



Department of Veterans Affairs Office of Inspector General

Healthcare Inspection

Community Based Outpatient Clinic Reviews

Coral Springs and Key West, FL

Boca Raton and Vero Beach, FL

Denton and Fort Worth, TX

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Executive Summary

Introduction

As requested in House Report 110-775, to accompany H.R. 6599, Military Construction, Veterans Affairs, and Related Agencies Appropriation Bill, fiscal year (FY) 2009, the VA Office of Inspector General (OIG) is beginning a systematic review of Veterans Health Administration (VHA) community based outpatient clinics (CBOCs).

The VA OIG, Office of Healthcare Inspections conducted a review of six CBOCs during the week of January 19-22, 2010. The CBOCs reviewed in Veterans Integrated Service Network (VISN 8) were Coral Springs and Key West, FL; and Boca Raton and Vero Beach, FL; and, in VISN 17, Denton and Fort Worth, TX. The parent facilities of these CBOCs are Miami VA Healthcare System, West Palm Beach VAMC, and VA North Texas Health Care System, respectively. The purpose of the review was to assess whether CBOCs are operated in a manner that provides veterans with consistent, safe, high-quality health care.

Results and Recommendations

The CBOC review covered five topics. In our review, we noted several opportunities for improvement and made recommendations to address all of these issues. The Directors, VISN 8 and 17, in conjunction with the respective facility managers, should take appropriate actions on the following recommendations:

- Grant privileges to providers that are facility specific.
- Ensure that contract providers are privileged for the term of the contract.
- When reprivileging, compare practitioner data to aggregated data of those practitioners who hold the same or comparable privileges.
- Ensure staff are trained and evaluated, and that their competencies are documented.
- Accomplish providers' background checks according to VHA policy.
- Ensure all patient exam rooms meet safety criteria.
- Maintain patients' auditory privacy during their check-in process.
- Ensure all cleaning chemicals are properly secured.
- Require that guidelines regarding electrocautery equipment are developed and documented in the fire and safety plan.
- Perform a year-end reconciliation as stipulated in the contract.

- Provide contract oversight and enforcement in accordance with the terms and conditions as stated in the contract.

Comments

The VISN and VAMC Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes A–E, pages 24–35 for the full text of the Directors’ comments.) We will follow up on the planned actions until they are completed.

(original signed by:)

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Part I. Introduction

Purpose

As requested in House Report 110-775, to accompany H.R. 6599, Military Construction, Veterans Affairs, and Related Agencies Appropriation Bill, fiscal year (FY) 2009, the VA Office of Inspector General (OIG) is undertaking a systematic review of the Veterans Health Administration's (VHA's) community-based outpatient clinics (CBOCs).

Background

The Veterans' Health Care Eligibility Reform Act of 1996 was enacted to equip VA with ways to provide veterans with medically needed care in a more equitable and cost-effective manner. As a result, VHA expanded the Ambulatory and Primary Care Services to include CBOCs located throughout the United States. CBOCs were established to provide more convenient access to care for currently enrolled users and to improve access opportunities within existing resources for eligible veterans not currently served.

Veterans are required to receive one standard of care at all VHA health care facilities. Care at CBOCs needs to be consistent, safe, and of high quality, regardless of model (VA staffed or contract). CBOCs are expected to comply with all relevant VA policies and procedures, including those related to quality, patient safety, and performance. For additional background information, see the *Informational Report for the Community Based Outpatient Clinic Cyclical Reports*, 08-00623-169, issued July 16, 2009.

Scope and Methodology

Objectives. The purpose of this review is to assess whether CBOCs are operated in a manner that provides veterans with consistent, safe, high-quality health care in accordance with VA policies and procedures. The objectives of the review are to:

- Determine whether CBOC performance measure scores are comparable to the parent VA medical center (VAMC) outpatient clinics.
- Determine whether CBOC providers are appropriately credentialed and privileged in accordance to VHA Handbook 1100.19.¹
- Determine whether CBOCs maintain the same standard of care as their parent facility to address the Mental Health (MH) needs of Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) era veterans.

¹ VHA Handbook 1100.19, *Credentialing and Privileging*, November 14, 2008.

- Determine whether CBOCs are in compliance with standards of operations according to VHA Handbook 1006.1² in the areas of environmental safety and emergency planning.
- Determine the effect of CBOCs on veteran perception of care.
- Determine whether CBOC contracts are administered in accordance with contract terms and conditions.

Scope. We reviewed CBOC policies, performance documents, provider credentialing and privileging (C&P) files, and nurses' training records. For each CBOC, random samples of 50 patients with a diagnosis of diabetes mellitus (DM), 50 patients with a diagnosis of ischemic vascular disease, and 30 patients with a service separation date after September 11, 2001, without a diagnosis of post-traumatic stress disorder (PTSD), were selected, unless fewer patients were available. We reviewed the medical records of these selected patients to determine compliance with VHA performance measures.

We conducted environment of care (EOC) inspections to determine the CBOCs' cleanliness and conditions of the patient care areas; conditions of equipment, adherence to clinical standards for infection control and patient safety; and compliance with patient data security requirements.

We also reviewed FY 2008 Survey of Healthcare Experiences of Patients (SHEP) data to determine patients' perceptions of the care they received at the CBOCs.

We conducted the inspection in accordance with *Quality Standards for Inspections* published by the President's Council on Integrity and Efficiency.

In this report, we make recommendations for improvement.

² VHA Handbook 1006.1, *Planning and Activating Community-Based Outpatient Clinics*, May 19, 2004.

Part II. CBOC Characteristics

Veterans Integrated Service Network (VISN) 8 has 7 VHA hospitals and 50 CBOCs, and VISN 17 has 5 VHA hospitals and 37 CBOCs. As part of our review, we inspected 6 CBOCs (2 VA staffed and 4 with contracted staff). The CBOCs reviewed in VISN 8 were Coral Springs and Key West, FL; Boca Raton and Vero Beach, FL; and, in VISN 17, Denton and Fort Worth, TX. The parent facilities of these CBOCs are Miami VA Healthcare System (HCS), West Palm Beach VAMC, and VA North Texas (Dallas) HCS, respectively.

We formulated a list of CBOC characteristics and developed an information request for data collection. The characteristics included identifiers and descriptive information for the CBOC evaluation.

In FY 2008, the average number of unique patients seen at the 2 VA-staffed CBOCs was 13,316 (range 1,704 to 24,927) and at the contract CBOCs was 3,628 (range 3,303 to 4,512). Figure 1 shows characteristics of the 6 CBOCs we reviewed to include type of CBOC, rurality, number of full-time equivalent employees (FTE) primary care providers (PCPs), number of unique veterans enrolled in the CBOC, and number of veteran visits.

VISN Number	CBOC Name	Parent VAMC	CBOC Type	Urban/Rural	Number of Clinical Providers (FTE)	Uniques	Visits
8	Coral Springs, FL	Miami VA HCS	Contract	Urban	2.95	3,303	10,230
8	Key West, FL	Miami VA HCS	VA Staffed	Rural	2.64	1,704	10,748
8	Boca Raton, FL	West Palm Beach VAMC	Contract	Urban	1.00	3,364	9,781
8	Vero Beach, FL	West Palm Beach VAMC	Contract	Urban	2.00	3,331	10,547
17	Denton, TX	VA North Texas HCS	Contract	Urban	3.00	4,512	16,672
17	Fort Worth, TX	VA North Texas HCS	VA Staffed	Urban	14.50	24,927	182,027

Figure 1 - CBOC Characteristics, FY 2008

Two of the six CBOCs provide specialty care services (Key West and Fort Worth), while the other four CBOCs refer patients to the parent facility or fee-basis facilities. Fort Worth provides podiatry, orthopedics, physical therapy, rheumatology, dental, optometry, otolaryngology, and audiology. Key West provides physical therapy.

All six CBOCs provide electrocardiograms (EKGs) and have laboratory services onsite. Two of the six are able to provide basic blood tests onsite (Key West and Fort Worth). Veterans have access to social services at the six CBOCs. Three CBOCs provide onsite dietary services, and three provide radiology services. In addition, Fort Worth and Key West have a pharmacy onsite, and Key West offers tele-medicine.

