Department of Veterans Affairs

Office of Inspector General

Healthcare Inspection

Community Based Outpatient Clinic Reviews Pittsfield and Greenfield, MA Dunkirk and Niagara Falls, NY Hermitage (Marzano) and Foxburg (Clarion County), PA Cumberland, MD and Harrisonburg, VA

Report No. 10-00627-239 **September 1, 2010**

VA Office of Inspector General
Washington, DC 20420

To Report Suspected Wrongdoing in VA Programs and Operations:
Telephone: 1-800-488-8244
E-Mail: vaoighotline@va.gov
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Executive Summary

Introduction

The VA OIG, Office of Healthcare Inspections conducted a review of eight community-based outpatient clinics (CBOCs) during the week of June 21−25, 2010. The CBOCs reviewed in Veterans Integrated Service Network (VISN) 1 were Pittsfield and Greenfield, MA; in VISN 2, Dunkirk and Niagara Falls, NY; in VISN 4, Hermitage (Marzano) and Foxburg (Clarion County), PA; and, in VISN 5, Cumberland, MD and Harrisonburg, VA. The parent facilities of these CBOCs are Northampton VA Medical Center (VAMC), VA Western New York Health Care System (HCS)-Buffalo, VA Butler HCS, and Martinsburg VAMC, 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. We commend VA Butler HCS's level of oversight and implementation of business processes designed to more effectively manage VA healthcare resources. We particularly were impressed with VA Butler HCS's process to provide the list of eligible enrollees to the contractor for billing, which ensures the accuracy of the number of veterans paid for at the capitated rate at the Clarion CBOC.

The Directors, VISN 1, 2, 4, and 5, in conjunction with the respective facility managers, should take appropriate actions on the following recommendations:

<u>Northampton VAMC</u>

- Ensure all designated CBOC staff at both the Pittsfield and Greenfield CBOCs maintain a current basic life support certification.
- Develop and implement a secure method of transporting medications and patient care documents from the Greenfield and Pittsfield CBOCs to the Northampton VAMC.
- Maintain auditory privacy during the check-in process at the Pittsfield CBOC.
- Ensure hand hygiene monitors at the Greenfield and Pittsfield CBOCs are collected, analyzed, and reported as required by the Center for Disease Control and Prevention.
- Properly secure cleaning chemicals at the Greenfield and Pittsfield CBOCs.

VA Western New York HCS-Buffalo

- Conduct annual fire safety inspections at the Niagara Falls CBOC.
- Ensure there is evidence in the medical record at both the Dunkirk and Niagara Falls CBOCs to show that the patient received a copy of the suicide safety plan.
- Ensure the Primary Care Management Module Coordinator performs in accordance with Veterans Health Administration (VHA) Handbook 1101.02 to reduce the number of veterans assigned to more than one Primary Care Provider.

VA Butler HCS

- Maintain auditory privacy during check-in process at the Marzano CBOC.
- Secure and protect all personally identifiable information (PII) at the Marzano CBOC.
- Require that modifications to the entrance doors be made to improve access for disabled veterans at both the Marzano and Clarion County CBOCs.
- Adhere to VHA suicide safety plan requirements at the Marzano CBOC.

Martinsburg VAMC

- Ensure managers verify provider education for compliance to local policy requirements and contract agreements at the Harrisonburg CBOC.
- Require that clinical functions performed at the Cumberland and Harrisonburg CBOCs are described in the providers' scope of practice.
- Require the Harrisonburg CBOC maintain PII in a secure fashion and monitor compliance.
- Require that staff complete safety plans and monitor for compliance that the plans are completed and patients receive copies of the plan as required by local policy at the Cumberland and Harrisonburg CBOCs.

Comments

The VISN and VAMC Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes A–H, pages 23–38 for the full text of the Directors' comments.) We will follow up on the planned actions until they are completed.

(original signed by:)
JOHN D. DAIGH, JR., M.D.
Assistant Inspector General for
Healthcare Inspections

Part I. Introduction

Purpose

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) to assess whether CBOCs are operated in a manner that provides veterans with consistent, safe, high-quality health care.

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*, 10−00627−124, issued April 6, 2010.

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.
- Determine whether patients who are assessed to be high risk for suicide have safety plans that provide strategies that help mitigate or avert suicidal crises.

[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 1006.1[2] in the areas of environmental safety and emergency planning.
- Determine whether the CBOC primary care and MH contracts were administered in accordance with contract terms and conditions.
- Determine whether primary care active panel management and reporting are in compliance with VHA Handbook 1101.02.[3]

Scope. We reviewed CBOC policies, performance documents, provider credentialing and privileging (C&P) files, and nurses' personnel records. For each CBOC, random samples of 50 patients with a diagnosis of diabetes mellitus (DM); 75 patients, 50 years of age or older (influenza immunization); 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 condition of the patient care areas; condition of equipment; adherence to clinical standards for infection control (IC) and patient safety; and compliance with patient data security requirements.

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.
[3] VHA Handbook 1101.02, *Primary Care Management Module (PCMM),* April 21, 2009.

Part II. CBOC Characteristics

Veterans Integrated Service Network (VISN) 1 has 11 VHA hospitals and 39 CBOCs; VISN 2 has 6 VHA hospitals and 29 CBOCs; VISN 4 has 10 VHA hospitals and 44 CBOCs; and, VISN 5 has 5 VHA hospitals and 15 CBOCs. As part of our review, we inspected 8 CBOCs. The CBOCs reviewed in VISN 1 were Pittsfield and Greenfield, MA; in VISN 2, Dunkirk and Niagara Falls, NY; in VISN 4, Hermitage (Marzano) and Foxburg (Clarion County), PA; and, in VISN 5, Cumberland, MD and Harrisonburg, VA. The parent facilities of these CBOCs are Northampton VA Medical Center (VAMC), VA Western New York Health Care System (HCS)-Buffalo, VA Butler HCS, and Martinsburg VAMC, 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 2009, the average number of unique patients seen at the 5 VA-staffed CBOCs was 2,115 (range 1,391 to 3,862) and at the 3 contract CBOCs was 2,052 (range 1,011 to 3,428). Table 1 shows characteristics of the 8 CBOCs we reviewed to include size[4] and type of CBOC, rurality, number of full-time equivalent employee (FTE) primary care providers (PCPs), number of unique veterans enrolled in the CBOC, and number of veteran visits.

VISN Number	CBOC Name	Size of CBOC	CBOC Type	Urban/ Rural	Number of Clinical Providers (FTE)	Uniques	Visits
1	Pittsfield, MA	Small	VA-staffed	Urban	1.0	1,391	7,453
1	Greenfield, MA	Small	VA-staffed	Rural	1.4	1,415	8,953
2	Dunkirk, NY	Mid-size	Contract	Rural	1.7	1,716	6,684
2	Niagara Falls, NY	Mid-size	VA-staffed	Urban	2.0	1,767	5,917
4	Hermitage (Marzano), PA	Mid-size	VA-staffed	Urban	3.0	2,140	5,221
4	Foxburg (Clarion County), PA	Small	Contract	Rural	1.0	1,011	1,972
5	Cumberland, MD	Mid-size	VA-staffed	Rural	3.9	3,862	17,161
5	Harrisonburg, VA	Mid-size	Contract	Urban	4.0	3,428	16,783

Table 1 - CBOC Characteristics, FY 2009

Two of the eight CBOCs (Cumberland and Harrisonburg) provide specialty care services (women's health), while the other six CBOCs refer patients to another geographically accessible VA facility. Five CBOCs (Pittsfield, Greenfield, Dunkirk, Marzano, and Clarion County) also refer patients to a non-VA fee-basis or contract facility. Veterans have access to tele-retinal services at Cumberland and Marzano.

[4] Based on the number of unique patients seen as defined by the VHA Handbook 1160.01, 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).

All eight CBOCs provide MH services onsite (services are displayed in Table 2). Pittsfield and Greenfield offer general MH services.

CBOC Station Number	CBOC Name	CBOC Type	Substance Use Disorder	PTSD	MST	Homelessness	Psychosocial rehab
631GC	Pittsfield, MA	VA-staffed	No	No	No	No	No
631GD	Greenfield, MA	VA-staffed	No	No	No	No	No
528GC	Dunkirk, NY	Contract	No	Yes	Yes	No	No
528GD	Niagara Falls, NY	VA-staffed	No	Yes	Yes	No	No
529GA	Hermitage (Marzano), PA	VA-staffed	Yes	Yes	No	Yes	Yes
529GD	Foxburg (Clarion County), PA	Contract	Yes	Yes	No	No	Yes
613GA	Cumberland, MD	VA-staffed	Yes	Yes	Yes	Yes	Yes
613GF	Harrisonburg, VA	Contract	Yes	Yes	Yes	Yes	Yes

Table 2. Mental Health Services

The type of clinicians that provide MH services varied among the CBOCs to include PCPs, psychologists, psychiatrists, nurse practitioners (NPs), physician assistants (PAs), licensed clinical social workers, and addiction counselors. None of the eight CBOCs has a Suicide Prevention Coordinator (SPC) onsite.

MH services are provided during evening hours (after normal business hours) at least one day per week at Cumberland. Four CBOCs (Dunkirk, Niagara Falls, Cumberland, and Harrisonburg) have plans for responding to MH emergencies during times outside hours of operation. The plans identify at least one assessable VA or community-based emergency department where veterans are directed to seek emergent care.

