



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

**Office of Healthcare Inspections**

**Report No. 14-00905-182**

**Community Based Outpatient Clinic  
and Primary Care Clinic Reviews  
at  
Huntington VA Medical Center  
Huntington, West Virginia**

**June 10, 2014**

**Washington, DC 20420**

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

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## Glossary

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

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## Executive Summary

**Review Purpose:** The purpose of the review was to evaluate selected patient care activities to determine whether the community based outpatient clinics (CBOCs) and primary care clinics (PCCs) provide safe, consistent, and high-quality health care for our veterans. We conducted a site visit during the week of April 2, 2014, at the Prestonsburg CBOC, Prestonsburg, KY, which is under the oversight of the Huntington VA Medical Center and Veterans Integrated Service Network 9.

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

### Environment of Care.

- Ensure that women veterans can access gender-specific restrooms without entering public areas at the Prestonsburg CBOC.

### Alcohol Use Disorder. Ensure that CBOC/PCC:

- Staff consistently completes diagnostic assessments for patients with a positive alcohol screen.
- 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:

- Complete and document medication reconciliation at each episode of care where the newly prescribed fluoroquinolone was administered, prescribed, or modified.
- Staff consistently provide written medication information that includes the fluoroquinolone.
- Staff provide medication counseling/education as required.

## 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 15–20, for the full text of the Directors’ comments.) We will follow up on the planned actions for the open recommendations until they are completed.



JOHN D. DAIGH, JR., M.D.  
Assistant Inspector General for  
Healthcare Inspections

## **Objectives, Scope, and Methodology**

### **Objectives**

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

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

### **Scope**

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

- EOC
- AUD
- MM
- DWHP Proficiency

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

### **Methodology**

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

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<sup>1</sup> Includes 93 CBOCs in operation before March 31, 2013.

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

Review Topic	Study Population
AUD	All CBOC and PCC patients screened within the study period of July 1, 2012, through June 30, 2013, and who had a positive AUDIT-C score <sup>2</sup> and all providers and RN Care Managers assigned to PACT prior to October 1, 2012.
MM	All outpatients with an original prescription ordered for one of the three selected fluoroquinolones from July 1, 2012, through June 30, 2013.
DWHP Proficiencies	All WH 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.

<sup>2</sup> The AUDIT-C is a brief alcohol screen that reliably identifies patients who are hazardous drinkers or have active alcohol use disorders. Scores range from 0–12.

## Results and Recommendations

### EOC

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

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

**Table 2. EOC**

NM	Areas Reviewed	Findings
	The CBOC's location is clearly identifiable from the street as a VA CBOC.	
	The CBOC has interior signage available that clearly identifies the route to and location of the clinic entrance.	
	The CBOC is Americans with Disabilities Act accessible.	
	The furnishings are clean and in good repair.	
	The CBOC is clean.	
	The CBOC maintains a written, current inventory of hazardous materials and waste that it uses, stores, or generates.	
	An alarm system and/or panic buttons are installed 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.	

NM	Areas Reviewed (continued)	Findings
	All medications are secured from unauthorized access.	
	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.	
X	Adequate privacy is provided to women veterans in the examination room.	Gowned women veterans at the Prestonsburg CBOC cannot access gender-specific restrooms without entering public areas.
	The informational 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.	

**Recommendation**

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

## AUD

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

We reviewed relevant documents. We also reviewed 33 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 20 (61 percent) of 32 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 Motivational Interviewing training within 12 months of appointment to PACT.	We found that 8 of 21 RN Care Managers did not receive Motivational Interviewing 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 5 of 21 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/Primary Care Clinic staff consistently complete diagnostic assessments for patients with a positive alcohol screen.