All six CBOCs provide MH services onsite. The type of clinicians who provide MH services varied among the CBOCs to include primary care physicians, psychologists, psychiatrists, nurse practitioners, social workers, and registered nurses. Tele-mental health is also available at three CBOCs. Five CBOCs report that MH services are

provided 5 days a week, and the other CBOC (Coral Springs) provides MH services 3 days a week. Additional CBOC characteristics are listed in Appendix F.

Part III. Overview of Review Topics

The review topics discussed in this report include:

- Quality of Care Measures.
- C&P.
- EOC and Emergency Management.
- Patient Satisfaction.
- CBOC Contracts.

The criteria used for these reviews are discussed in detail in the *Informational Report for the Community Based Outpatient Cyclical Reports*, 08-00623-169, issued July 16, 2009.

We evaluated the quality of care measures by reviewing 50 patients with a diagnosis of DM, 50 patients with a diagnosis of ischemic vascular disease, and 30 patients with a service separation date after September 11, 2001 (without a diagnosis of PTSD), unless fewer patients were available. We reviewed the medical records of these selected patients to determine compliance with first (1st) quarter (Qtr), FY 2009 VHA performance measures.

We conducted an overall review to assess whether the medical center's C&P process complied with VHA Handbook 1100.19. We reviewed CBOC providers' C&P files and nursing staff personnel folders. In addition, we reviewed the background checks for the CBOC clinical staff.

We conducted EOC inspections at each CBOC, evaluating cleanliness, adherence to clinical standards for infection control and patient safety, and compliance with patient data security requirements. We evaluated whether the CBOCs had a local policy/guideline defining how health emergencies, including MH emergencies, are handled.

We reviewed and discussed SHEP data (FY 2008) with the senior leaders. If the SHEP scores did not meet VHA's target goal of 77, we interviewed the senior managers to assess whether they had analyzed the data and taken action to improve their scores.

We evaluated whether the four CBOC contracts (Coral Springs, Boca Raton, Vero Beach, and Denton) provided guidelines that the Contractor needed to follow in order to address quality of care issues. We also verified that the number of enrollees or visits reported was supported by collaborating documentation.

Part IV. Results and Recommendations

A. VISN 8, Miami VA HCS – Coral Springs and Key West

Quality of Care Measures

The Coral Springs CBOC met or exceeded the parent facility's quality measure scores with the exception of PTSD screening. The Key West CBOC exceeded the parent facility's quality measures scores. (See Appendix G.)

Credentialing and Privileging

We reviewed the C&P files of five providers and the personnel folders of two nurses at both the Coral Springs and Key West CBOCs. All providers had full, active, current, and unrestricted licenses. All nurses' license and education requirements were verified and documented. However, we found the following areas that required improvement:

Clinical Privileges

The Professional Standards Board (PSB) granted clinical privileges for procedures that were not performed at either CBOC. The providers were granted Internal Medicine core privileges, which included lumbar punctures and admitting privileges. According to Handbook 1100.19, providers may only be granted privileges that are actually performed at the VA-specific facility.

Recommendation 1. We recommended that the VISN 8 Director ensure that the Miami VA HCS Director requires the PSB grant privileges consistent with the services provided at the Coral Springs and Key West CBOCs.

The VISN and VAMC Directors concurred with our finding and recommendation. The providers have been granted core privileges which match the practice actually performed at the CBOC. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Environment and Emergency Management

Environment of Care

To evaluate the EOC, patient care areas were inspected for cleanliness, safety, infection control, and general maintenance. Both the Coral Springs and Key West clinics were clean and well maintained. However, we identified the following areas that needed improvement:

Cleaning Chemicals

We found unsecured cleaning chemicals in patient care areas at the Key West CBOC. Cleaning chemicals can be hazardous to patients and should be stored in a secured non-patient care area.

Auditory Privacy

Auditory privacy was inadequate for patients during the check-in process at the Coral Springs CBOC. There was no zone of audible privacy for patients at the check-in window. Therefore, other patients waiting to check in for their appointment could overhear confidential information being provided to the check-in clerk. VHA policy³ requires auditory privacy when individuals' identifiable health information is discussed.

Recommendation 2. We recommended that the VISN 8 Director ensure that the Miami VA HCS Director requires all cleaning chemicals are properly secured at the Key West CBOC.

The VISN and VAMC Directors concurred with our finding and recommendation. All cleaning supplies are now stored in the Environmental Management closet and a work order has been submitted to secure the door with a keyed lock. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 3. We recommended that the VISN 8 Director ensure that the Miami VA HCS Director requires that patients are assured auditory privacy during the check-in process at the Coral Springs CBOC.

The VISN and VAMC Directors concurred with our finding and recommendation. The clerks at the check-in desk have received in-service training to safeguard patient privacy. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Emergency Management

VHA Handbook 1006.1 requires each CBOC to have a local policy or standard operating procedure (SOP) defining how medical, including MH emergencies, are handled. Both CBOCs had a policy for emergency management that detailed how cardiac and MH emergencies would be handled. Our interviews revealed staff at each facility articulated responses that accurately reflected the local emergency response guidelines.

Patient Satisfaction

The SHEP results for FY 2008 are displayed in Figures 2 and 3.

³ VHA Handbook 1605.1, *Privacy and Release of Information*, May 17, 2006.

Trip Pak Report - STA5 Level Patient Perceptions of Care 2008 SHEP Performance Measures YTD Through September 2008								
Performance Measure (SHEP question #)	Station Number	Facility Name	Data Type	FY08 Qtr 4	FY08 Qtr 3	FY08 Qtr 2	VISN FY08, Qtr 4	National FY08, Qtr 4
(Q56) - Outpatients (percent Very Good, Excellent)	546	Miami VA HCS	Mean Score	69.5	72	81.9	78.5	78.5
			N=	51	57	64	3,685	54,400
	546GG	Coral Springs		77.6	94.5	76.2		
			N=	67	65	71		
	546GB	Key West		89.3	89.4	86.3		
			N=	51	59	49		

Figure 2. Outpatient Overall Quality

The Coral Springs CBOC performance measure scores for “overall quality” exceeded the parent facility scores with the exception of 2nd Qtr. Key West exceeded the parent facility’s scores for all three quarters.

Trip Pak Report - STA5 Level Patient Perceptions of Care 2008 SHEP Performance Measures YTD Through September 2008								
Performance Measure (SHEP question #)	Station Number	Facility Name	Data Type	FY08 Qtr 4	FY08 Qtr 3	FY08 Qtr 2	VISN FY08, Qtr 4	National FY08, Qtr 4
(Q6) - (percent less than/equal to 20 minutes)	546	Miami VA HCS	Mean Score	39.7	56	49.9	72.1	77.3
			N=	50	56	62	3,743	55,407
	546GG	Coral Springs		96.6	96.8	96.9		
			N=	70	70	70		
	546GB	Key West		89	94.7	89.7		
			N=	40	29	23		

Figure 3. Provider Wait Times

Both CBOCs exceeded the parent facility performance scores for “provider wait times” in all quarters and far exceeded the VA target score of 77.

CBOC Contract

Coral Springs

The contract for the Coral Springs CBOC is administered through the Miami VA HCS for delivery and management of primary and preventative medical care and continuity of care for all eligible veterans in VISN 8. Contracted services with Sterling Medical Associates, Inc. (Sterling) began on August 16, 2007, for one base year plus an option to

extend the contract for 6 months through February 15, 2009 covering three locations: Coral Springs, Deerfield Beach, and Homestead. The contract terms state that the PCPs at these CBOCs shall include licensed physicians, board certified in Internal Medicine or Family Practice, as well as nurse practitioners (NPs) and physician assistants (PA) practicing in accordance with Florida State law. There were 4 FTE PCPs at the Coral Springs CBOC for the 1st Qtr, FY 2009. The contractor was compensated by the number of enrollees at an annual capitated rate per enrollee. The contract contains a provision for unassigned/reassigned patients, stating that the contractor will be paid a pro-rata portion up to the full month in which the unassignment/reassignment occurred. The contract states this reimbursement will be calculated by dividing the annual capitated rate by 12 and multiplying by the number of months remaining in the contract. The Coral Springs CBOC had 3,303 unique primary medical care enrollees with 10,230 visits as reported on the FY 2008 CBOC Characteristics report (see Figure 1).