Tele-mental health is available at all CBOCs except Clarion County. Tele-mental health is utilized for medication management at Dunkirk, Niagara Falls, Cumberland, and Harrisonburg. Dunkirk, Niagara Falls, Marzano, Cumberland, and Harrisonburg use tele-mental health for individual therapy; and Cumberland and Harrisonburg also use tele-mental health for case management.

Part III. Overview of Review Topics

The review topics discussed in this report include:

- Quality of Care Measures.
- C&P.
- EOC and Emergency Management.
- Suicide Safety Plans.
- CBOC Contracts.

The criteria used for these reviews are discussed in detail in the *Informational Report for the Community Based Outpatient Cyclical Reports*, 10-00627-124, issued April 6, 2010.

We evaluated the quality of care measures by reviewing 50 patients with a diagnosis of DM, 75 patients - 50 years of age or older (influenza immunization), 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 2010 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. We conducted EOC inspections at each CBOC, evaluating cleanliness, adherence to clinical standards for IC 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.

A previous OIG review of suicide prevention programs in VHA facilities[5] found a 74 percent compliance rate with safety plan development. The safety plan issues identified in the review were that plans were not comprehensive, not developed timely, or not developed at all. At the request of VHA, the OIG agreed to follow up on the prior findings. Therefore, we reviewed the records of 10 patients (unless fewer are available) assessed to be at high risk for suicide to determine if clinicians developed timely safety plans that included all required elements.

We evaluated whether the three CBOC contracts (Dunkirk, Clarion County, and Harrisonburg) 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.

[5] *Healthcare Inspection – Evaluation of Suicide Prevention Program Implementation in Veterans Health Administration Facilities January–June, 2009*, Report No. 09-00326-223, September 22, 2009.

Part IV. Results and Recommendations

A. VISN 1, Northampton VAMC – Pittsfield and Greenfield

Quality of Care Measures

The Pittsfield and Greenfield CBOCs equaled or exceeded their parent facility's quality measure scores with the following exceptions: Pittsfield CBOC scores were lower in PTSD screening and influenza, both age groups, while the Greenfield CBOC scored lower in the DM retinal exams and PTSD screening (57 percent). (See Appendix J.)

The CBOC managers suspect that the low PTSD score was due to the small sample size; however, Service Line Managers will take action as appropriate when targets are not met. Using clinical reminder reports, they will continue to collect monthly PCP-specific data for a number of measures (including PTSD screening). Results are compared to current performance targets and their peers. Results will continue to be reviewed in clinical service meetings and expectations related to PTSD screening emphasized.

Credentialing and Privileging

We reviewed the C&P files of three providers and the personnel folders of two nurses at the Pittsfield CBOC and three providers and two nurses at the Greenfield CBOC. All providers possess a full, active, current, and unrestricted license and privileges were appropriate for services rendered. All nurses' licenses and education requirements were verified and documented.

One provider from each CBOC had an expired basic life support (BLS) certification. Both providers were re-certified during our site visit. However, the facility did not have a process in place to ensure timely renewal of BLS certification as required by VHA policy.[6]

Recommendation 1. We recommended that the VISN 1 Director ensure that the Northampton VAMC Director requires that all designated CBOC staff at both the Pittsfield and Greenfield CBOCs maintain a current BLS certification.

The VISN and VAMC Directors concurred with our finding and recommendation. A tracking sheet will be developed to identify staff who are required to maintain BLS, and the Education Department will monitor for compliance. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

[6] VHA Directive 2008-008, *Cardiopulmonary Resuscitation (CPR) and Advanced Cardiac Life Support (ACLS) Training for Staff*, February 6, 2008.

Environment and Emergency Management

Environment of Care

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, IC, and general maintenance. Both CBOCs met most standards, and the environments were generally clean and safe. However, we identified the following areas that needed improvement.

Personally Identifiable Information

According to the Health Insurance Portability and Accountability Act (HIPAA)[7] regulations, control of the environment includes control of confidential patient information. We found the following areas where personally identifiable information (PII) could be compromised.

Transporting Medications and Documents. Transportation of medications and patient documents were not secure. CBOC staff placed medications and documents in large paper envelopes. A VA driver transported the medications and documents to the Northampton VAMC whereby the medications are disposed by the pharmacy and the documents are scanned into the electronic medical records. Since medications must be secured[8] at all times and the documents disclose the patient's name and social security number (SSN), the paper envelopes did not provide security from theft or misuse.

Auditory Privacy. Auditory privacy was inadequate for patients during the check-in process at the Pittsfield 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 provided to the check-in clerk. VHA policy[9] requires auditory privacy when individuals' PII is discussed.

Infection Control

We found that hand hygiene data for the Greenfield and Pittsfield CBOCs were collected for only one month in the past year. Therefore, the facility could not identify any trends or conduct the appropriate data analysis. The Center for Disease Control and Prevention (CDC)[10] recommends that healthcare facilities develop a comprehensive IC program with a hand hygiene component, which includes monitors, data analysis, and provider feedback. The intent is to foster a culture of hand hygiene compliance that ensures the control of infectious diseases.

[7] The Health Insurance Portability and Accountability Act of 1996 (HIPAA), privacy rule's protection of the privacy of individually identifiable health information.
[8] The JC Standard MM 03.01.01.
[9] VHA Handbook 1605.1, *Privacy and Release of Information*, May 17, 2006.
[10] CDC is one of the components of the Department of Health and Human Services that is responsible for health promotion; prevention of disease, injury and disability; and preparedness for new health threats.

Cleaning Chemicals

We found unsecured cleaning chemicals in patient care areas at both CBOCs. Cleaning chemicals can be hazardous to patients and should be stored in a secured non-patient care area.[11]

Medical Equipment

At the Pittsfield CBOC, we found the electrocardiogram (EKG) machine had not received the last biannual biomedical inspection according to their medical equipment maintenance schedule. During our onsite review, the required inspection was completed; therefore, we made no recommendation.

Recommendation 2. We recommended that the VISN 1 Director ensure that the Northampton VAMC Director requires that the CBOC staff develop and implement a secure method of transporting medications and patient care documents from the Greenfield and Pittsfield CBOCs to the Northampton VAMC.

The VISN and VAMC Directors concurred with our finding and recommendation. Transportation bins will be made available to staff for secure transport of patient care documents and medications. 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 1 Director ensure that the Northampton VAMC Director requires auditory privacy be maintained during the check-in process at the Pittsfield CBOC.

The VISN and VAMC Directors concurred with our finding and recommendation. Auditory privacy will be improved by re-arranging seating, installing a sign, and adding a barrier line. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 4. We recommended that the VISN 1 Director ensure that the Northampton VAMC Director requires that the hand hygiene monitors at the Greenfield and Pittsfield CBOCs are collected, analyzed, and reported as required by the CDC.

The VISN and VAMC Directors concurred with our finding and recommendation. Hand hygiene data will be collected and analyzed for trends and patterns, and the information will then be forwarded to the Executive Committee of the Medical Staff for any necessary action. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

[11] The JC Standard EC.02.02.01.

Recommendation 5. We recommended that the VISN 1 Director ensure that the Northampton VAMC Director requires all cleaning chemicals are properly secured at the Greenfield and Pittsfield CBOCs.

The VISN and VAMC Directors concurred with our finding and recommendation. All staff have been reminded of the need to secure cleaning supplies, and designated utility rooms have been identified as the appropriate storage sites. The improvement plans are acceptable; however, this recommendation will not be closed until documentation has been received and reviewed.

Emergency Management

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

Suicide Safety Plans

Safety plans should have patient and/or family input, be behavior oriented, and identify warning signs preceding crisis and internal coping strategies. Safety plans should also identify when patients should seek non-professional support, such as from family and friends, and when patients need to seek professional help. Additionally, safety plans must include information about how patients can access professional help 24 hours a day, 7 days a week.[12]

We reviewed the medical records of three Pittsfield patients assessed to be at high risk for suicide and found that clinicians had developed timely safety plans that included all required elements. We also found evidence to support the patients and/or their families participated in the development of the plans.

[12] Deputy Under Secretary for Health for Operations and Management, *Patients at High-Risk for Suicide* Memorandum, April 24, 2008.

B. VISN 2, VA Western New York HCS-Buffalo – Dunkirk and Niagara Falls

Quality of Care Measures

Both the Dunkirk and Niagara Falls CBOCs' quality measure scores equaled or exceeded the parent facility's scores with the following exceptions. The Dunkirk and Niagara Falls CBOCs scored slightly lower in DM low-density lipoprotein-cholesterol (LDL-C) and renal testing. The Niagara Falls CBOC scored lower in influenza, ages 50-64 (60 percent), and ages 65 or older age group (76 percent). The influenza low scores can be attributed to patients declining the vaccination. (See Appendix K.)

Credentialing and Privileging

We reviewed the C&P files of two providers and the personnel folders of two nurses at the Dunkirk CBOC and two providers and three nurses at the Niagara Falls CBOC. All providers possess a full, active, current, and unrestricted license and privileges were appropriate for services rendered. All nurses' license and education requirements were verified and documented.

Environment and Emergency Management

Environment of Care

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, IC, and general maintenance. Both CBOCs met most standards, and the environments were generally clean and safe. However, we identified the following area that needed improvement.