**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.<sup>c</sup>

We reviewed relevant documents. We also reviewed 36 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 4. Fluoroquinolones**

<b>NM</b>	<b>Areas Reviewed</b>	<b>Findings</b>
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 7 (19 percent) of 36 patient EHRs.
X	Written information on the patient's prescribed medications was provided at the end of the outpatient encounter.	We did not find documentation that 6 (17 percent) of 36 patients received written information that included the fluoroquinolone.
X	Medication counseling/education for the fluoroquinolone was documented in the patients' EHRs.	We did not find documentation of medication counseling that included the fluoroquinolone in 6 (17 percent) of 36 patients' EHRs.
	Clinicians documented the evaluation of each patient's level of understanding for the education provided.	
	The facility complied with local policy.	

**Recommendations**

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.
5. We recommended that staff consistently provide written medication information as required.
6. We recommended that staff provide medication counseling/education as required.

## DWHP Proficiency

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

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 areas marked as NM did not meet applicable requirements and needed improvement.

**Table 5. DWHP Proficiency**

<b>NM</b>	<b>Areas Reviewed</b>	<b>Findings</b>
	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.<sup>3</sup> The table below provides information relative to each of the CBOCs.

Location	State	Station #	Locality <sup>5</sup>	CBOC Size <sup>6</sup>	Uniques <sup>4</sup>				Encounters <sup>4</sup>			
					MH <sup>7</sup>	PC <sup>8</sup>	Other <sup>9</sup>	All	MH <sup>7</sup>	PC <sup>8</sup>	Other <sup>9</sup>	All
Charleston	WV	581GB	Urban	Large	1,183	5,894	3,609	6,335	7,075	18,517	12,414	38,006
Prestonsburg	KY	581GA	Rural	Mid-Size	899	3,112	2,219	3,276	5,996	10,777	9,220	25,993

<sup>3</sup> Includes all CBOCs in operation before March 31, 2013.

<sup>4</sup> 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.

<sup>5</sup> [http://vaww.pssg.med.va.gov/PSSG/DVDC/FY2013\\_Q1\\_VAST.xlsx](http://vaww.pssg.med.va.gov/PSSG/DVDC/FY2013_Q1_VAST.xlsx)

<sup>6</sup> Based on the number of unique patients seen as defined by VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics*, September 11, 2008, the size of the CBOC facility is categorized as very large (> 10,000), large (5,000-10,000), mid-size (1,500-5,000), or small (< 1,500).

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

<sup>8</sup> Primary Care includes the stop code list in the primary position: 323 – Primary Care; 322 – Women's Clinic; 348 – Primary Care Group; 350 – Geriatric Primary Care; 531 – MH Primary Care Team-Individual; 563 – MH Primary Care Team-Group; 170 – Home Based Primary Care (HBPC) Physician.

<sup>9</sup> All other non-Primary Care and non-MH stop codes in the primary position.

## CBOC Services Provided

In addition to primary care integrated with WH and MH care, the CBOCs provide various specialty care, ancillary, and tele-health services. The following table lists the services provided at each CBOC.<sup>10</sup>

CBOC	Specialty Care Services <sup>11</sup>	Ancillary Services <sup>12</sup>	Tele-Health Services <sup>13</sup>
Charleston	Anti-Coagulation Clinic Cardiology	Pharmacy Diabetic Retinal Screening MOVE! Program <sup>14</sup> Nutrition Rehabilitation	Tele Primary Care
Prestonsburg	Podiatry Optometry	Diabetic Retinal Screening Nutrition	Tele Primary Care