We reviewed the contract to determine the contract type, the services provided, the invoices submitted, and supporting information. We also performed inquiries of key Miami VA HCS personnel. Contractor personnel were not interviewed since the facility became a VA-staffed facility once the contract terminated in February 2009. Our review focused on documents and records of the Coral Springs CBOC for the 1st Qtr, FY 2009. We reviewed the methodology for tracking and reporting the number of enrollees in compliance with the terms of the contract. We reviewed capitation rates for compliance with the contract; form and substance of the contract invoices for ease of data analysis by the Contracting Officer's Technical Representative (COTR); and duplicate, missing, or incomplete social security numbers (SSNs) on the invoices.

We noted the following regarding contract administration and oversight:

- A. The contract was not properly modified to exercise the option to extend the contract for the 6-month period of August 16, 2008, to February 15, 2009.
- B. The contract contained a provision regarding the payment of the entire annual capitated rate at the time of the patient's initial visit for a year of service, which was not advantageous to the Miami VA HCS when the facility was to be converted to a VA-staffed facility in March 2009. Payments were consistently made at the annual capitated rate from the month of March 2008 until the end of the contract period, including the month of February 2009 (the final month of the contract). If the contractor had been compensated on a monthly capitated rate for October, November, and December 2008, the VA would have saved approximately \$100,425, \$76,598, and \$88,448 for each month, respectively.
- C. The COTR did not monitor the length of time between patient visits to ensure that at least 12 months had passed prior to paying the contractor. For example, a patient who had a primary care visit in month 11 of contract year 1 and another in month 3 of contract year 2, the contractor would have been paid for 24 months of service for

the 3-month period. If the length of time between billable visits had been tracked, the VA would have saved over \$83,000 in payments to the contractor.

This contract requirement is summarized in Section (2.4) SPECIAL CONTRACT REQUIREMENTS, subsection (11) Payments and Invoicing where it states that “there shall be a minimum of twelve (12) months between contract billable visits for continuously assigned patients.”

- D. The COTR did not monitor unassigned/reassigned patients which could have resulted in pro-rata reimbursement to the VA. Additionally, if the patient transferred to another VA contract facility, the VA would have paid twice for these services.

The contract in Section 2.2 Schedule of Supplies/Services and Price/Cost, subsection Indefinite Delivery/Indefinite Quantity/Firm Fixed, states that, “... for unassigned/reassigned patients, the contractor will be paid a pro-rata portion up to the full month in which the date of unassignment/reassignment occurred.”

- E. An annual reconciliation was not completed the end of the first year of the contract or at the end of the contract extension in February 2009.

The contract states in Section (2.3) DESCRIPTION/SPECIFICATION/WORK STATEMENT, subsection (2) Scope of Work, paragraph (Y) Contract Year Reconciliation that VA will not allow new assignments or transfers to a CBOC location during the last week of the contract year to allow for annual reconciliation of CBOC active assignments and patient care activities.

- (1) VA will verify that all patients assigned to a CBOC as of the last week of the contract year have been seen by a PCP at least ONCE during the contract year.
 - (2) Assigned patients without Primary Care activity during the previous contract year will be unassigned from the CBOC location and VA will deduct from the final invoice of the contract year an amount equal to the monthly capitation rate multiplied by the number of months in the contract year (i.e. rate x 12) for each incident or finding.
- F. Separate payments were made to the contractor for dietician services from October 2008 to February 2009 when the contract states in the scope of work that it includes “medical nutrition therapy services to be provided by a registered dietician”. There were at least three payments made during the contract period totaling \$11,610. These payments should not have been billed separately since they were covered under the primary care services contract.

Recommendation 4. We recommended that the VISN 8 Director ensure that the Miami VA HCS Director performs a year-end reconciliation as stipulated in the contract. This reconciliation will serve as an aid to quantify the total overpayments to the contractor. The Miami VA HCS should seek legal advice regarding its ability to recover these overcharges from the contractor.

The VISN and VAMC Directors concurred with our finding and recommendation. The COTR will perform a complete reconciliation of all contracted CBOCs and seek legal advice to see what can be done to recover the overcharges for any other discrepancies that are identified after completing the reconciliation. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

B. VISN 8, West Palm Beach VAMC – Boca Raton and Vero Beach

Quality of Care Measures

The Boca Raton and Vero Beach CBOCs' quality measure scores equaled or exceeded the parent facility's quality measure scores and VHA target goals with the following exception. The Vero Beach CBOC scored below the facility score for the DM foot sensory exam with monofilament and the PTSD screening. (See Appendix H.)

Credentialing and Privileging

We reviewed the C&P files of five providers and the personnel folders of three nurses at both the Boca Raton and Vero Beach CBOCs. All providers possess a full, active, current, and unrestricted license. All nurses' license and education requirements were verified and documented. However, we identified the following areas that needed improvement:

Privileging of Contract Providers

VHA Handbook 1100.19 states that clinical privileges granted to contractors may not extend beyond the contract period. Contract providers at both Boca Raton and Vero Beach CBOCs were privileged for 2-year periods while the contract was granted for a 1-year period.

Performance Improvement Data

According to VHA Handbook 1100.19

The reappraisal process needs to include consideration of such factors as the number of procedures performed or major diagnoses treated, rates of complications compared with those of others doing similar procedures, and adverse results indicating patterns or trends in a practitioner's clinical practice. Relevant practitioner-specific data needs to be compared to the aggregate data of those privileged practitioners that hold the same or comparable privileges.

We found evidence that the facility was not consistently comparing practitioner data either to those practitioners doing similar procedures or using aggregated data of those practitioners with the same or comparable privileges.

Background Checks

All Federal appointments according to VHA policy⁴ are subject to background checks to include contract services. Background investigations must be initiated within 14 calendar days of an individual's appointment. At the Vero Beach CBOC, we found two employees did not have a background check on file and that four background investigations were initiated after the 14-calendar days of the appointment.

Recommendation 5. We recommended that the VISN 8 Director ensure that the West Palm Beach VAMC Director requires that contract providers be privileged to meet the terms of the contract at both the Boca Raton and Vero Beach CBOCs.

The VISN and VAMC Directors concurred with our finding and recommendation. Contracted providers are being processed through reappointment and will be subject to the privileging/appointment dates to meet the terms of the contract. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 6. We recommended that the VISN 8 Director ensure that the West Palm Beach VAMC Director requires that when reprivileging the Boca Raton and Vero Beach CBOC providers, practitioner data be compared to others doing similar procedures or aggregated data of those practitioners that hold the same or comparable privileges.

The VISN and VAMC Directors concurred with our finding and recommendation. The Ongoing Professional Practice Evaluation (OPPE) form for all CBOC providers has been modified to include peer aggregated data. The OPPE data of contracted providers will be reviewed and compared by members of the PSB at the time of the providers' reappointment. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 7. We recommended that the VISN 8 Director ensure that the West Palm Beach VAMC Director requires that medical center employees and contract employees' background investigations be initiated and completed according to policy for the Vero Beach CBOC.

The VISN and VAMC Directors concurred with our finding and recommendation. Procedures have been established for initiation of background investigations for all new personnel hired under the CBOC contract. The COTR has assumed full responsibility for the initiation. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

⁴ VHA Handbook 0710, Personal Suitability and Security Program, September 10, 2004

Environment and Emergency Management

Environment of Care

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, infection control, and general maintenance. The clinics met most standards, and the environments were generally clean and safe. However, we identified the following area at the Boca Raton CBOC that needed improvement:

Examining Room Mirrors

We found a full-length mirror in two patient exam rooms in which MH and primary care services are provided. The mirrors were not shatter-resistant. Additionally, there were light fixtures with exposed light bulbs above each mirror. Joint Commission requires that patient care areas are safe, and VA's National Center for Patient Safety⁵ recommends that mirrors are shatter resistant and light fixtures coverings should be secure and of break-resistant material so that bulbs cannot be accessed by patients.