Life Safety

We did not find evidence of an annual fire and safety inspection at the Niagara Falls CBOC for 2009. The Joint Commission (JC)[13] requires that fire safety equipment and fire safety building features be maintained and inspected in order to identify conditions that do not meet the National Fire Protection Association (NFPA) Life Safety Code 101. Management acknowledged the inspection had not been conducted as required.

Recommendation 6. We recommended that the VISN 2 Director ensure that the VA Western New York HCS-Buffalo Director requires fire safety inspections be conducted annually at the Niagara Falls CBOC.

The VISN and VAMC Directors concurred with our finding and recommendation. The facility located the 2009 fire/life safety inspection report and has conducted the 2010

[13] Joint Commission Standard EC 02.03.05

inspection; therefore, we will close this recommendation once documentation of inspections is received and reviewed.

Emergency Management

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

Suicide Safety Plans

Safety plans should have patient and/or family input, be behavior oriented, and identify warning signs preceding crisis and internal coping strategies. Safety plans should also identify when patients should seek non-professional support, such as from family and friends, and when patients need to seek professional help. Additionally, safety plans must include information about how patients can access professional help 24 hours a day, 7 days a week.

We reviewed the medical records of 10 patients assessed (5 patients for each CBOC) to be at high risk for suicide and identified the following area that needed improvement. We did not find documentation in 7 (70 percent) of the 10 records reviewed that a copy of the safety plan was given to the veteran as required. Managers agreed with the review results and changed the documentation template while we were on site. Thus, providers cannot authenticate (electronic signature) the progress note until they mark in the template that the patient was given a copy of the safety plan.

Recommendation 7. We recommended that the VISN 2 Director ensure that the VA Western New York HCS-Buffalo Director ensures there is evidence in the medical record at both the Dunkirk and Niagara Falls CBOCs to show that the patient received a copy of the suicide safety plan.

The VISN and VAMC Directors concurred with our finding and recommendation. Providers can no longer authenticate the progress note until they mark in the template that the patient received a copy of the suicide safety plan. The improvement plans are acceptable; however, this recommendation will not be closed until documentation has been received and reviewed.

CBOC Contract

Dunkirk CBOC

The contract for the Dunkirk CBOC is administered through VA Western New York HCS for delivery and management of primary and preventative medical care for all

eligible veterans in VISN 2. Contracted services with Valor Healthcare, Inc. began on April 1, 2007, with option years and extensions extending the contract through March 31, 2012. The contract terms state that the CBOC will have (1) a physician licensed in the State of New York and (2) other PCPs to include PAs and NPs. There were 1.7 FTE PCPs for the 1st Qtr, FY 2010. The contract for MH services is provided by VA staff utilizing contractor facilities. The VA provided services for 258 MH encounters at the CBOC, which included individual and telemedicine therapy sessions in 1st Qtr, FY 2010. The contractor was compensated by the number of enrollees at monthly capitated rate per enrollee. The CBOC had 1,716 unique primary medical care enrollees with 6,684 visits, as reported on the FY 2009 CBOC Characteristics report (see Table 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 Western New York HCS and contractor personnel. Our review focused on documents and records for the 1st Qtr, FY 2010. 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 (COTR); and duplicate, missing, or incomplete SSNs on the invoices.

We commend VA Western New York HCS's level of contract oversight and implementation of business processes designed to more effectively manage VA healthcare resources.

The Primary Care Management Module (PCMM) Coordinator is responsible for maintaining currency of information in the PCMM database. The VA Western New York HCS has approximately 31,000 active patients, with approximately 1,650 being assigned to the Dunkirk CBOC. We reviewed PCMM data reported by VHA Support Service Center (VSSC) and the VA Western New York HCS and analyzed select data for compliance with VHA policies. We made inquiries about the number of patients assigned to more than one PCP and unassigned or potentially deceased patients.

In inquiries with the PCMM Coordinator, we noted that VA Western New York HCS PCMM panels had 709 patients with two or more PCPs assigned. Of the 709 patients, 135 had not had a visit since December 2008. VHA Handbook 1101.02 states that each patient must have only one assigned PCP within the VA system unless approval has been obtained for more than one provider. Patients with two or more PCPs assigned inflate primary care panel sizes and increase medical care costs for contracted care.

Recommendation 8. We recommended that the VISN 2 Director ensure that the VA Western New York HCS-Buffalo Director ensures that the PCMM Coordinator performs in accordance with VHA Handbook 1101.02 to reduce the number of veterans assigned to more than one PCP.

The VISN and VAMC Directors concurred with our finding and recommendation. The Western New York HCS-Buffalo will bi-weekly check the VSSC dual PCP enrollments, and all patients who are dually enrolled will be validated and approved or disenrolled at one of the sites. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

C. VISN 4, VA Butler HCS – Marzano and Clarion County

Quality of Care Measures

The Marzano and Clarion County CBOCs quality measure scores equaled or exceeded the parent facility's quality measures scores, with the exception of the following. The Marzano CBOC scored below the parent facility in the DM foot inspection, pedal pulse, and retinal exam, and patient screen with PTSD. The Clarion County CBOC scored below the parent facility for influenza, both age groups, and DM glycosylated hemoglobin molecule (HbgA1c), retinal exam, and LDL-C testing. (See Appendix L.)

Credentialing and Privileging

We reviewed the C&P file of five providers and the personnel folders for four nurses at the Marzano CBOC and reviewed the files of four providers and the personnel folder for one nurse at the Clarion County CBOC. All providers and nursing staff possess a full, active, current, and unrestricted license; and privileges were appropriate for service rendered.

Environment and Emergency Management

Environment of Care

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, IC, and general maintenance. Both clinics met standards, and the environments were generally clean and well maintained. However, we identified the following area that needed improvement.

Auditory Privacy

The auditory privacy was inadequate for patients during the check-in process at the Marzano CBOC. VHA Handbook 1605.14 requires auditory privacy when staff discusses sensitive patient issues. At the Marzano CBOC, patients communicate with staff through a slide-open glass window located in the waiting area. Patients are asked to provide, at a minimum, their name and full SSN. There were no instructions to incoming patients to allow patients at the window a zone of audible privacy during the check-in process.

Personally Identifiable Information

At the Marzano CBOC, we found documents with patient's name and SSNs located in the physical therapist room. The room was not locked and not under the direct oversight of staff. Hard copies of patients' PII should be in a locked desk, cabinet, or container.

Handicap Access

Ramps to the front doors at the Clarion County CBOC allowed patients in wheelchairs or with other assistive devices to independently maneuver to the CBOC doors. However, at the Marzano CBOC, the entrance did not allow for independently maneuvering. In addition, both CBOCs were not equipped with an automatic door opener or doorbell to assist patients with accessing the building. At the Marzano CBOC, the door had a turn knob. The American Disability Act (ADA) requires that accessible doors are equipped with handles that are easy to grasp with one hand and do not require tight grasping, pinching, or twisting of the wrist to operate.

Recommendation 9. We recommended that the VISN 4 Director ensure that the VA Butler HCS Director requires auditory privacy be maintained during check-in process at the Marzano CBOC.

The VISN and VAMC Directors concurred with our finding and recommendation. Communication signage will be posted and a partition will be installed to improve auditory privacy. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 10. We recommended that the VISN 4 Director ensure that the VA Butler HCS Director requires that all PII is secured and protected at the Marzano CBOC.

The VISN and VAMC Directors concurred with our finding and recommendation. All staff have been educated on the security of patient PII, and the CBOC Coordinator will conduct weekly rounds to monitor the security of PII. 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 4 Director ensure that the VA Butler HCS Director requires that modifications to the entrance doors be made to improve access for disabled veterans at both the Marzano and Clarion County CBOCs.

The VISN and VAMC Directors concurred with our finding and recommendation. Automatic doors will be installed to improve access for disabled veterans. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

<u>Emergency Management</u>

VHA Handbook 1006.1 requires each CBOC to have a local policy or SOP defining how medical and MH emergencies are handled. Both CBOCs 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.

Suicide Safety Plans

Safety plans should have patient and/or family input, be behavior oriented, and identify warning signs preceding crisis and internal coping strategies. Safety plans should also identify when patients should seek non-professional support, such as from family and friends, and when patients need to seek professional help. Additionally, safety plans must include information about how patients can access professional help 24 hours a day, 7 days a week.

We reviewed the medical records of seven patients from the Marzano CBOC and two patients from the Clarion County CBOC. At the Marzano CBOC, we found one record where the veteran's suicide safety plan was done in early December 2008. Documentation indicated that a copy of that plan was not given to the veteran until late April 2009. Furthermore, two records had no evidence to support that a copy of the safety plan had been provided to the patient. VHA requires specifically that a copy of the safety plan be provided to the patient. The sole act of providing a copy of the safety plan does not guarantee that the patient will not engage in a self-injurious act; however, a safety plan provides a pre-determined list of potential coping strategies to help a patient lower his imminent risk of suicidal behavior.

Recommendation 12. We recommended that the VISN 4 Director ensure that the VA Butler HCS Director adheres to VHA suicide safety plan requirements at the Marzano CBOC.