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

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

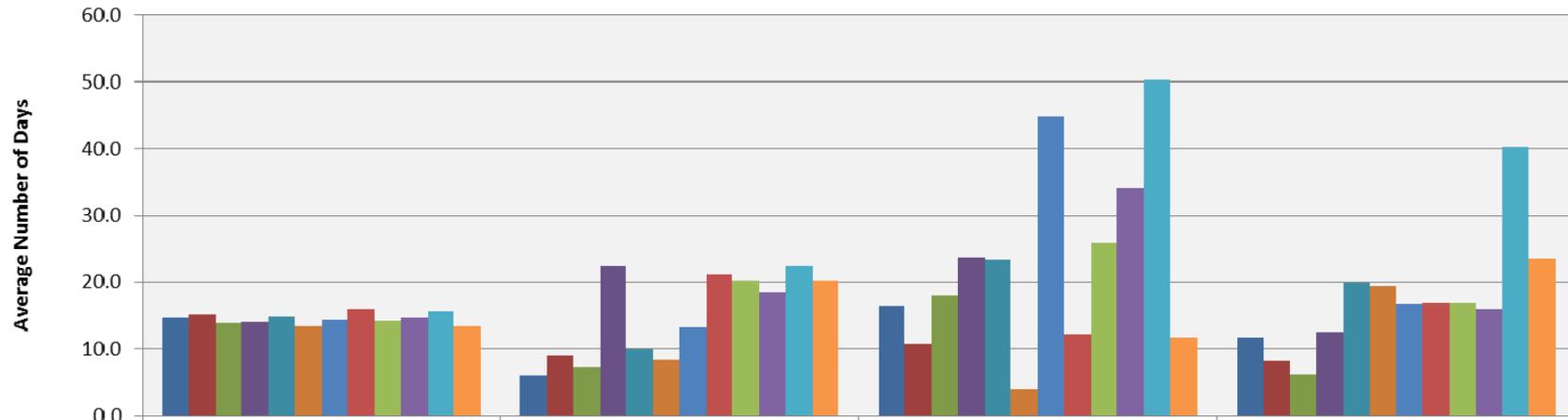
<sup>12</sup> Ancillary Services refer to non-Primary Care and non-MH services that are not provided by a physician.

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

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

## PACT Compass Metrics

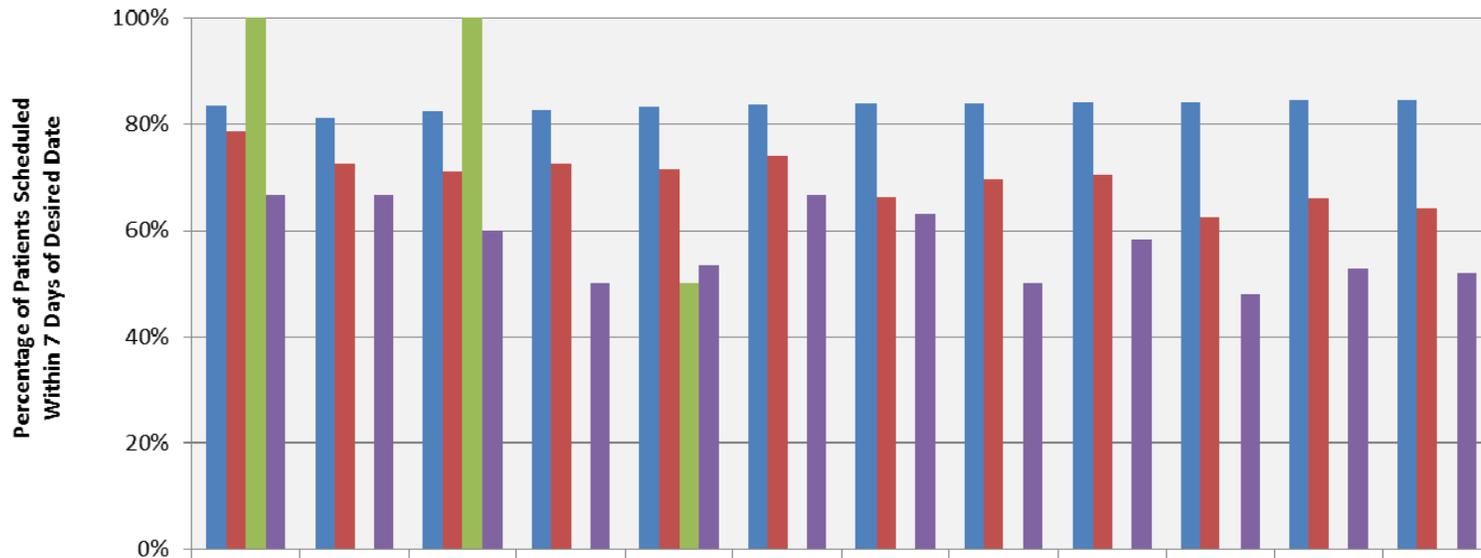
### FY 2013 Average 3rd Next Available in PC Clinics