Recommendation 8. We recommended that the VISN 8 Director ensure that the West Palm Beach VAMC Director requires that all patient exam rooms meet safety criteria at the Boca Raton CBOC.

The VISN and VAMC Directors concurred with our finding and recommendation. The incompliant mirrors and light fixtures have been removed from the Boca Raton CBOC. The improvement plans are acceptable, and we consider this item closed.

Emergency Management

VHA Handbook 1006.1 requires each CBOC to have a local policy or SOP defining how medical, including MH emergencies, are handled. Both CBOC's had policies that outlined management of medical and MH emergencies. Our interviews revealed staff at each facility articulated responses that accurately reflected the local emergency response guidelines.

Patient Satisfaction

SHEP results for FY 2008 are displayed in Figures 4 and 5.

⁵ VA's National Center for Patient Safety's Patient Safety Assessment Tool (PSAT) supports VHA's patient safety program by identifying potential environmental safety issues.

Trip Pak Report - STA5 Level Patient Perceptions of Care 2008 SHEP Performance Measures YTD Through September 2008								
Performance Measure (SHEP question #)	Station Number	Facility Name	Data Type	FY08 Qtr 4	FY08 Qtr 3	FY08 Qtr 2	VISN FY08, Qtr 4	National FY08, Qtr 4
(Q56) - Outpatients (percent Very Good, Excellent)	548	West Palm Beach VAMC	Mean Score	79	79.5	87.5	78.5	78.5
			N=	83	67	78	3,685	54,400
	548GD	Boca Raton		83.3	86.6	78.5		
			N=	76	73	64		
	548GE	Vero Beach		75.3	78.3	70.8		
			N=	75	75	80		

Figure 4. Outpatient Overall Quality

The Boca Raton CBOC's performance measure score for the "overall quality" indicator during the 2nd Qtr was lower than the parent facility but met the national target. However, the 3rd and 4th Qtr scores showed a significant improvement and surpassed the parent facility's scores. In contrast, the Vero Beach CBOC overall performance scores were lower than the Boca Raton CBOC's and the parent facility's scores. Boca Raton failed to meet the VHA target score of 77 in the 2nd and 4th Qtrs. Actions to improve patient satisfaction include consistency of staff, positive relationships with patients, same day access, and staff orientation.

Trip Pak Report - STA5 Level Patient Perceptions of Care 2008 SHEP Performance Measures YTD Through September 2008								
Performance Measure (SHEP question #)	Station Number	Facility Name	Data Type	FY08 Qtr 4	FY08 Qtr 3	FY08 Qtr 2	VISN FY08, Qtr 4	National FY08, Qtr 4
(Q6) - (percent less than/equal to 20 minutes)	548	West Palm Beach VAMC	Mean Score	92.3	91.7	92.0	72.1	77.3
			N=	86	71	80	3,743	55,407
	548GD	Boca Raton		97.4	91.7	88.9		
			N=	78	81	69		
	548GE	Vero Beach		85.9	86.7	83.8		
			N=	79	79	83		

Figure 5. Provider Wait Times

The Boca Raton CBOC's performance measure scores for "provider wait times" during the 2nd Qtr were slightly lower than the parent facility. However, the CBOC scored equivalent to the parent facility in the 3rd Qtr and exceeded the parent facility's performance during the 4th Qtr. The Vero Beach CBOC overall scores were lower than

the Boca Raton CBOC and the parent facility; however, the scores meet the VHA target score of 77.

CBOC Contract

Boca Raton CBOC

The contract for the Boca Raton CBOC is administered through the West Palm Beach VAMC for delivery and management of primary and preventative medical care and continuity of care for all eligible veterans in VISN 8. Contracted services with MedMark Services, Inc. began on July 14, 2006, with option years extending through September 30, 2011, and covering six locations: Okeechobee, Vero Beach, Fort Pierce, Stuart, Delray Beach, and Boca Raton. The contract terms state that the each CBOC will have Florida-licensed, board-certified physicians. There were 2.0 FTE PCPs for the 1st Qtr, FY 2009 at the Boca Raton CBOC. The Contractor was compensated by the number of enrollees at a monthly capitated rate per enrollee. The CBOC had 3,364 unique primary medical care enrollees with 9,781 visits as reported on the FY 2008 CBOC Characteristics report (see Figure 1).

We reviewed the contract to determine the contract type, the services provided, the invoices submitted, and supporting information. We also performed inquiries of key West Palm Beach VAMC and contractor personnel. Our review focused on documents and records for the 1st Qtr, FY 2009. We reviewed the methodology for tracking and reporting the number of enrollees in compliance with the terms of the contract. We reviewed capitation rates for compliance with the contract; form and substance of the contract invoices for ease of data analysis by the COTR; and duplicate, missing, or incomplete SSNs on the invoices.

We found that the contract administration and oversight was in compliance with the contract with the following exception. The contract is performance based and utilized a CBOC Report Card format that was an attachment to the contract. The contract included monetary penalties if the contractor did not meet the requirements and performance measures found in the report card. The COTR was not aware of the CBOC Report Card and could not produce evidence that performance measures were checked quarterly to ensure compliance with the contract.

Vero Beach CBOC

The contract for the Vero Beach CBOC is administered through the West Palm Beach VAMC for delivery and management of primary and preventative medical care and continuity of care for all eligible veterans in VISN 8. Contracted services with MedMark Services, Inc. began on August 9, 2006, with option years extending through September 30, 2011, and covering six locations: Okeechobee, Vero Beach, Fort Pierce, Stuart, Delray Beach, and Boca Raton. The contract terms state that each CBOC have Florida-

licensed, board certified physicians. There were 2.0 FTE PCPs for the 1st Qtr, FY 2009 at the Vero Beach CBOC. The Contractor was compensated by the number of enrollees at a monthly capitated rate per enrollee. The CBOC had 3,331 unique primary medical care enrollees with 10,547 visits as reported on the FY 2008 CBOC Characteristics report (see Figure 1).

We reviewed the contract to determine the contract type, the services provided, the invoices submitted, and supporting information. We also performed inquiries of key West Palm Beach VAMC and contractor personnel. Our review focused on documents and records for the 1st Qtr, FY 2009. We reviewed the methodology for tracking and reporting the number of enrollees in compliance with the terms of the contract. We reviewed capitation rates for compliance with the contract; form and substance of the contract invoices for ease of data analysis by the COTR; and duplicate, missing, or incomplete SSNs on the invoices.

We found that the contract administration and oversight was in compliance with the contract with the following exception. The contract is performance based and utilized a CBOC Report Card format that was an attachment to the contract. The contract included monetary penalties if the contractor did not meet the requirements and performance measures found in the report card. The COTR was not aware of the CBOC Report Card and could not produce evidence that performance measures were checked quarterly to ensure compliance with the contract.

Recommendation 9. We recommend that the VISN 8 Director ensure that West Palm Beach VAMC Director provides contract oversight and enforcement in accordance with the terms and conditions as stated in the contract for the six CBOCs under contract. Specifically, we recommend that performance measures and requirements be verified and documented as part of COTR responsibilities to ensure compliance with the contract.

The VISN and VAMC Directors concurred with our finding and recommendation. The CBOC External Peer Review Program (EPRP) data will be rolled up quarterly for all CBOC sites, and this data will be used to determine contractor performance. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

C. VISN 17, VA North Texas HCS – Denton and Fort Worth

Quality of Care Measures

Both Denton and Fort Worth CBOC quality measure scores equaled or exceeded the parent facility scores in all areas except Fort Worth scored slightly lower than the parent facility for DM low-density lipoprotein-cholesterol (LDL-C). (See Appendix I.)