The VISN and VAMC Directors concurred with our finding and recommendation. A template has been revised to ensure a copy of the safety plan is given to the veteran, and the SPC will monitor the results. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

CBOC Contract

Clarion County CBOC

The contract for the Clarion County CBOC is administered through the VA Butler HCS for delivery and management of primary and preventative medical care for all eligible veterans in VISN 4. Contracted services with Clarion Hospital began on October 1, 2009, with option years and extensions extending the contract through September 30, 2014. The contract terms state that the CBOC will have (1) a physician licensed in the State of Pennsylvania, to serve as Medical Director and (2) other PCPs to include PAs and NPs. There was 1.0 FTE PCPs for the 1st Qtr, FY 2010. The contract for MH services is provided by VA staff utilizing contractor facilities. The VA provided services for 25 MH encounters at the CBOC for individual therapy sessions in 1st Qtr, FY 2010. The contractor was compensated by the number of enrollees at monthly capitated rate per

enrollee. The CBOC had 1,011 unique primary medical care enrollees with 1,972 visits, as reported on the FY 2009 CBOC Characteristics report (see Table 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 Butler HCS personnel. Our review focused on documents and records for the 1st Qtr, FY 2010. We reviewed the methodology for tracking and reporting the number of enrollees in compliance with the terms of the contract. We reviewed paid 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.

The PCMM Coordinator is responsible for maintaining currency of information in the PCMM database. VA Butler HCS has approximately 15,000 active patients with approximately 1,000 being assigned to the Clarion CBOC. We reviewed PCMM data reported by VSSC and the VA Butler HCS for compliance with VHA policies. We made inquiries about the number of patients assigned to more than one PCP and unassigned or potentially deceased patients.

We commend VA Butler HCS's level of oversight and implementation of business processes designed to more effectively manage VA healthcare resources. We particularly were impressed with VA Butler HCS's process to provide the list of eligible enrollees to the contractor for billing, which ensures the accuracy of the number of veterans paid for at the capitated rate at the CBOC.

Based upon our inspection of the contract, invoices, and other supporting documents for Clarion, there were no findings or recommendations noted for the period October 1 through December 31, 2009.

D. VISN 5, Martinsburg VAMC – Cumberland and Harrisonburg

Quality of Care Measures

The Cumberland CBOC met or exceeded the parent facility's quality measure scores except for the DM retinal eye exam, LDL-C, and renal testing; and influenza vaccination for ages 50–64 (56 percent) and ages 65 or older (67 percent). The influenza low scores can be attributed to patients declining the vaccination. The Harrisonburg CBOC met or exceeded the parent facility quality measure scores except for the DM pedal pulse, retinal eye exam, renal testing, foot sensation by monofilament, and monitoring of HgbA1c. (See Appendix M.)

Credentialing and Privileging

We reviewed the C&P files of five providers and personnel folders of four nurses at the Cumberland CBOC and four providers and four nurses at the Harrisonburg CBOC. All providers possess a full, active, current, and unrestricted license. All nurses' licenses and education requirements were verified and documented. However, we found the following areas that needed improvement.

Credentials

Local medical staff bylaws[14] and CBOC contract[15] provisions require that NPs have a master's degree in nursing. We did not find documentation that a NP at the Harrisonburg CBOC met the education requirements as stipulated in these documents. However, the provider did have a current license and certification in the specified discipline.

Scope of Practice

Each CBOC has only one provider that is designated to perform gynecological pelvic examinations. One NP at the Cumberland CBOC and one NP at the Harrisonburg CBOC were assigned to perform this clinical function. However, we found that pelvic examinations were not delineated within their scope of practice. Facility policy requires that clinical functions are listed within a scope of practice for affiliate medical staff members.[16]

Recommendation 13. We recommended that the VISN 5 Director ensure that the Martinsburg VAMC Director requires that managers verify provider education for compliance to local policy requirements and contract agreements at the Harrisonburg CBOC.

[14] Martinsburg VAMC, *Bylaws and Rules of the Medical Staff,* April 2008.
[15] Health Net Federal Services (Harrisonburg CBOC Contractor).
[16] Martinsburg VAMC, *Guidelines for Utilization of Affiliate Medical Staff Members*, Medical Center Memorandum No. 11-35, August 2000 (Extended to April 30, 2009).

The VISN and VAMC Directors concurred with our finding and recommendation. Medical Center Bylaws and Contract are being revised to reflect current practice. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 14. We recommended that the VISN 5 Director ensure that the Martinsburg VAMC Director requires that clinical functions performed at the Cumberland and Harrisonburg CBOCs are described in the providers' scope of practice.

The VISN and VAMC Directors concurred with our finding and recommendation. Scopes and delineation of privileges are being reviewed by the Clinical Service Chief to ensure all provider functions are being accurately reflected in C&P. 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, IC, and general maintenance. Both CBOCs met most standards, and the environments were generally clean and safe. However, we identified the following areas that needed improvement.

Personally Identifiable Information

We found documents with PII in an unsecured drawer in one examination room at the Harrisonburg CBOC. Consequently, patients could have access to the information. In addition, we found multiple blood vials labeled with PII on the counter in the unsecured and unattended laboratory. The laboratory door was open and accessible to patients in the hallway.

Recommendation 15. We recommended that the VISN 5 Director ensure that the Martinsburg VAMC Director requires the Harrisonburg CBOC maintain PII in a secure fashion and monitor compliance.

The VISN and VAMC Directors concurred with our finding and recommendation. Staff have been educated on PII security, and PII security has been added to all Primary Care and CBOC monthly EOC rounds. 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 and MH emergencies are handled. The Cumberland and Harrisonburg CBOCs

had a policy for emergency management that detailed how medical and MH emergencies would be handled. Our interviews revealed staff at each facility articulated responses that accurately reflected the local emergency response guidelines.

Suicide Safety Plans

Safety plans should have patient and/or family input, be behavior oriented, and identify warning signs preceding crisis and internal coping strategies. Safety plans should also identify when patients should seek non-professional support, such as from family and friends, and when patients need to seek professional help. Additionally, safety plans must include information about how patients can access professional help 24 hours a day, 7 days a week.

We reviewed medical records of one patient from the Cumberland CBOC and five patients from the Harrisonburg CBOC assessed to be at high-risk for suicide. We found that clinicians developed safety plans that included all required elements. The local policy[17] requires that patients admitted to the parent facility psychiatric unit have a safety plan completed and a copy of the safety plan provided to the patient prior to discharge. We found one patient that did not have a safety plan completed and three patients that were not provided a copy prior to discharge. However, staff implemented corrective actions prior to this onsite review to ensure that patients receive a copy of the safety plan.

In addition, the local policy requires that patients who have expressed suicidal thoughts or intent during an outpatient episode of care will have a safety plan completed before leaving the clinic. The SPC reported that this requirement also includes that safety plans must be completed for outpatients discharged from non-VA inpatient psychiatric units during their first VA follow-up appointment. We found the policy was not followed when two patients (one from the Cumberland CBOC and one from the Harrisonburg CBOC) did not have their safety plan completed within the stipulated timeframe.

Recommendation 16. We recommended that the VISN 5 Director ensure that the Martinsburg VAMC Director requires that staff complete safety plans and monitor for compliance that the plans are completed and patients receive copies of the plan as required by local policy at the Cumberland and Harrisonburg CBOCs.

The VISN and VAMC Directors concurred with our finding and recommendation. The SPC will monitor compliance with VA policy for patient safety plans. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

[17] Martinsburg, VAMC, *Management of Patients Exhibiting Suicidal Tendencies*, Medical Center Memorandum 116-29, October 2008.

CBOC Contract

Harrisonburg CBOC

The contract for the Harrisonburg CBOC is administered through Martinsburg VAMC for delivery and management of primary and preventative medical care, as well as MH care, for all eligible veterans in VISN 5. Contracted services with Health Net Federal Services, Inc. began on March 5, 2009, with option years and extensions extending the contract through March 4, 2012. Health Net has a sub-contract with STG International, Inc. to provide the medical staff that supports the Harrisonburg CBOC. The contract terms state that the CBOC will have: (1) a designated physician, licensed in the State of West Virginia, to serve as Medical Director; (2) a full-time psychiatrist to be responsible for the proper provision of covered MH services; (3) a full-time pharmacist to review medication orders (in accordance with JC standards) and to conduct the anti-coagulation clinic; and (4) other PCPs to include PAs, NPs, and MH providers. There were 4.0 FTE PCPs for the 1st Qtr, FY 2010. The VA provided services for 476 MH encounters at the CBOC, which included individual and telemedicine therapy sessions in 1st Qtr, FY 2010. The contractor was compensated by the number of enrollees at a monthly capitated rate per enrollee for primary care services and paid an hourly rate for MH services. The CBOC had 3,428 unique primary medical care enrollees with 16,783 visits as reported on the FY 2009 CBOC Characteristics report (see Table 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 Martinsburg VAMC personnel. Our review focused on documents and records for the 1st Qtr, FY 2010. We reviewed the methodology for tracking and reporting the number of enrollees in compliance with the terms of the contract. We reviewed paid capitation rates for compliance with the contract; form and substance of the contract invoices for ease of data analysis by the representative COTR; and duplicate, missing, or incomplete SSNs on the invoices.

The PCMM Coordinator is responsible for maintaining currency of information in the PCMM database. Martinsburg VAMC has approximately 28,000 active patients with approximately 3,500 being assigned to the Harrisonburg CBOC. We reviewed PCMM data reported by VSSC and Martinsburg VAMC for compliance with VHA policies. We made inquiries about the number of patients assigned to more than one PCP and unassigned or potentially deceased patients.