	VHA Total	Huntington (581)	Prestonsburg (581GA)	Charleston (581GB)
■ OCT FY13	14.6	6.2	16.5	11.7
■ NOV FY13	15.2	9.1	10.8	8.3
■ DEC FY13	13.8	7.2	18.1	6.3
■ JAN FY13	14.0	22.5	23.8	12.6
■ FEB FY13	14.8	9.9	23.4	19.9
■ MAR FY13	13.3	8.4	4.0	19.4
■ APR FY13	14.4	13.2	44.8	16.7
■ MAY FY13	16.0	21.2	12.3	16.9
■ JUN FY13	14.2	20.2	25.8	17.0
■ JUL FY13	14.6	18.5	34.1	15.9
■ AUG FY13	15.7	22.5	50.2	40.3
■ SEP FY13	13.4	20.2	11.7	23.5

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

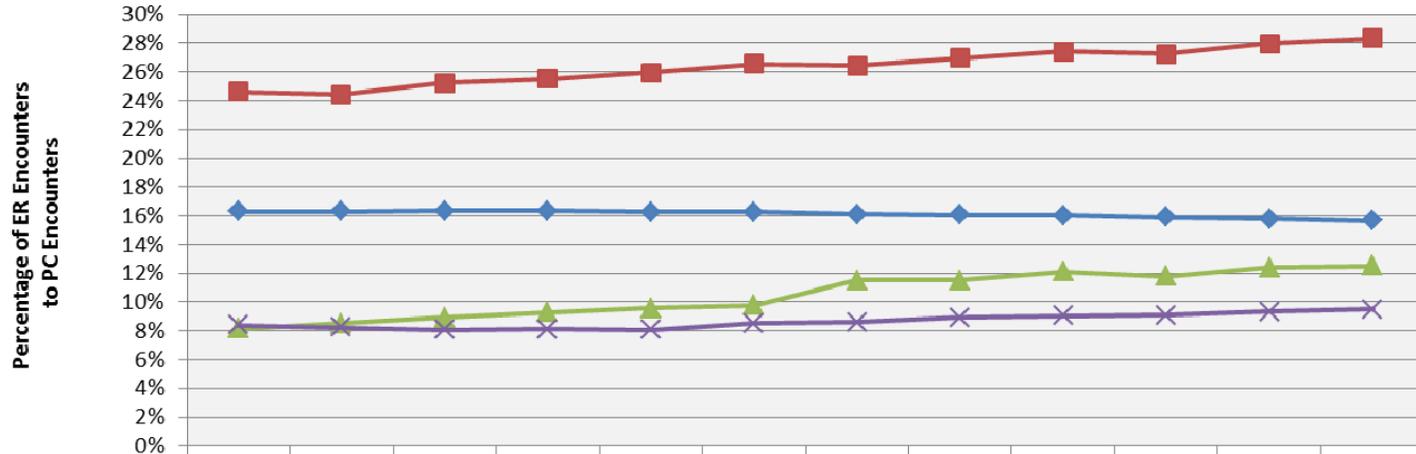
### FY 2013 Established PC Prospective Wait Times 7 Days



	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%
Huntington (581)	78.7%	72.7%	71.2%	72.5%	71.5%	74.1%	66.2%	69.6%	70.4%	62.5%	66.0%	64.3%
Prestonsburg (581GA)	100.0%		100.0%		50.0%							
Charleston (581GB)	66.7%	66.7%	60.0%	50.0%	53.3%	66.7%	63.2%	50.0%	58.3%	48.0%	52.6%	52.0%