Credentialing and Privileging

We reviewed the C&P files of five providers and four nurses at the Denton CBOC and six providers and five nurses at the Fort Worth CBOC. For the most part, all providers and nurses' personnel folders were well organized and contained all the required documents. All background checks were initiated or completed. However, we identified the following:

Contract Providers

VHA Handbook 1100.19 states that only privileges for procedures actually provided by the VA facility may be granted to a practitioner and that clinical privileges granted to contractors may not extend beyond the contract period. At the Denton CBOC, a provider had a 1-year employment contract but was granted privileges for 2 years.

In addition, two providers at the Fort Worth CBOC were granted privileges beyond their scope of practice. These privileges included performing tracheotomies,⁶ intubating patients,⁷ and admitting patients to the medical center. According to VA policy, providers may only be granted privileges that are actually performed at the specific VA facility.

Declaration of Health

A Declaration of Health (DOH) for one contract provider was not included in the re-privileging process at the Denton CBOC. VHA Handbook 1100.19 requires that general criteria, which include a DOH, be uniformly applied to all applicants during the re-privileging process. A provider at the Denton CBOC was re-privileged in June 2009 without the inclusion of a DOH. The most recent DOH on file at the time of our site visit was November 2009.

⁶ Surgical procedures on the neck open a direct airway to an incision in the trachea (wind pipe).

⁷ Procedure which a tube is inserted through the mouth down into the trachea to open the airway from the mouth to the lungs.

Staff Competency

We found no evidence that the nurse assigned to the surgical clinic at the Fort Worth CBOC received training and/or annual competency on the electrocautery⁸ units. The electrocautery units were used to perform procedures such as excising skin lesions and cysts. The establishment of competencies is the assurance that an individual has received the appropriate training and has demonstrated the skill level required to independently and appropriately perform an assigned task.

Recommendation 10. We recommended that the VISN 17 Director ensure that the VA North Texas HCS Director requires that all privileges granted to providers are consistent with the services provided at the Denton and Fort Worth CBOCs.

The VISN and VAMC Directors concurred with our finding and recommendation. New forms have been implemented for providers to request only site-specific core privileges. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 11. We recommended that the VISN 17 Director ensure that the VA North Texas HCS Director requires that the Fort Worth staff are trained and evaluated and that competencies are documented.

The VISN and VAMC Directors concurred with our finding and recommendation. Clinic staff utilizing the electrocautery unit have been provided with training and annual competency evaluations. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Environment and Emergency Management

Environment of Care

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, infection control, and general maintenance. The clinics met most standards, and the environments were generally clean and safe. However, we found the following area that required improvement:

Medical Equipment

At Fort Worth CBOC, we found two electrocautery units located in the minor surgery suite. There was a manufacturer's manual for one of the electrocautery units, but it was not located in the minor surgical suite. Electrocautery units are high-risk equipment because skin injuries (burns) can occur at the dispersive electrode site. In addition the

⁸ A hand-held, needlelike instrument heated by an electric current that cuts and burns tissue of a body to remove or destroy tissue.

units are a potential fire hazard. The surgery suite contained combustible materials such as gauze sponges, towels, drapes, plastic materials, and oxygen. We found no documentation in the fire and safety plan to address incident of fire should the electrocautery machine malfunction.

Recommendation 12. We recommended that the VISN 17 Director ensure that the VA North Texas HCS Director requires that guidelines regarding the electrocautery equipment are developed and documented in the fire and safety plan at the Fort Worth CBOC.

The VISN and VAMC Directors concurred with our finding and recommendation. The Fort Worth Outpatient Clinic (FWOPC) Management and Safety Officer will incorporate appropriate safety procedures for the electrocautery units into the FWOPC Fire and Safety Plan. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Emergency Management

VHA handbook 1006.1 requires each CBOC to have a local policy or SOP defining how medical, including MH emergencies, are handled. Both CBOCs had policies that outlined medical and MH emergencies, and staff were able to articulate the principles underlying the policies. However, we found the following areas that needed improvement:

Medical Emergency Policy

At the Denton CBOC, we learned that the local medical emergency policy was not implemented until November 2009. The contract states that “VHA Handbook 1006.1 (Page 9) requires that each CBOC must have a local policy or standing operating procedure defining how emergencies should be handled. The contractor is responsible for performing the device checks and documentation.” The CBOC was contracted in July 2007 and did not implement a local policy until November 2009. Since a local emergency policy was implemented prior to our inspection and staff were aware of the guidelines, we made no recommendation.

Patient Satisfaction

The SHEP results for FY 2008 are displayed in Figures 6 and 7.

Trip Pak Report - STA5 Level Patient Perceptions of Care 2008 SHEP Performance Measures YTD Through September 2008								
Performance Measure (SHEP question #)	Station Number	Facility Name	Data Type	FY08 Qtr 4	FY08 Qtr 3	FY08 Qtr 2	VISN FY08, Qtr 4	National FY08, Qtr 4
(Q56) - Outpatients (percent Very Good, Excellent)	549	VA North Texas HCS	Mean Score	69.5	65	66.4	72	78.5
			N=	64	51	58	1,872	54,400
	549GD	Denton		62.4	89.3	76.1		
			N=	55	62	63		
	549BY	Fort Worth		74.6	77.6	70		
			N=	76	56	61		

Figure 6. Outpatient Overall Quality

For “overall quality,” Denton CBOC exceeded the parent facility and met the VHA target score of 77 in the 2nd and 3rd Qtrs. However, Denton CBOC fell below the parent facility’s scores and the VHA target score in 4th Qtr, FY 2008. Fort Worth CBOC exceeded the parent facility in all quarters for FY 2008 but fell below the VHA target score in 2nd and 4th Qtrs. The CBOC managers informed us they previously had several provider vacancies which they attributed to the CBOC’s failure to meet the VHA target score of 77. At the time of our site visit, we learned that all FTE positions had been filled at both CBOCs.

Trip Pak Report - STA5 Level Patient Perceptions of Care 2008 SHEP Performance Measures YTD Through September 2008								
Performance Measure (SHEP question #)	Station Number	Facility Name	Data Type	FY08 Qtr 4	FY08 Qtr 3	FY08 Qtr 2	VISN FY08, Qtr 4	National FY08, Qtr 4
(Q6) - (percent less than/equal to 20 minutes)	549	VA North Texas HCS	Mean Score	45.3	42.2	55.4	69.1	77.3
			N=	67	55	55	1,886	55,407
	549GD	Denton		84.8	92.3	93.9		
			N=	62	60	64		
	549BY	Fort Worth		78.1	74.4	71.2		
			N=	75	61	63		

Figure 7. Provider Wait Times

For “provider wait times,” both CBOCs exceeded the parent facility’s scores. However, Fort Worth fell below VHA target score in 2nd and 3rd Qtr, FY 2008.

CBOC Contract

Denton CBOC

The contract for the Denton CBOC is administered through the VA North Texas HCS for delivery and management of primary and preventative medical care and continuity of care for all eligible veterans in VISN 17. Contracted services with Valor Healthcare, Inc. began on July 1, 2007, with option years extending through June 30, 2012. The contract terms state that the CBOC will have (1) a Texas-licensed physician to serve as medical director and (2) other primary care providers to include PAs and NPs. There were 3.0 FTE PCPs for the 1st Qtr, FY 2009. The Contractor was compensated by the number of enrollees at a monthly capitated rate per enrollee. The CBOC had 4,512 unique primary medical care enrollees with 16,672 visits as reported on the FY 2008 CBOC Characteristics report (see Figure 1).

We reviewed the contract to determine the contract type, the services provided, the invoices submitted, and supporting information. We also performed inquiries of key VA North Texas HCS and contractor personnel. Our review focused on documents and records for the 1st Qtr, FY 2009. We reviewed the methodology for tracking and reporting the number of enrollees in compliance with the terms of the contract. We reviewed capitation rates for compliance with the contract; form and substance of the contract invoices for ease of data analysis by the COTR; and duplicate, missing, or incomplete SSNs on the invoices.

We noted the following regarding contract administration and oversight:

The COTR has not required contractor compliance with all quarterly reporting requirements to the VA North Texas HCS as noted in contract section 14, Quality Management (QM) Performance Improvement (PI) Program, bullet (F) Reporting Requirements. This provision requires that the contractor prepare and submit quarterly reports to the VA North Texas HCS for eight different performance measures which are used to assess quality of care, accessibility to services, and patient satisfaction. The reports are to include at a minimum, data, analysis and a specific action plan, as applicable.