The contract allows for the contractor to be paid the monthly capitated rate per enrollee as long as the enrollee has a vesting visit at least once every 2 years. Most contracts for primary care at other contracted CBOCs require an annual vesting visit. Our analysis showed that if the contractor was paid contingent upon an enrollee having a vesting visit at least once per year, the VA would have saved approximately $7,000 on the December 2009 invoice alone and projected an annual savings of approximately $84,000.

Based upon our inspection of the contract, invoices, and other supporting documents for Harrisonburg, there were no findings or recommendations noted for the period October 1 through December 31, 2009.

Appendix A

VISN 1 Director Comments

Department of Veterans Affairs **Memorandum**

Date: August 11, 2010

From: Director, VISN 1 (10N1)

Subject: **Healthcare Inspection – CBOC Reviews: Pittsfield and Greenfield, MA**

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

Attached please find response from VISN 1 for the Draft Report for Northampton VA Community Based Outpatient Clinic Reviews of Pittsfield and Greenfield, MA.

If you have any questions, please contact Mr. Roger Johnson, Director Northampton VAMC at (413) 582-3000.

(original signed by:)

Michael Mayo-Smith, MD

Network Director

Northampton VAMC Director Comments

Department of Veterans Affairs **Memorandum**

Date: August 5, 2010

From: Director, Northampton VAMC (631/00)

Subject: **Healthcare Inspection – CBOC Reviews: Pittsfield and Greenfield, MA**

To: Director, VISN 1 (10N1)

1. Attached please find response to the Draft Report for Northampton VA Community Based Outpatient Clinic Reviews of Pittsfield and Greenfield, MA.

2. I concur with the findings and have developed action plans for each.

3. If you have any questions, please contact me at (413) 582-3000.

(original signed by:)

Roger Johnson
Director, Northampton VA Medical Center

Northampton 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 1. We recommended that the VISN 1 Director ensure that the Northampton VAMC Director requires that all designated CBOC staff at both the Pittsfield and Greenfield CBOCs maintain a current BLS certification.

Concur **Target Completion Date: August 31, 2010**

Service lines will identify staff required to maintain Basic Cardiac Life Support (BCLS) certification. They will develop a tracking sheet which indicates by name and date, the expiration of current BCLS. This information will be provided to the Education Department who will enter BCLS as a curriculum item for these staff into the Learning Management System (LMS). This will then generate automatic email notification to employees and their supervisors when recertification is due and provide an additional tracking mechanism to ensure there is no break in certification. Education Department will monitor for compliance quarterly.

Recommendation 2. We recommended that the VISN 1 Director ensure that the Northampton VAMC Director requires that the CBOC staff develop and implement a secure method of transporting medications and patient care documents from the Greenfield and Pittsfield CBOCs to the Northampton VAMC.

Concur **Target Completion Date: August 31, 2010**

Transportation bins will be made available to staff for secure transport of patient care documents and medications. The bins are color coded and labeled indicating which are for pharmacy and which contain patient care documents. These are secured with a locking mechanism on the bins. Bins containing medications will go directly to the pharmacy for disposition and those containing patient care documents will go to the mail room for disposition. Additionally, a Standard Operating Procedure is being developed to guide staff in the implementation of this requirement.

Recommendation 3. We recommended that the VISN 1 Director ensure that the Northampton VAMC Director requires auditory privacy be maintained during the check-in process at the Pittsfield CBOC.

Concur **Target Completion Date: August 31, 2010**

Seating will be re-arranged in the waiting room, such that the distance between the chairs and the check in window will be increased. A sign will be installed requesting that patients waiting to check in stand at a barrier line to respect the privacy of other patients. A theater style pole and barrier line will be placed at a distance that will afford auditory privacy.

Recommendation 4. We recommended that the VISN 1 Director ensure that the Northampton VAMC Director requires that the hand hygiene monitors at the Greenfield and Pittsfield CBOCs are collected, analyzed, and reported as required by the CDC.

Concur **Target Completion Date: October 31, 2010**

Hand hygiene observations will increase to twenty (20) per month in all clinical practice areas. This will be accomplished by utilizing members of the committee and selected Infection Control Champions to conduct the observations. The participants will record their findings on the hand hygiene observation tool, which will be completed and forwarded to the Infection Control Nurse (ICN). Data will be collected by the ICN and analyzed at the Infection Control Committee for trends and patterns. This information is subsequently forwarded to the Executive Committee of the Medical Staff for any necessary action. A full three months worth of data is expected to be collected by October 31, 2010.

Recommendation 5. We recommended that the VISN 1 Director ensure that the Northampton VAMC Director requires all cleaning chemicals are properly secured at the Greenfield and Pittsfield CBOCs.

Concur **Target Completion Date: July 31, 2010**

All clinic staff were reminded of the need to secure cleaning supplies. Designated utility rooms have been identified as the appropriate storage sites. Additionally, specific staff at each site have been tasked with making rounds to ensure that chemicals aren't left in patient care areas. We recommend this action be CLOSED.

Appendix C

VISN 2 Director Comments

Department of Veterans Affairs **Memorandum**

Date: 8/12/10

From: Director, VISN 2 (10N2)

Subject: **Healthcare Inspection – CBOC Reviews: Dunkirk and Niagara Falls, NY**

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

Linda D. Weiss, MS, FACHE

Concur: Stephen L. Lemons, Ed. D.
Network Director

Appendix D

VA Western New York HCS-Buffalo Director Comments

Department of Veterans Affairs **Memorandum**

Date: August 5, 2010

From: Director, VA Western New York HCS-Buffalo (528/00)

Subject: **Healthcare Inspection – CBOC Review: Dunkirk and Niagara Falls, NY**

To: Director, VISN 2 (10N2)

Attached you will find the status request update for the Dunkirk and Niagara Falls, NY CBOC review.

If further documentation is needed please do not hesitate to contact us.

(original signed by:)

WILLIAM F. FEELEY, MSW, FACHE

VA Western New York HCS-Buffalo
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 6. We recommended that the VISN 2 Director ensure that the VA Western New York HCS-Buffalo Director requires fire safety inspections be conducted annually at the Niagara Falls CBOC.

Concur **Target Completion Date: The Medical Center has completed the action but is awaiting closeout confirmation by the OIG.**

Documentation of the fire inspection conducted in 2009 could not be located at the time of the survey; however, the inspection was conducted on February 19, 2009. This survey did not identify any fire/life safety deficiencies. CBOC visits are conducted semi-annually during EOC rounds. Environmental Rounds were conducted on June 16, 2009 and October 20, 2009. There were no fire/life safety deficiencies noted. On June 15, 2010, EOC rounds identified that emergency lights were needed in the back exit corridor before the final exit from the building. This was corrected on June 21, 2010.

The 2010 annual fire/life safety inspection was conducted on January 15, 2010. The next annual inspection is scheduled for January 2011.

Recommendation 7. We recommended that the VISN 2 Director ensure that the VA Western New York HCS-Buffalo Director ensures there is evidence in the medical record at both the Dunkirk and Niagara Falls CBOCs to show that the patient received a copy of the suicide safety plan.

Concur **Target Completion Date: The Medical Center has completed the action but is awaiting closeout confirmation by the OIG.**

The computerized note template was changed while the OIG inspectors were onsite (6/21/10). Providers can no longer authenticate (electronic signature) the progress note until they mark in the template that the patient received a copy of the suicide safety plan.

Recommendation 8. We recommended that the VISN 2 Director ensure that the VA Western New York HCS-Buffalo Director ensures that the PCMM Coordinator performs in accordance with VHA Handbook 1101.02 to reduce the number of veterans assigned to more than one PCP.

Concur **Target Completion Date: September 1, 2010**

We concur that Veterans in Primary Care should not have dual assignments unless approved.

A review has been conducted to determine the number of Veterans with dual assignments. An action plan (to be completed by September 1, 2010) has been initiated to assign a singular provider or approval of dual providers.

Beginning September 1, 2010, VAWNYHS will check the VSSC dual PCP enrollments bi-weekly. All patients who are dually enrolled will be validated and approved or disenrolled at one of the sites.

Appendix E

VISN 4 Director Comments

Department of Veterans Affairs **Memorandum**

Date: August 9, 2010

From: Director, VISN 4 (10N4)

Subject: **Healthcare Inspection – CBOC Reviews: Marzano and Clarion County, PA**

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

Concur

(original signed by:)

Michael E. Moreland, FACHE
VISN 4 Network Director

Appendix F

VA Butler HCS Director Comments

Department of Veterans Affairs **Memorandum**

Date: August 9, 2010

From: Director, VA Butler HCS (529/00)

Subject: **Healthcare Inspection – CBOC Review: Marzano and Clarion County, PA**

To: Director, VISN 4 (10N4)

1. Attached is response to the draft OIG Report from the survey conducted at Butler VA Healthcare during the week of June 21-25, 2010.

2. We concur with all recommendations and corrective actions have been initiated.

3. Thank you for the opportunity to participate in this review.

(original signed by:)

PATRICIA NEALON
Director

cc: Ms Linda Lutes, Director, Management Review Office (10B5)

VA Butler 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 9. We recommended that the VISN 4 Director ensure that the VA Butler HCS Director requires auditory privacy be maintained during check-in process at the Marzano CBOC.