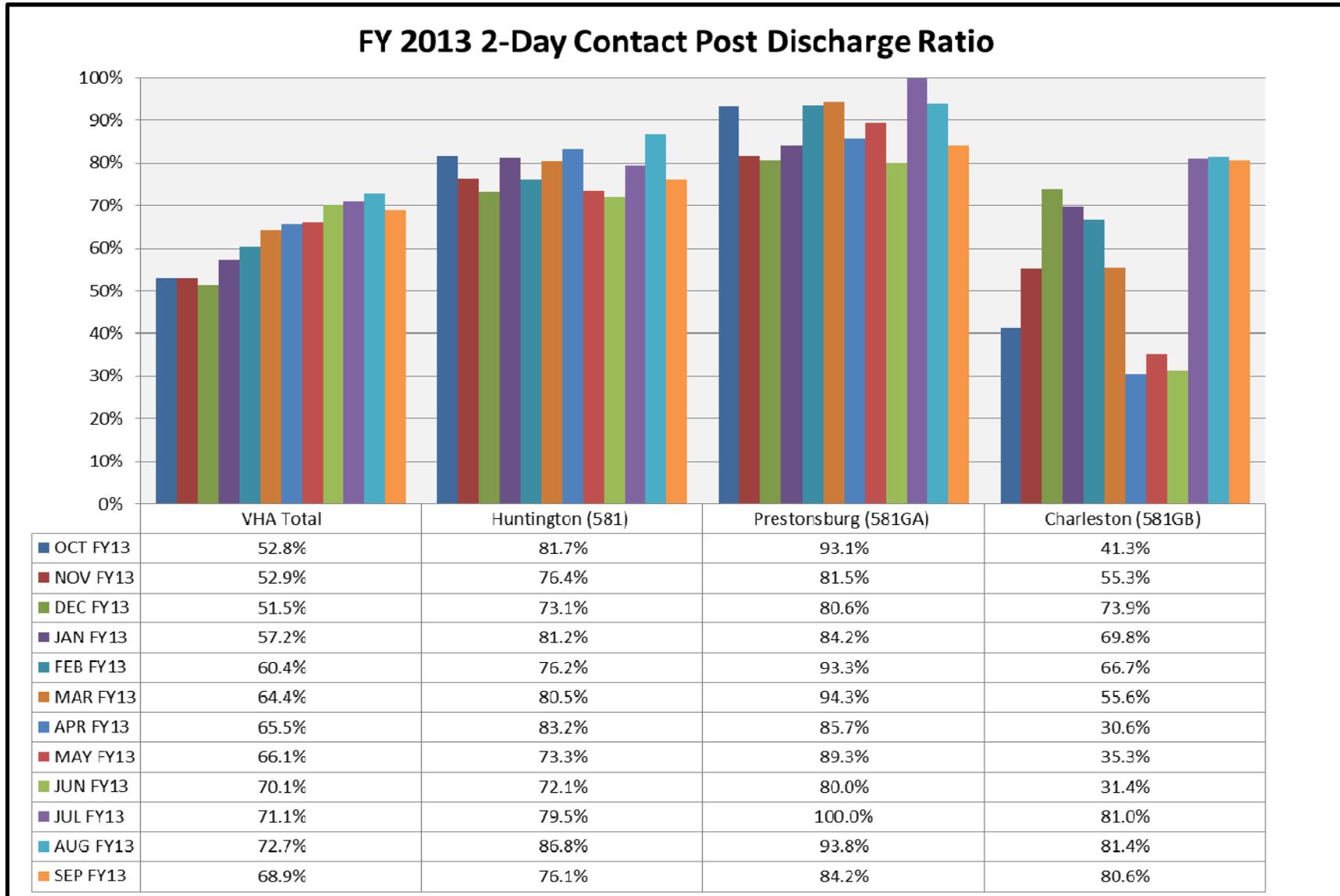
**Data Definition.**<sup>c</sup> The percent of patients scheduled within 7 days of the desired date. Data source is the Wait Times Prospective Wait Times measures. The total number of scheduled appointments for primary care-assigned patients in primary care clinics 322, 323 and 350. Data is collected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