Additionally, the COTR has not required contractor compliance with all reporting requirements to the VA North Texas HCS as noted in Attachment II, CBOC – List of Reports and Due Dates.

We noted that there is some overlap between the lists of reports identified in the two reporting requirements. Additionally, we acknowledge that the VA North Texas HCS does perform oversight of certain performance measures noted in the reporting requirements; however, this contract requires that the contractor prepare the required

reports. Contractor reporting to the VA North Texas HCS in the time frames noted in the contract is essential to the timely monitoring of quality of care.

Recommendation 13. We recommend that the VISN 17 Director ensure that VA North Texas HCS Director provides contract oversight and enforcement in accordance with the terms and conditions as stated in the contract for the Denton CBOC and other CBOCs under contract. Specifically, we recommended that the COTR ensures compliance with all of the reporting requirements in accordance with the terms of the contract.

The VISN and VAMC Directors concurred with our finding and recommendation. The Contracting Officer and designated COTR have met with the contractor regarding reporting requirements, and a contract modification has been initiated to clarify the reporting process. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

VISN 8 Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: March 8, 2010

From: Director, Veterans Integrated Service Network 8 (10N8)

Subject: **Healthcare Inspection – CBOC Reviews: Coral Springs and Key West, FL; and Boca Raton and Vero Beach, FL**

To: Director, CBOC/Vet Center Program Review, Office of Healthcare Inspections (54F)

1. I have reviewed and concur with the recommendations in the Healthcare Inspection – CBOC Reviews: Coral Springs and Key West, FL; and Boca Raton and Vero Beach, FL.
2. Corrective action plans have been established with planned completion dates as detailed in the attached report.



Nevin M. Weaver, FACHE

Miami VA HCS Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: March 4, 2010

From: Director, Miami VA Healthcare System (546/00)

Subject: **Healthcare Inspection – CBOC Reviews: Coral Springs and Key West, FL**

To: Director, Veterans Integrated Service Network 8 (10N8)

1. We thank you for allowing us the opportunity to review and respond to the subject report.
2. We have implemented plans of action designed to correct those areas for which recommendations were provided.

(original signed by:)

MARY D. BERROCAL, MBA

Miami VA HCS Director's Comments to Office of Inspector General's Report

The following Director's comments are submitted in response to the recommendations in the Office of Inspector General's report:

OIG Recommendations

Recommendation 1. We recommended that the VISN 8 Director ensure that the Miami VA HCS Director requires the PSB grant privileges consistent with the services provided at the Coral Springs and Key West CBOCs.

Concur

Target Completion Date: 3/10/10

For Coral Springs and Key West CBOC Providers, the core privileges which included admitting and lumbar puncture have been replaced with core privileges which match the practice actually performed at the CBOC. These changes will be presented to the Professional Standards Board in March, 2010 by Credentialing and Privileging staff.

Recommendation 2. We recommended that the VISN 8 Director ensure that the Miami VA HCS Director requires all cleaning chemicals are properly secured at the Key West CBOC.

Concur

Target Completion Date: 4/30/10

All cleaning supplies are now stored in the Environmental Management closet which needs to be secured with a keyed lock. Emergency work order to engineering has been submitted. Nursing and EMS personnel have been educated on the importance of securing hazardous chemicals that potentially effect patient safety. Staff education was completed on 2/21/10. Only nursing and EMS personnel will have keys to access closet. Clinic Director, EOC rounds, tracer activities will confirm process is sustained.

Recommendation 3. We recommended that the VISN 8 Director ensure that the Miami VA HCS Director requires that patients are assured auditory privacy during the check-in process at the Coral Springs CBOC.

Concur

Target Completion Date: 6/30/10

MAS clerks at front check-in have been in-serviced regarding process to safeguard patient privacy which requires the clerk asking a second person approaching the counter to be seated and only speaking with one person at a time at the desk. This was completed 2/24/10. A long term option being investigated is the installment of auditory barriers that limit sound transmission and physically separate area immediately in front of check-in window from the rest of the waiting area. Clinic Director, EOC rounds and tracer activity will confirm process is sustained.

Recommendation 4. We recommended that the VISN 8 Director ensure that the Miami VA HCS Director performs a year-end reconciliation as stipulated in the contract. This reconciliation will serve as an aid to quantify the total overpayments to the contractor. The Miami VA HCS should seek legal advice regarding its ability to recover these overcharges from the contractor.

Concur

Target Completion Date: 7/01/10

COTR will perform a complete reconciliation (of all contracted CBOCS) to include: 1. verifying all patients assigned to the CBOC as of the contract year have been seen by a PCP at least once during the contract year. 2. Verifying that assigned patients without primary care activity during the previous contract year will be unassigned from the CBOC location. Once reconciliation is completed the COTR will: 1. identify length of time between visits for each patient that was reimbursed to ensure 12 months between patient visits had passed prior to paying contractor. 2. Identify if a patient transferred from one contract facility to another that there was not a duplicate payment for services to each contracted facility. 3. Will seek legal advice to see what can be done to recover the overcharges for any other discrepancies that are identified after completing the reconciliation.

West Palm Beach VAMC Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: March 5, 2010

From: Director, West Palm Beach VA Medical Center (548/00)

Subject: **Healthcare Inspection – CBOC Reviews: Boca Raton and Vero Beach, FL**

To: Director, Veterans Integrated Service Network 8 (10N8)

The West Palm Beach VAMC appreciates the CBOC Reviews at Boca Raton and Vero Beach, Florida.



Charleen R. Szabo, FACHE

Medical Center Director

West Palm Beach VAMC Director's Comments to Office of Inspector General's Report

The following Director's comments are submitted in response to the recommendations in the Office of Inspector General's report:

OIG Recommendations

Recommendation 5. We recommended that the VISN 8 Director ensure that the West Palm Beach VAMC Director requires that contract providers be privileged to meet the terms of the contract at both the Boca Raton and Vero Beach CBOCs.

Concur

Target Completion Date: 3/19/10

Contracted providers at both Boca Raton and Vero Beach CBOCs are being processed through reappointment per VHA Handbook 1100.19, Paragraph 6.c. All contracted providers will be subject to the privileging/appointment dates to meet the terms of the contract.

Recommendation 6. We recommended that the VISN 8 Director ensure that the West Palm Beach VAMC Director requires that when reprivileging the Boca Raton and Vero Beach CBOC providers, practitioner data be compared to others doing similar procedures or aggregated data of those practitioners that hold the same or comparable privileges.

Concur

Target Completion Date: 3/19/10

The Ongoing Professional Practice Evaluation (OPPE) form for all CBOC providers has been modified to include peer aggregated data and was approved by the Clinical Executive Board on February 2, 2010. OPPE data on contracted providers will be reviewed and compared by members of the Professional Standards Board at the time of their reappointment decision.

Recommendation 7. We recommended that the VISN 8 Director ensure that the West Palm Beach VAMC Director requires that medical center employees and contract employees' background investigations be initiated and completed according to policy for the Vero Beach CBOC.

Concur

Target Completion Date: 4/30/10

The Contracting Officers Technical Representative (COTR) for the Community Based Outpatient Clinic (CBOC) contract has assumed full responsibility for initiation of background investigations for all new personnel hired under this contract. Prior to being provided access, contracted staff will provide the COTR with a completed SF 85 and OF 306. The COTR will ensure that electronic fingerprints are obtained and submitted through the Medical Centers Police & Security Service. Upon receipt of a satisfactory Special Agreement Check (SAC), the SF 85, OF 306 and SAC is being submitted to the VA Security and Investigations Center. Contract staff are not provided access to VA systems until receipt of satisfactory SAC, notwithstanding approval of Credentialing & Privileging as applicable. The current contract will be modified to reflect this adjustment.

Recommendation 8. We recommended that the VISN 8 Director ensure that the West Palm Beach VAMC Director requires that all patient exam rooms meet safety criteria at the Boca Raton CBOC.