Concur **Target Completion Date: September 1, 2010**

Actions planned, not yet complete:

Communication signage will be posted in the Marzano Community Based Outpatient Clinic instructing patients of the confidential privacy zone. A partition will be installed to improve auditory privacy.

Recommendation 10. We recommended that the VISN 4 Director ensure that the VA Butler HCS Director requires that all PII is secured and protected at the Marzano CBOC.

Concur **Target Completion Date: September 1, 2010**

Actions completed to date:

The responsible staff member has been counseled on the privacy violation and educated on security of patient identifiable information. All staff has been educated on the security of patient identifiable information.

Actions planned, not yet completed:

The Community Based Outpatient Clinic Coordinator will conduct weekly rounds to monitor the security of patient identifiable information. Findings will be reported to the Privacy Officer for corrective action.

Recommendation 11. We recommended that the VISN 4 Director ensure that the VA Butler HCS Director requires that modifications to the entrance doors be made to improve access for disabled veterans at both the Marzano and Clarion County CBOCs.

Concur **Target Completion Date: March 31, 2011**

Actions completed to date:

The Community Based Outpatient Clinic Management Staff has met with the contractor of each site to discuss the planned installation of automatic doors.

Actions planned, not yet completed:

Automatic doors will be installed by March 31, 2011.

Recommendation 12. We recommended that the VISN 4 Director ensure that the VA Butler HCS Director adheres to VHA suicide safety plan requirements at the Marzano CBOC.

Concur **Target Completion Date: September 1, 2010**

Actions completed to date:

A template in the Computerized Patient Record System for the suicide safety plan has been revised to include a required field indicating that a copy of the plan was given to the veteran. This required field must be acknowledged prior to completion of the safety plan. Medical Center Memorandum PC-15 has been revised to reflect the need for veterans to receive a copy of the safety plan. The Suicide Prevention Coordinator will monitor that all high risk veterans are given a copy of the safety plan. The results of this monitor will be reported to Behavioral Health Council.

Appendix G

VISN 5 Director Comments

Department of Veterans Affairs **Memorandum**

Date: August 5, 2010

From: Director, VISN 5 (10N5)

Subject: **Healthcare Inspection – CBOC Reviews: Cumberland, MD and Harrisonburg, VA**

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

I concur with the findings, recommendations and specific correction actions planned for each recommendation by the Martinsburg VAMC Director.

(original signed by:)

SANFORD M. GARFUNKEL, FACHE

Appendix H

Martinsburg VAMC Director Comments

Department of Veterans Affairs **Memorandum**

Date: 7/28/10

From: Director, Martinsburg VAMC (613/00)

Subject: **Healthcare Inspection – CBOC Review: Cumberland, MD and Harrisonburg, VA**

To: Director, VISN 5 (10N5)

1. I have received and concur with the four recommendations in the Healthcare Inspection CBOC Reviews: Cumberland, MD and Harrisonburg, VA.

2. Corrective action plans have been established with planned completion dates as detailed in the attached report.

(original signed by:)

Ann R. Brown, FACHE

Martinsburg 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 13. We recommended that the VISN 5 Director ensure that the Martinsburg VAMC Director requires that managers verify provider education for compliance to local policy requirements and contract agreements at the Harrisonburg CBOC.

Concur **Target Completion Date: September 15, 2010**

Medical Center Bylaws and Contract are being revised to reflect current practice and to include verbiage, "completion and certification as a nurse practitioner", in accordance with VHA guidelines.

Recommendation 14. We recommended that the VISN 5 Director ensure that the Martinsburg VAMC Director requires that clinical functions performed at the Cumberland and Harrisonburg CBOCs are described in the providers' scope of practice.

Concur **Target Completion Date: September 15, 2010**

Scopes and Delineation of Privileges are being reviewed by Clinical Service Chief to make sure that all provider functions are being accurately reflected in Credentialing and Privileging. These are due back to Executive Council of the Medical Staff (ECMS) Professional Standards Board (PSB) by August 13, 2010.

Recommendation 15. We recommended that the VISN 5 Director ensure that the Martinsburg VAMC Director the Harrisonburg CBOC maintain PII in a secure fashion and monitor compliance.

Concur **Target Completion Date: August 1, 2010**

Harrisonburg staff has discontinued the practice of placing patient information outside the providers' doors in privacy envelopes. Staff has been instructed not to place information in clinical areas, in which patients may be left unattended. Harrisonburg CBOC Nurse Manager has addressed

PII security in the CBOC staff meetings. PII Security has been added to all Primary Care and CBOC monthly EOC rounds.

Recommendation 16. We recommended that the VISN 5 Director ensure that the Martinsburg VAMC Director requires that staff complete safety plans and monitor for compliance that the plans are completed and patients receive copies of the plan as required by local policy at the Cumberland and Harrisonburg CBOCs.

Concur **Target Completion Date: September 15, 2010**

Staff had implemented corrective actions prior to the onsite review to ensure that patients receive a copy of the safety plans. The suicide prevention coordinator shall be responsible for monitoring compliance with VA policy on patient safety plans. He/she shall conduct monthly review of all patients who have been identified as being at high risk for suicide (flagged) during the month. The review, at a minimum, shall assure that written safety plans meet all VA requirements including but not limited to evidence that a copy of the plan was given to the patient and/or family. In cases where VA requirements were not met specific corrective action plans shall be developed and implemented. The suicide prevention coordinator shall report his/her findings monthly to the Chief, Mental health. Quarterly reports will be provided to the Mental Health Executive Council and Patient Safety Committee.

Appendix I

CBOC Characteristics

CBOC Station Number	CBOC Name	Parent VA	Specialty Care	Cardiology	Women's Health	Podiatry	Optometry	Dermatology
631GC	Pittsfield, MA	Northampton VAMC	No	No	No	No	No	No
631GD	Greenfield, MA	Northampton VAMC	No	No	No	No	No	No
528GC	Dunkirk, NY	VA Western NY HCS-Buffalo	No	No	No	No	No	No
528GD	Niagara Falls, NY	VA Western NY HCS-Buffalo	No	No	No	No	No	No
529GA	Hermitage (Marzano), PA	VA Butler HCS	No	No	No	No	No	No
529GD	Foxburg (Clarion County), PA	VA Butler HCS	No	No	No	No	No	No
613GA	Cumberland, MD	Martinsburg VAMC	Yes	No	Yes	No	No	No
613GF	Harrisonburg, VA	Martinsburg VAMC	Yes	No	Yes	No	No	No

Specialty Care Services

CBOC Station Number	CBOC Name	Parent VA	Laboratory (draw blood)	Radiology	Onsite Pharmacy	Medicine (OT/PT)	EKG
631GC	Pittsfield, MA	Northampton VAMC	Yes	No	No	No	Yes
631GD	Greenfield, MA	Northampton VAMC	No	No	No	No	Yes
528GC	Dunkirk, NY	VA Western NY HCS-Buffalo	Yes	No	No	No	No
528GD	Niagara Falls, NY	VA Western NY HCS-Buffalo	Yes	No	No	No	No
529GA	Hermitage (Marzano), PA	VA Butler HCS	Yes	Yes	No	Yes	Yes
529GD	Foxburg (Clarion County), PA	VA Butler HCS	Yes	No	No	No	Yes
613GA	Cumberland, MD	Martinsburg VAMC	Yes	No	No	No	Yes
613GF	Harrisonburg, VA	Martinsburg VAMC	Yes	No	No	No	Yes

Onsite Ancillary Services

CBOC Station Number	CBOC Name	Internal Medicine Physician	Primary Care Physician	Nurse Practitioner	Physician Assistant	Psychiatrist	Psychologist	Licensed Clinical Social Worker	Others
631GC	Pittsfield, MA	No	Yes	No	No	Yes	No	Yes	No
631GD	Greenfield, MA	No	Yes	No	No	Yes	No	No	No
528GC	Dunkirk, NY	No	Yes	No	Yes	No	No	Yes	No
528GD	Niagara Falls, NY	No	Yes	Yes	No	No	No	Yes	No
529GA	Hermitage (Marzano), PA	No	Yes	Yes	No	Yes	Yes	Yes	Yes
529GD	Foxburg (Clarion County), PA	No	Yes	Yes	Yes	No	No	Yes	No
613GA	Cumberland, MD	No	Yes	Yes	Yes	No	No	Yes	No
613GF	Harrisonburg, VA	No	Yes	Yes	Yes	Yes	No	Yes	No

Providers Assigned to the CBOC

Note: Marzano has an Optometrist.