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



	OCT FY13	NOV FY13	DEC FY13	JAN FY13	FEB FY13	MAR FY13	APR FY13	MAY FY13	JUN FY13	JUL FY13	AUG FY13	SEP FY13
—◆— VHA Total	16.3%	16.3%	16.4%	16.3%	16.3%	16.3%	16.1%	16.1%	16.0%	15.9%	15.8%	15.7%
—■— Huntington (581)	24.6%	24.4%	25.2%	25.5%	26.0%	26.6%	26.4%	27.0%	27.4%	27.3%	28.0%	28.3%
—▲— Prestonsburg (581GA)	8.1%	8.5%	8.9%	9.3%	9.6%	9.8%	11.5%	11.5%	12.1%	11.8%	12.4%	12.5%
—×— Charleston (581GB)	8.4%	8.3%	8.1%	8.1%	8.1%	8.5%	8.6%	8.9%	9.1%	9.1%	9.3%	9.5%

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



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

## VISN Director Comments

**Department of  
Veterans Affairs**

**Memorandum**

**Date:** May 21, 2014

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

**Subject:** **CBOC and PCC Reviews of the Huntington VA Medical Center, Huntington, WV**

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

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

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

*(original signed by Jim Hayes,  
Deputy Network Director, VISN 9, for:)*

John E. Patrick

## Facility Director Comments

**Department of  
Veterans Affairs**

**Memorandum**

**Date:** May 15, 2014

**From:** Director, Huntington VA Medical Center (581/00)

**Subject:** **CBOC and PCC Reviews of the Huntington VA Medical Center, Huntington, WV**

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

1. I concur with the findings and recommendations of the Office of Inspector General CBOC and PCC Reviews of the Huntington VA Medical Center, Huntington, WV and have attached the facility action plan to resolve the identified recommendations. We believe these changes will further enhance key systems and processes at our medical center.

2. If you have any questions or need additional information, please feel free to contact Paula McKee, Quality Manager at 304-429-6755 ext 2237.

*(original signed by:)*

J. Brian Nimmo  
Medical Center Director

## Comments to OIG's Report

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

### **OIG Recommendations**

**Recommendation 1.** We recommended that processes are strengthened to ensure women veterans can access gender-specific restrooms without entering public areas at the Prestonsburg CBOC.

Concur

Target date for completion: Timeline for completed work:

June 13, 2014 (+30 days): Preliminary design complete and approved by Prestonsburg staff and VAMC Leadership and submitted to CBOC landlord.

July 28, 2014 (+45 days): Landlord will most likely have to have architectural engineering assistance or approval for building. Anticipate plans being received back by this date, with cost estimates.

August 30, 2014 (+30 days): By this time, should be able to secure funding and prepare build out documentation to send to contracting for approval.

October 12, 2014 (+45 days): Contracting should be able to complete their documentation and make award to landlord.

December 25, 2014 (+75 days): Construction timeframe including procurement of materials, contractor start-up, actual construction time and job conclusion.

Facility response: The area for women patient exams will be re-designed to promote privacy at the Prestonsburg CBOC. New construction is planned to provide female patients with exam room and bathroom co-located in an area that provides privacy away from other clinic patients and allows gowned patients to access the bathroom in a private area away from other patients.

**Recommendation 2.** We recommended that CBOC/Primary Care Clinic staff consistently complete diagnostic assessments for patients with a positive alcohol screen.