Concur

Target Completion Date: Completed

Mirrors identified as not meeting the standard of being shatter resistant, were immediately removed from the Boca Raton CBOC. Light fixtures not in compliance were also removed.

Recommendation 9. We recommended that the VISN 8 Director ensure that the West Palm Beach VAMC Director provides contract oversight and enforcement in accordance with the terms and conditions as stated in the contract for the six CBOCs under contract. Specifically, we recommend that performance measures and requirements be verified and documented as part of COTR responsibilities to ensure compliance with the contract.

Concur

Target Completion Date: 4/30/10

The current contract stipulates under Administrative Requirements/Contract Monitoring Procedures that the VA will perform routine verification of workload entered and that contractor is responsible to meet or exceed VHA Performance Measures as documented by the Office of Quality and Performance. The current contract contains, as Attachment 1, a structured Report Card identifying various domains with specific measures and targets which were current and applicable at the time the contract was awarded but have since been superseded by new measures and targets. Since these

measures and targets are fluid and it will be stipulated in a contractual modification that the report card will be updated annually (beginning with FY 10) to reflect current OQP measures and targets. CBOC EPRP data will be rolled up quarterly for all CBOC sites and this data will be used to determine contractor performance.

VISN 17 Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: March 11, 2010

From: Acting Director, Veterans Integrated Service Network 17
(10N17)

Subject: **Healthcare Inspection – CBOC Review: Denton and Fort Worth, TX**

To: Director, CBOC/Vet Center Program Review, Office of Healthcare Inspections (54F)

I concur with the recommendations from the OIG CBOC CAP survey conducted January 19-20, 2010. The attached responses outline our plan for each recommendation. We look forward to your feedback.

(original signed by:)

Joseph M. Dalpiaz
Acting Network Director
Veterans Integrated Service Network 17 (10N17)

VA North Texas HCS Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: March 11, 2010

From: Acting Director, VA North Texas Health Care System
(549/00)

Subject: **Healthcare Inspection – CBOC Review: Denton and Fort Worth, TX**

To: Acting Director, Veterans Integrated Service Network 17
(10N17)

Our response to the CBOC review is attached.

(original signed by:)

SHIRLEY M. BEALER
ACTING MEDICAL CENTER DIRECTOR

VA North Texas HCS Director's Comments to Office of Inspector General's Report

The following Director's comments are submitted in response to the recommendations in the Office of Inspector General's report:

OIG Recommendations

Recommendation 10. We recommended that the VISN 17 Director ensure that the VA North Texas HCS Director requires that all privileges granted to providers are consistent with the services provided at the Denton and Fort Worth CBOCs.

Concur

Target Completion Date: Completed

North Texas HCS has recently implemented Core Privileges for each section of each Clinical Service, including site specific privileges for the CBOCs. The new core privileges forms will ensure only site specific procedures can be requested by the provider. In addition, during the Professional Standards Board, the requested privileges are discussed in detail as to which ones were requested and approved. Any question to the appropriateness of the requested privileges is taken back to the service chief and/or provider for clarification before final approval. Conformance to this requirement will be monitored.

Recommendation 11. We recommended that the VISN 17 Director ensure that the VA North Texas HCS Director requires that the Fort Worth staff are trained and evaluated and that competencies are documented.

Concur

Target Completion Date: Completed

- 1) A Fort Worth Outpatient Clinic (FWOPC) Standard Operating Procedure governing the operation of the electro-surgical (electrocautery units) equipment has been developed.
- 2) A checklist establishing staff competency for the safe operation of the electro-surgical equipment has been created.
- 3) All appropriate clinic staff utilizing the electro- surgical equipment has been provided with training and annual competency evaluations.

Recommendation 12. We recommended that the VISN 17 Director ensure that the VA North Texas HCS Director requires that guidelines regarding the electrocautery equipment are developed and documented in the fire and safety plan at the Fort Worth CBOC.

Concur

Target Completion Date: March 17, 2010

FWOPC Management and Safety Officer will incorporate appropriate safety procedures addressing the electro-surgical units (electrocautery units) into FWOPC Fire and Safety Plan.

Recommendation 13. We recommended that the VISN 17 Director ensure that the VA North Texas HCS Director provides contract oversight and enforcement in accordance with the terms and conditions as stated in the contract for the Denton CBOC and other CBOCs under contract. Specifically, we recommended that the COTR ensures compliance with all of the reporting requirements in accordance with the terms of the contract.

Concur

Target Completion Date: March 12, 2010

VA North Texas HCS does perform oversight of performance measures and provides a monthly report to CBOC on compliance with these measures. Due to the monthly reports, a quarterly accounting from CBOC is not necessary. The Contracting Officer and designated COTR have met with the contractor regarding reporting requirements and a contract modification has been initiated to clarify the reporting process. The modification will be reviewed and approved on March 12, 2010.

CBOC Characteristics

CBOC Station Number	CBOC Name	Parent VA	Specialty Care	Podiatry	Orthopedics	Physical Therapy	Rheumatology	Dental	Optometry	Otolaryngology	Audiology
546GG	Coral Springs, FL	Miami, FL	No	No	No	No	No	No	No	No	No
546GB	Key West, FL	Miami, FL	Yes	No	No	Yes	No	No	No	No	No
548GD	Boca Raton, FL	West Palm Beach, FL	No	No	No	No	No	No	No	No	No
548GE	Vero Beach, FL	West Palm Beach, FL	No	No	No	No	No	No	No	No	No
549GD	Denton, TX	Dallas, TX	No	No	No	No	No	No	No	No	No
549BY	Fort Worth, TX	Dallas, TX	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Specialty Care Services

CBOC Station Number	CBOC Name	Parent VA	Laboratory (draw blood)	Radiology	Onsite Pharmacy	EKG	Social Services	Dietary Services	Tele-medicine
546GG	Coral Springs, FL	Miami, FL	Yes	No	No	Yes	Yes	Yes	No
546GB	Key West, FL	Miami, FL	Yes	Yes	Yes	Yes	Yes	Yes	Yes
548GD	Boca Raton, FL	West Palm Beach, FL	Yes	No	No	Yes	Yes	No	No
548GE	Vero Beach, FL	West Palm Beach, FL	Yes	No	No	Yes	Yes	No	No
549GD	Denton, TX	Dallas, TX	Yes	Yes	No	Yes	Yes	No	No
549BY	Fort Worth, TX	Dallas, TX	Yes	Yes	Yes	Yes	Yes	Yes	No

Onsite Services

CBOC Station Number	CBOC Name	Parent VA	Mental Health Care	Primary Care Physicians	Psychologist	Psychiatrist	Nurse Practitioner	Social Worker	Registered Nurse	Tele-mental health
546GG	Coral Springs, FL	Miami, FL	Yes	Yes	No	Yes	Yes	Yes	No	No
546GB	Key West, FL	Miami, FL	Yes	Yes	No	Yes	Yes	Yes	No	No
548GD	Boca Raton, FL	West Palm Beach, FL	Yes	No	Yes	Yes	No	Yes	No	Yes
548GE	Vero Beach, FL	West Palm Beach, FL	Yes	No	Yes	Yes	No	Yes	No	Yes
549GD	Denton, TX	Dallas, TX	Yes	No	Yes	No	Yes	Yes	Yes	Yes
549BY	Fort Worth, TX	Dallas, TX	Yes	No	No	Yes	Yes	No	Yes	No

Mental Health Services

CBOC Station Number	CBOC Name	Internal Medicine Physician	Primary Care Physician	Nurse Practitioner	Physician Assistant	Registered Nurse	LPN	Psychologist	Pharmacist	Social Worker	Dietary	Technician/Technologists	Administrative/Clerical	Others
546GG	Coral Springs, FL	Yes	Yes	Yes	No	Yes	Yes	No	No	Yes	Yes	Yes	Yes	No
546GB	Key West, FL	Yes	Yes	Yes	No	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes
548GD	Boca Raton, FL	No	Yes	Yes	No	Yes	Yes	No	No	Yes	No	No	Yes	No
548GE	Vero Beach, FL	No	Yes	Yes	No	Yes	Yes	No	No	Yes	No	No	Yes	No
549GD	Denton, TX	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes	Yes	No
549BY	Fort Worth, TX	No	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes

Disciplines Present at the CBOC

CBOC Station Number	CBOC Name	Parent VA	Urban/Rural	Miles to Parent Facility	Bus	Taxi	Voluntary services	Tele-medicine
546GG	Coral Springs, FL	Miami, FL	Urban	43	Yes	Yes	No	No
546GB	Key West, FL	Miami, FL	Urban	160	Yes	Yes	No	Yes
548GD	Boca Raton, FL	West Palm Beach, FL	Urban	33	Yes	Yes	No	No
548GE	Vero Beach, FL	West Palm Beach, FL	Urban	71	Yes	Yes	No	No
549GD	Denton, TX	Dallas, TX	Rural	44	Yes	No	No	No
549BY	Fort Worth, TX	Dallas, TX	Urban	37	Yes	Yes	Yes	No

Type of Location, Availability of Public Transportation, and Participation in Tele-medicine

Quality of Care Measures
Miami VA HCS⁹ – Coral Springs and Key West

<i>Measure</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
Hyperlipidemia Screen	National	13,148	13,587	97
	546 Miami	31	31	100
	546GG Coral Springs	14	14	100
	546GB Key West	9	9	100

Hyperlipidemia Screening, FY 2009

<i>Measure</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM – Outpatient Foot Inspection	National	5,523	5,971	92
	546 Miami	45	46	98
	546GG Coral Springs	12	12	100
	546GB Key West	25	25	100

DM Foot Inspection, FY 2009

<i>Measure</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM - Outpatient Foot Pedal Pulses	National	5,395	5,971	90
	546 Miami	41	46	89
	546GG Coral Springs	12	12	100
	546GB Key West	25	25	100

Foot Pedal Pulses, FY 2009

<i>Measure</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr1 Percentage</i>
DM - Outpatient - Foot Sensory Exam Using Monofilament	National	5,266	5,951	88
	546 Miami	35	45	78
	546GG Coral Springs	11	12	92
	546GB Key West	25	25	100

Foot Sensory, FY 2009

⁹ National and Miami HCS scores were obtained from VHA Measure Master
<http://vaww.pdw.med.va.gov/MeasureMaster/MMReport.asp>

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM – Retinal Eye Exam	88	National	4,599	5,258	87
	88	546 Miami	31	36	86
		546GG Coral Springs	12	12	100
		546GB Key West	24	25	96

Retinal Exam, FY 2009

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM - LDL-C	95	National	4,990	5,209	96
	95	546 Miami	36	36	100
		546GG Coral Springs	12	12	100
		546GB Key West	25	25	100

Lipid Profile, FY 2009

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM - Renal Testing	93	National	4,976	5,263	95
	93	546 Miami	33	36	92
		546GG Coral Springs	12	12	100
		546GB Key West	25	25	100

Renal Testing, FY 2009

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
Patient Screen with PC-PTSD	90	National	4,751	4,987	95
	90	546 Miami	10	10	100
		546GG Coral Springs	4	5	80
		546GB Key West	3	3	100

PTSD Screening, FY 2009

Quality of Care Measures
West Palm Beach VAMC¹⁰ – Boca Raton and Vero Beach

<i>Measure</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
Hyperlipidemia Screen	National	13,148	13,587	97
	548 West Palm Beach	103	104	99
	548GD Boca Raton	18	18	100
	548GE Vero Beach	28	28	100

Hyperlipidemia Screening, FY 2009

<i>Measure</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM – Outpatient Foot Inspection	National	5,523	5,971	92
	548 West Palm Beach	47	47	100
	548GD Boca Raton	44	44	100
	548GE Vero Beach	31	31	100

DM Foot Inspection, FY 2009

<i>Measure</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM - Outpatient Foot pedal pulses	National	5,395	5,971	90
	548 West Palm Beach	47	47	100
	548GD Boca Raton	44	44	100
	548GE Vero Beach	31	31	100

Foot Pedal Pulses, FY 2009

<i>Measure</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr1 Percentage</i>
DM - Outpatient - Foot Sensory Exam Using Monofilament	National	5,266	5,951	88
	548 West Palm Beach	47	47	100
	548GD Boca Raton	44	44	100
	548GE Vero Beach	30	31	97

Foot Sensory, FY 2009

¹⁰ National and West Palm Beach VAMC scores were obtained from VHA Measures Master
<http://vaww.pdw.med.va.gov/MeasureMaster/MMReport.asp>

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM – Retinal Eye Exam	88	National	4,599	5,258	87
	88	548 West Palm Beach	33	35	94
		548GD Boca Raton	42	44	95
		548GE Vero Beach	29	31	94

Retinal Exam, FY 2009

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM - LDL-C	95		4,990	5,209	96
	95	548 West Palm Beach	33	34	97
		548GD Boca Raton	44	44	100
		548GE Vero Beach	31	31	100

Lipid Profile, FY 2009

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM - Renal Testing	93	National	4,976	5,263	95
	93	548 West Palm Beach	33	35	94
		548GD Boca Raton	44	44	100
		548GE Vero Beach	30	31	97

Renal Testing, FY 2009

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
Patient Screen with PC-PTSD	90	National	4,751	4,987	95
	90	548 West Palm Beach	73	73	100
		548GD Boca Raton	7	7	100
		548GE Vero Beach	6	7	86

PTSD Screening, FY 2009

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
Patient Screen with PC-PTSD with timely Suicide Ideation/Behavior Evaluation	60	National	32	55	62
		548 West Palm Beach	*	*	*
		548GD Boca Raton	3	3	100
		548GE Vero Beach	*	*	*

PTSD Screening with Timely Suicide Ideation/Behavior Evaluation, FY 2009

Null values are represented by *, indicating no eligible cases

Quality of Care Measures
VA North Texas HCS¹¹ – Denton and Fort Worth

<i>Measure</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
Hyperlipidemia Screen	National	13,148	13,587	97
	549 VA North Texas	106	107	99
	549GD Denton	50	50	100
	549BY Fort Worth	36	36	100

Hyperlipidemia Screening, FY 2009

<i>Measure</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM – Outpatient Foot Inspection	National	5,523	5,971	92
	549 VA North Texas	39	40	98
	549GD Denton	49	50	98
	549BY Fort Worth	39	39	100

DM Foot Inspection, FY 2009

<i>Measure</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM - Outpatient Foot pedal pulses	National	5,395	5,971	90
	549 VA North Texas	39	40	98
	549GD Denton	49	50	98
	549BY Fort Worth	38	39	97

Foot Pedal Pulses, FY 2009

<i>Measure</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr1 Percentage</i>
DM - Outpatient - Foot Sensory Exam Using Monofilament	National	5,266	5,951	88
	549 VA North Texas	38	40	95
	549GD Denton	49	50	98
	549BY Fort Worth	38	39	97

Foot Sensory, FY 2009

¹¹ National and VA North Texas HCS scores were obtained from VHA Measure Master
<http://vaww.pdw.med.va.gov/MeasureMaster/MMReport.asp>

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM – Retinal Eye Exam	88	National	4,599	5,258	87
	88	549 VA North Texas	27	36	75
		549GD Denton	46	50	92
		549BY Fort Worth	30	39	77

Retinal Exam, FY 2009

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM - LDL-C	95	National	4,990	5,209	96
	95	549 VA North Texas	35	36	97
		549GD Denton	49	50	98
		549BY Fort Worth	37	39	95

Lipid Profile, FY 2009

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM - Renal Testing	93	National	4,976	5,263	95
	93	549 VA North Texas	34	36	94
		549GD Denton	49	50	98
		549BY Fort Worth	39	39	100

Renal Testing, FY 2009

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
Patient Screen with PC-PTSD	90	National	4,751	4,987	95
	90	549 VA North Texas	28	32	88
		549GD Denton	21	22	95
		549BY Fort Worth	28	28	100

PTSD Screening, FY 2009

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