CBOC Station Number	CBOC Name	Parent VAs	Mental Health Care Services	Primary Care Physicians	Psychologist	Psychiatrist	Nurse Practitioner	Licensed Clinical Social Worker	Addiction Counselor	Physician Assistant
631GC	Pittsfield, MA	Northampton VAMC	Yes	No	No	Yes	No	Yes	No	No
631GD	Greenfield, MA	Northampton VAMC	Yes	No	No	Yes	No	Yes	No	No
528GC	Dunkirk, NY	VA Western NY HCS-Buffalo	Yes	No	No	Yes	No	Yes	No	No
528GD	Niagara Falls, NY	VA Western NY HCS-Buffalo	Yes	No	No	No	No	Yes	No	No
529GA	Hermitage (Marzano), PA	VA Butler HCS	Yes	No	No	No	Yes	Yes	No	No
529GD	Foxburg (Clarion County), PA	VA Butler HCS	Yes	No	No	No	Yes	Yes	No	No
613GA	Cumberland, MD	Martinsburg VAMC	Yes	No	Yes	Yes	No	Yes	Yes	No
613GF	Harrisonburg, MD	Martinsburg VAMC	Yes	Yes	No	Yes	Yes	Yes	No	Yes

Mental Health Clinicians

CBOC Station Number	CBOC Name	Parent VA	Miles to Parent Facility
631GC	Pittsfield, MA	Northampton VAMC	38
631GD	Greenfield, MA	Northampton VAMC	22
528GC	Dunkirk, NY	VA Western NY HCS-Buffalo	53
528GD	Niagara Falls, NY	VA Western NY HCS-Buffalo	22
529GA	Hermitage (Marzano), PA	VA Butler HCS	45
529GD	Foxburg (Clarion County), PA	VA Butler HCS	45
613GA	Cumberland, MD	Martinsburg VAMC	85
613GF	Harrisonburg, VA	Martinsburg VAMC	90

Miles to Parent Facility

Quality of Care Measures
Northampton VAMC[18] – Pittsfield and Greenfield

Measure	*Meets Target*	*Facility*	*Qtr 4 Numerator*	*Qtr 4 Denominator*	*Qtr 4 Percentage*
Influenza Vaccination, 50−64	**66**	**National**	**4,843**	**6,973**	**69**
	66	631 Northampton VAMC	32	44	**73**
		631GC Pittsfield	18	28	**64**
		631GD Greenfield	27	37	**73**

Influenza Vaccination, 50−64 Years of Age, 4th Qtr, FY 2009

Measure	*Meets Target*	*Facility*	*Qtr 4 Numerator*	*Qtr 4 Denominator*	*Qtr 4 Percentage*
Influenza Vaccination, 65 or older	**83**	**National**	**5,460**	**6,499**	**84**
	83	631 Northampton VAMC	49	57	**86**
		631GC Pittsfield	33	47	**70**
		631GD Greenfield	34	38	**89**

Influenza Vaccination, Age 65 or Older, 4th Qtr, FY 2009

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM - Outpatient Foot Inspection	**National**	**4,321**	**4,651**	**93**
	631 Northampton VAMC	26	27	**94**
	631GC Pittsfield	29	29	**100**
	631GD Greenfield	45	45	**100**

DM Foot Inspection, FY 2010

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr1 Percentage*
DM - Outpatient - Foot Pedal Pulses	**National**	**4,208**	**4,651**	**90**
	631 Northampton VAMC	26	27	**94**
	631GC Pittsfield	29	29	**100**
	631GD Greenfield	45	45	**100**

Foot Pedal Pulse, FY 2010

[18] http://vaww.pdw.med.va.gov/MeasureMaster/MMReport.asp Note: Scores are weighted. The purpose of weighting is to correct for the over-representation of cases from small sites and the under-representation of cases from large sites. It corrects for the unequal number of available cases within each organizational level (i.e., CBOC, facility) and protects against the calculation of biased or inaccurate scores. Weighting can alter the raw measure score (numerator/denominator) in different ways, particularly measures with small "N"(s). Raw scores can go up or down depending on which cases pass or fail a measure. Sometimes the adjustment can be quite significant.

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM – Outpatient Foot Sensory Exam Using Monofilament	**National**	**4,126**	**4,630**	**89**
	631 Northampton VAMC	24	26	**86**
	631GC Pittsfield	29	29	**100**
	631GD Greenfield	44	44	**100**

Foot Sensory, FY 2010

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM – Retinal Eye Exam	**70**	**National**	**3,181**	**3,510**	**91**
	70	631 Northampton VAMC	18	19	**91**
		631GC Pittsfield	28	29	**97**
		631GD Greenfield	33	46	**72**

Retinal Exam, FY 2010

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM – LDL-C	**88**	**National**	**3,413**	**3,511**	**97**
	88	631 Northampton VAMC	19	19	**100**
		631GC Pittsfield	29	29	**100**
		631GD Greenfield	45	46	**98**

Lipid Profile, FY 2010

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM – HbgA1c	**93**	**National**	**3,452**	**3,512**	**98**
	93	631 Northampton VAMC	19	19	**100**
		631GC Pittsfield	29	29	**100**
		631GD Greenfield	45	46	**98**

HbgA1c Testing, FY 2010

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM - Renal Testing	**88**	**National**	**3,371**	**3,512**	**95**
	88	631 Northampton VAMC	18	19	**91**
		631GC Pittsfield	29	29	**100**
		631GD Greenfield	43	46	**94**

Renal Testing, FY 2010

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
Patient Screen with PC-PTSD	**95**	**National**	**9,761**	**10,006**	**98**
	95	631 Northampton VAMC	31	31	**100**
		631GC Pittsfield	9	12	**75**
		631GD Greenfield	4	7	**57**

PTSD Screening, FY 2010

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
***Patient Screen with PC-PTSD with* timely Suicide Ideation/Behavior Evaluation**	**75**	**National**	**239**	**379**	**64**
	75	631 Northampton VAMC	2	2	**100**
		631GC Pittsfield	2	2	**100**
		631GD Greenfield	*	*	*****

PTSD Screening with Timely Suicide Ideation/Behavior Evaluation, FY 2010

Null values are represented by *, indicating no eligible cases.

Quality of Care Measures
VA Western New York HCS[19] – Dunkirk and Niagara Falls

Measure	*Meets Target*	*Facility*	*Qtr 4 Numerator*	*Qtr 4 Denominator*	*Qtr4 Percentage*
Influenza Vaccination, 50−64	**66**	**National**	**4,843**	**6,973**	**69**
	66	528 VA Western NY HCS-Buffalo	27	49	**55**
		528GC Dunkirk	23	28	**82**
		528GD Niagara Falls	15	25	**60**

Influenza Vaccination, 50−64 Years of Age, 4th Qtr, FY 2009

Measure	*Meets Target*	*Facility*	*Qtr 4 Numerator*	*Qtr 4 Denominator*	*Qtr 4 Percentage*
Influenza Vaccination, 65 or older	**83**	**National**	**5,460**	**6,499**	**84**
	83	528 VA Western NY HCS-Buffalo	51	56	**91**
		528GC Dunkirk	36	45	**80**
		528GD Niagara Falls	37	49	**76**

Influenza Vaccination, Age 65 or Older, 4th Qtr, FY 2009

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM - Outpatient Foot Inspection	**National**	**4,321**	**4,651**	**93**
	528 VA Western NY HCS-Buffalo	46	48	**94**
	528GC Dunkirk	47	47	**100**
	528GD Niagara Falls	50	50	**100**

DM Foot Inspection, FY 2010

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr1 Percentage*
DM - Outpatient - Foot Pedal Pulses	**National**	**4,208**	**4,651**	**90**
	528 VA Western NY HCS-Buffalo	46	48	**94**
	528GC Dunkirk	47	47	**100**
	528GD Niagara Falls	50	50	**100**

Foot Pedal Pulse, FY 2010

[19] http://vaww.pdw.med.va.gov/MeasureMaster/MMReport.asp Note: Scores are weighted. The purpose of weighting is to correct for the over-representation of cases from small sites and the under-representation of cases from large sites. It corrects for the unequal number of available cases within each organizational level (i.e., CBOC, facility) and protects against the calculation of biased or inaccurate scores. Weighting can alter the raw measure score (numerator/denominator) in different ways, particularly measures with small "N"(s). Raw scores can go up or down depending on which cases pass or fail a measure. Sometimes the adjustment can be quite significant.

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM – Outpatient Foot Sensory Exam Using Monofilament	**National**	**4,126**	**4,630**	**89**
	528 VA Western NY HCS-Buffalo	46	48	**94**
	528GC Dunkirk	47	47	**100**
	528GD Niagara Falls	50	50	**100**

Foot Sensory, FY 2010

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM – Retinal Eye Exam	**70**	**National**	**3,181**	**3,510**	**91**
	70	528 VA Western NY HCS-Buffalo	27	32	**76**
		528GC Dunkirk	43	47	**91**
		528GD Niagara Falls	45	49	**92**

Retinal Exam, FY 2010

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM – LDL-C	**88**	**National**	**3,413**	**3,511**	**97**
	88	528 VA Western NY HCS-Buffalo	31	32	**100**
		528GC Dunkirk	45	47	**96**
		528GD Niagara Falls	49	50	**98**

Lipid Profile, FY 2010

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM – HbgA1c	**93**	**National**	**3,452**	**3,512**	**98**
	93	528 VA Western NY HCS-Buffalo	32	32	**100**
		528GC Dunkirk	47	47	**100**
		528GD Niagara Falls	48	50	**96**

HbgA1c Testing, FY 2010

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM - Renal Testing	**88**	**National**	**3,371**	**3,512**	**95**
	88	528 VA Western NY HCS-Buffalo	31	32	**100**
		528GC Dunkirk	46	47	**98**
		528GD Niagara Falls	48	50	**96**

Renal Testing, FY 2010

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
Patient Screen with PC-PTSD	**95**	**National**	**9,761**	**10,006**	**98**
	95	528 VA Western NY HCS-Buffalo	60	62	**95**
		528GC Dunkirk	17	17	**100**
		528GD Niagara Falls	10	11	**91**

