4.1%	4.0%	3.9%	3.4%
Sebring (516GI)	9.8%	10.2%	10.1%	10.1%	9.6%	10.3%	10.3%	10.4%	10.7%	10.9%	11.3%	10.7%

Data Definition.^e 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.



Data Definition.^e 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: July 8, 2014

From: Director, Sunshine Healthcare Network (10N8)

Subject: **CBOC and PCC Reviews of the Bay Pines VA Healthcare System, Bay Pines, FL**

To: Director, Washington DC Office of Healthcare Inspections (54DC)

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

OIG Follow Up Staff (53B)

1. I have reviewed and concur with the findings and recommendations in the report of the CBOC and PCC Reviews at Bay Pines VA Healthcare System.
2. Corrective action plans have been established with planned completion dates, as detailed in the attached report. Thank you!

//original signed by://
Joleen Clark, MBA, FACHE

Attachment

Facility Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: July 8, 2014
From: Director, Bay Pines VA Healthcare System (516/00)
Subject: **CBOC and PCC Reviews of the Bay Pines VA Healthcare System, Bay Pines, FL**
To: Director, Sunshine Healthcare Network (10N8)

1. I have reviewed and concur with the findings and recommendations in the report of the OIG CBOC and Primary Care Clinic review.
2. I appreciate the opportunity for this review as a continuing process to improve the care to Veterans. Thank you.

//original signed by://
SUZANNE M. KLINKER

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 the CBOC/Primary Care Clinic staff consistently complete diagnostic assessments for patients with a positive alcohol screen.

Concur

Target date for completion: 7/31/14

Facility response: As identified in the survey, CBOC providers completed 70% (19 of 27) diagnostic assessments for patients with a positive AUD-C screening. The CBOC providers exceed the VHA target performance measure of 62%. To further improvement efforts, processes were reviewed to ensure the clinical reminder is in place for notification of clinical staff when AUD-C screen is positive in order to complete the appropriate assessment. Education was completed in June 2014 for Primary Care (PC) providers to reinforce the completion of the clinical reminder for all Veterans.

Ongoing monitoring for completion of diagnostic assessments for patients with a positive alcohol screen is monitored weekly in all primary care areas, reported monthly to primary care staff and leadership and tracked on the Primary Care Service Performance Improvement Plan. This monitoring is part of our routine reviews and is an ongoing quality improvement process.

Recommendation 2. We recommended that CBOC/Primary Care Clinic staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.

Concur

Target date for completion: 7/31/14

Facility response: The facility implemented a new clinical reminder in June 2014 that ensures a Substance Abuse Treatment Program referral will be discussed and documented by the provider for high risk patients with an AUD-C score 8 or higher. Education was completed in June 2014 for Primary Care providers to reinforce the completion of the clinical reminder for all Veterans.

Ongoing monitoring for completion of substance abuse referrals for patients with a positive alcohol screen is monitored weekly in all primary care areas, reported monthly to primary care staff and leadership and tracked on the Primary Care Service

Performance Improvement Plan. This monitoring is part of our routine reviews and is an ongoing quality improvement process.

Recommendation 3. We recommended that CBOC/Primary Care Clinic Registered Nurse Care Managers receive motivational interviewing and health coaching training within 12 months of appointment to Patient Aligned Care Teams.

Concur

Target date for completion: 9/30/14

Facility response: All Patient Aligned Care Team (PACT) RN Care Managers will have Motivational Interviewing & Health Coaching training completed by August, 2014. MI and TEACH training has been added to all new RN Care Managers orientation. Compliance will be monitored by review of competency folders and verified by the nurse managers within six months appointment to PACT.

Recommendation 4. 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: 10/01/14

Facility response: Providers shall complete and document medication reconciliation using the medication reconciliation note template, as per VAHCS Memo 516-13-11-090. Clinical service chiefs reeducated their staff in June 2014. The Chief of Staff office will assess compliance with medication reconciliation at each episode of care where fluoroquinolones were administered, prescribed, or modified by conducting a monthly review of at least 30 electronic health records, from 30 unique patients, selected at random. At least a 90% compliance rate with documentation requirements is expected. Results of the review will be reported to the Medical Executive Committee.

OIG Contact and Staff Acknowledgments

Contact	For more information about this report, please contact the OIG at (202) 461-4720.
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National Veterans Service Organizations
Government Accountability Office
Office of Management and Budget
U.S. Senate: Bill Nelson, Marco Rubio
U.S. House of Representatives: Gus Bilirakis, Vern Buchanan, Kathy Castor, David
Jolly

This report is available at www.va.gov/oig.

Endnotes

^a References used for the EOC review included:

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^c References used for the Medication Management review included:

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- VHA Handbook 1108.05, *Outpatient Pharmacy Services*, May 30, 2006.
- VHA Handbook 1108.07, *Pharmacy General Requirements*, April 17, 2008.
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^d 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.
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^e Reference used for PACT Compass data graphs:

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