Concur

Target date for completion: September 30, 2014

Facility response: The primary care providers will be re-educated on the Audit-C screen and completion of the diagnostic assessment per the Audit-C evaluation reminder. The

assessment will include follow-up intervention as appropriate (i.e. recommendations on appropriate alcohol use, referral to Mental Health/SATP).

Compliance will be monitored by monthly chart reviews for completion of the Audit-C diagnostic assessment. Ambulatory Care will review 15 charts/month for 3 months.

1. Numerator is number of medical records with completed Audit-C diagnostic assessments as follow-up to a positive Audit-C screen.
2. Denominator is number of medical records with positive Audit-C screens who need diagnostic assessment completed.

**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: September 30, 2014

Facility response: Orientation will be provided by nurse managers to new RN Care Managers in completion of training on motivational interviewing and health coaching within 12 months of assignment to PACT.

Compliance will be monitored per review of TMS training records for all new RN Care Managers within 6 months of 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: September 30, 2014

Facility response: The medication reconciliation reminder template will be edited to include education provided to the patient with understanding verbalized. Also the template will include instructions specific to fluoroquinolones and possible side effects. Providers will be educated on importance of completing medication reconciliation with documentation in the medical record.

Medication Reconciliation:

- Active VA, Non-VA, Remote VA and recently expired medications along with allergies reviewed with patient/caregiver.
- Complete list reviewed for discrepancies and none found.
- Patient/caregiver education provided.
- Pt / caregiver voiced understanding.
- Copy of medication list provided to patient / caregiver.

- Do not take any other medication that is not on this list without contacting your Primary Care Provider.
- If the patient was ordered quinolones special instructions were provided to include but not be limited to: Rupture tendons, QT prolongation on EKG, nausea diarrhea vomiting.

Compliance will be monitored by checking documentation in CPRS of those whom a quinolone was ordered. The Clinic Manager will receive a list from pharmacy of those patients who received quinolones at the clinic. The Clinic Manager will review at least 15 of those documents randomly / month. ACOS Ambulatory Care will report findings to Medical Staff Council. Ambulatory Care will review 15 charts per month for 3 months.

1. Numerator will be number of medical records for patients who have documentation of medication reconciliation completed for each patient who was administered, prescribed, or modified a fluoroquinolone dose at each episode of care.
2. Denominator will be the total number of medical records for patients who were prescribed a fluoroquinolone during an episode of care.

**Recommendation 5.** We recommended that staff consistently provide written medication information that includes the fluoroquinolone.

Concur

Target date for completion: September 30, 2014

Facility response: Patient Medication Information sheets automatically print with each prescription filled by a VA Pharmacy. These sheets are part of the paperwork provided in the prescription bag. Additionally, Medication Guides are provided for fluoroquinolones as required by the FDA.

Compliance will be monitored by checking prescription bags that are ready to leave the pharmacy. The Outpatient Pharmacy supervisor will randomly check 15 bags containing a fluoroquinolone each month. Results will be reported to the P&T Committee.

1. Numerator: Number of prescription bags containing a prescription for a fluoroquinolone that include fluoroquinolone PMI sheet and FDA medication guide.
2. Denominator: 15 prescription bags containing a fluoroquinolone checked at random for fluoroquinolone PMI sheet and FDA medication guide.

**Recommendation 6.** We recommended that staff provide medication counseling/education as required.

Concur

Target date for completion: September 30, 2014

Facility response: Providers will be educated on completing medication counseling and education during every episode of care. The Medication Reconciliation reminder template will be updated to include documentation of patient counseling and education about newly prescribed medications, including the patient's understanding.

Compliance will be monitored monthly for documentation in the patient medical record and reported by ACOS to Medical Staff Council. Ambulatory Care will review 15 charts per month for 3 months.

1. Numerator will be number of medical records for patients who have documentation of medication reconciliation completed during visit.
2. Denominator will be number of medical records for patients who have primary care visits.

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## Endnotes

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<sup>e</sup> Reference used for PACT Compass data graphs:

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