PTSD Screening, FY 2010

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
***Patient Screen with PC-PTSD with* timely Suicide Ideation/Behavior Evaluation**	**75**	**National**	**239**	**379**	**64**
	75	528 VA Western NY HCS-Buffalo	2	4	**92**
		528GC Dunkirk	*	*	*
		528GD Niagara Falls	1	1	**100**

PTSD Screening with Timely Suicide Ideation/Behavior Evaluation, FY 2010

Null values are represented by *, indicating no eligible cases

Quality of Care Measures
VA Butler HCS[20] – Marzano and Clarion County

Measure	*Meets Target*	*Facility*	*Qtr 4 Numerator*	*Qtr 4 Denominator*	*Qtr 4 Percentage*
Influenza Vaccination, 50−64	**66**	**National**	**4,843**	**6,973**	**69**
	66	529 VA Butler HCS	31	41	**76**
		529GA Marzano	20	22	**91**
		529GD Clarion County	18	25	**72**

Influenza Vaccination, 50−64 Years of Age, 4th Qtr, FY 2009

Measure	*Meets Target*	*Facility*	*Qtr 4 Numerator*	*Qtr 4 Denominator*	*Qtr 4 Percentage*
Influenza Vaccination, 65 or older	**83**	**National**	**5,460**	**6,499**	**84**
	83	529 VA Butler HCS	54	61	**89**
		529GA Marzano	49	53	**92**
		529GD Clarion County	39	48	**81**

Influenza Vaccination, Age 65 or Older, 4th Qtr, FY 2009

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM - Outpatient Foot Inspection	**National**	**4,321**	**4,651**	**93**
	529 VA Butler HCS	30	31	**100**
	529GA Marzano	48	50	**96**
	529GD Clarion County	46	46	**100**

DM Foot Inspection, FY 2010

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr1 Percentage*
DM - Outpatient - Foot Pedal Pulses	**National**	**4,208**	**4,651**	**90**
	529 VA Butler HCS	30	31	**100**
	529GA Marzano	46	50	**92**
	529GD Clarion County	46	46	**100**

Foot Pedal Pulse, FY 2010

[20] http://vaww.pdw.med.va.gov/MeasureMaster/MMReport.asp Note: Scores are weighted. The purpose of weighting is to correct for the over-representation of cases from small sites and the under-representation of cases from large sites. It corrects for the unequal number of available cases within each organizational level (i.e., CBOC, facility) and protects against the calculation of biased or inaccurate scores. Weighting can alter the raw measure score (numerator/denominator) in different ways, particularly measures with small "N"(s). Raw scores can go up or down depending on which cases pass or fail a measure. Sometimes the adjustment can be quite significant.

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM – Outpatient Foot Sensory Exam Using Monofilament	**National**	**4,126**	**4,630**	**89**
	529 VA Butler HCS	26	30	**87**
	529GA Marzano	46	50	**92**
	529GD Clarion County	46	46	**100**

Foot Sensory, FY 2010

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM – Retinal Eye Exam	**70**	**National**	**3,181**	**3,510**	**91**
	70	529 VA Butler HCS	25	27	**100**
		529GA Marzano	45	50	**90**
		529GD Clarion County	39	46	**85**

Retinal Exam, FY 2010

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM – LDL-C	**88**	**National**	**3,413**	**3,511**	**97**
	88	529 VA Butler HCS	27	27	**100**
		529GA Marzano	49	50	**98**
		529GD Clarion County	44	46	**91**

Lipid Profile, FY 2010

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM – HbgA1c	**93**	**National**	**3,452**	**3,512**	**98**
	93	529 VA Butler HCS	27	27	**100**
		529GA Marzano	50	50	**100**
		529GD Clarion County	42	46	**91**

HbgA1c Testing, FY 2010

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM - Renal Testing	**88**	**National**	**3,371**	**3,512**	**95**
	88	529 VA Butler HCS	25	27	**85**
		529GA Marzano	50	50	**100**
		529GD Clarion County	46	46	**100**

Renal Testing, FY 2010

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
Patient Screen with PC-PTSD	**95**	**National**	**9,761**	**10,006**	**98**
	95	529 VA Butler HCS	52	52	**100**
		529GA Marzano	9	11	**82**
		529GD Clarion County	6	6	**100**

PTSD Screening, FY 2010

Quality of Care Measures
Martinsburg VAMC[21] – Cumberland and Harrisonburg

Measure	*Meets Target*	*Facility*	*Qtr 4 Numerator*	*Qtr 4 Denominator*	*Qtr 4 Percentage*
Influenza Vaccination, 50−64	**66**	**National**	**4,843**	**6,973**	**69**
	66	613 Martinsburg VAMC	26	45	**58**
		613GA Cumberland	14	25	**56**
		613GF Harrisonburg	7	11	**64**

Influenza Vaccination, 50−64 Years of Age, 4th Qtr, FY 2009

Measure	*Meets Target*	*Facility*	*Qtr 4 Numerator*	*Qtr 4 Denominator*	*Qtr 4 Percentage*
Influenza Vaccination, 65 or older	**83**	**National**	**5,460**	**6,499**	**84**
	83	613 Martinsburg VAMC	42	50	**84**
		613GA Cumberland	29	43	**67**
		613GF Harrisonburg	23	26	**88**

Influenza Vaccination, Age 65 or Older, 4th Qtr, FY 2009

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM - Outpatient Foot Inspection	**National**	**4,321**	**4,651**	**93**
	613 Martinsburg VAMC	37	39	**93**
	613GA Cumberland	42	42	**100**
	613GF Harrisonburg	41	41	**100**

DM Foot Inspection, FY 2010

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr1 Percentage*
DM - Outpatient - Foot Pedal Pulses	**National**	**4,208**	**4,651**	**90**
	613 Martinsburg VAMC	35	39	**88**
	613GA Cumberland	40	42	**95**
	613GF Harrisonburg	32	41	**78**

Foot Pedal Pulse, FY 2010

[21] http://vaww.pdw.med.va.gov/MeasureMaster/MMReport.asp Note: Scores are weighted. The purpose of weighting is to correct for the over-representation of cases from small sites and the under-representation of cases from large sites. It corrects for the unequal number of available cases within each organizational level (i.e., CBOC, facility) and protects against the calculation of biased or inaccurate scores. Weighting can alter the raw measure score (numerator/denominator) in different ways, particularly measures with small "N"(s). Raw scores can go up or down depending on which cases pass or fail a measure. Sometimes the adjustment can be quite significant.

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM – Outpatient Foot Sensory Exam Using Monofilament	**National**	**4,126**	**4,630**	**89**
	613 Martinsburg VAMC	36	39	**93**
	613GA Cumberland	40	42	**95**
	613GF Harrisonburg	32	41	**78**

Foot Sensory, FY 2010

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM – Retinal Eye Exam	**70**	**National**	**3,181**	**3,510**	**91**
	70	613 Martinsburg VAMC	28	32	**90**
		613GA Cumberland	37	42	**88**
		613GF Harrisonburg	35	41	**85**

Retinal Exam, FY 2010

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM – LDL-C	**88**	**National**	**3,413**	**3,511**	**97**
	88	613 Martinsburg VAMC	32	32	**100**
		613GA Cumberland	41	42	**98**
		613GF Harrisonburg	41	41	**100**

Lipid Profile, FY 2010

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM – HbgA1c	**93**	**National**	**3,452**	**3,512**	**98**
	93	613 Martinsburg VAMC	32	32	**100**
		613GA Cumberland	42	42	**100**
		613GF Harrisonburg	40	41	**98**

HbgA1c Testing, FY 2010

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM - Renal Testing	**88**	**National**	**3,371**	**3,512**	**95**
	88	613 Martinsburg VAMC	29	32	**99**
		613GA Cumberland	35	42	**83**
		613GF Harrisonburg	40	41	**98**

Renal Testing, FY 2010

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
Patient Screen with PC-PTSD	**95**	**National**	**9,761**	**10,006**	**98**
	95	613 Martinsburg VAMC	37	40	**97**
		613GA Cumberland	2	2	**100**
		613GF Harrisonburg	1	1	**100**

PTSD Screening, FY 2010

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
***Patient Screen with PC-PTSD with* timely Suicide Ideation/Behavior Evaluation**	**75**	**National**	**239**	**379**	**64**
	75	613 Martinsburg VAMC	1	1	**100**
		613GA Cumberland	1	1	**100**
		613GF Harrisonburg	*	*	*

PTSD Screening with Timely Suicide Ideation/Behavior Evaluation, FY 2010

Null values are represented by *, indicating no eligible cases.

OIG Contact and Staff Acknowledgments

OIG Contact	Marisa Casado, Director CBOC/Vet Center Program Review (727) 395-2416
Acknowledgments	Wachita Haywood, Associate Director Annette Acosta, MN, RN Nancy Albaladejo, RN, MSA Bruce Barnes Shirley Carlile, BA Lin Clegg, Ph.D. Marnette Dhooghe, MS Douglas Henao, MS, RD Stephanie Hills, BSN, MSN Zhana Johnson, CPA Anthony M. Leigh, CPA, CFE Reba B. Ransom, MSN, RN Wilma I. Reyes, MD, BS, CHCQM Thomas J. Seluzicki, CPA, CFE Marilyn Stones, Lead Program Specialist Ann R. Ver Linden, RN, BSN Cheryl Walker, MSN, MSBA, FNP-C Susan Zarter, RN, BSN

Appendix O

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