Department of Veterans Affairs

Office of Inspector General

Healthcare Inspection

Community Based Outpatient Clinic Reviews
Fredericksburg, VA
Danville and Lynchburg, VA
Greenville and Rock Hill, SC
Elgin and Oak Lawn, IL
Wisconsin Rapids and Loyal, WI

Report No. 10-00627-09 **October 19, 2010**

VA Office of Inspector General
Washington, DC 20420

To Report Suspected Wrongdoing in VA Programs and Operations:
Telephone: 1-800-488-8244
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Executive Summary

Introduction

The VA OIG, Office of Healthcare Inspections conducted a review of nine community-based outpatient clinics (CBOCs) during the week of July 19−23, 2010. The CBOCs reviewed in Veterans Integrated Service Network (VISN) 6 were Fredericksburg, Danville, and Lynchburg, VA; in VISN 7, Greenville and Rock Hill, SC; and, in VISN 12, Elgin and Oak Lawn, IL; and Wisconsin Rapids and Loyal, WI. The parent facilities of these CBOCs are Richmond VA Medical Center (VAMC), Salem VAMC, Columbia VAMC, Hines VAMC, and Tomah VAMC. 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

We would like to acknowledge the following areas of accomplishments:

Salem VAMC

- The Danville and Lynchburg CBOCs staff protect their patients' personally identifiable information by utilizing private areas for the check-in process and onsite scanning of documents into the electronic medical records.

Columbia VAMC

- The Rock Hill CBOC staff created a diabetic score card utilizing the symbol of a stop light. The card lists the standard reference ranges for diabetic goals related to glycated hemoglobin (HbgA1c), blood pressure, and low-density lipoprotein-cholesterol along with the patient's results. The patient can tell at a glance if his results are green, "keep up the good work;" yellow, "proceed with caution;" or red, "review his life style."
- The Columbia VAMC has a process to provide the list of eligible enrollees to the contractor for billing, which verifies the accuracy of the number of veterans paid for at the capitated rate at the Rock Hill CBOC.

Tomah VAMC

- The Tomah VAMC's level of oversight and implementation of business processes is designed to more effectively manage VA healthcare resources.

We also noted several opportunities for improvement and made recommendations to address all of these issues. The Directors, VISN 6, 7, and 12, in conjunction with the respective facility managers, should take appropriate actions on the following recommendations:

Richmond VAMC

- Require appropriate documentation in the service chief's comments in VetPro and Medical Professional Standards Board minutes in accordance with VHA Handbook 1100.19.
- Ensure threshold/criteria for Ongoing Professional Practice Evaluations are established and communicated to the providers at the Fredericksburg CBOC.
- Ensure the Fredericksburg CBOC adheres to Americans with Disabilities Act guidelines.
- Ensure the check-in area meets safety criteria at the Fredericksburg CBOC.
- Monitor and collect measurable hand hygiene data at the Fredericksburg CBOC.

Salem VAMC

- Monitor and collect measurable data for hand hygiene at the Lynchburg CBOC.
- Provide contract oversight in accordance with terms and conditions in the Danville CBOC contract. Specifically, we recommend that a review be performed on the invoice validation process to ensure that future overpayments do not occur and are adequately supported.
- Determine, with the assistance of the Regional Counsel, the extent and collectability of the overpayments on the contract.

Columbia VAMC

- Require that all device-specific standard operating procedures for reusable medical equipment are consistent with manufacturers' instructions (MI) at the Greenville CBOC.
- Require that staff competencies are consistent with MI at the Greenville CBOC.
- Review mental health cost control strategies, including differentiating between the cost for patient care encounters for group therapy and individual therapy sessions when assessing the best model for future contracts.

Hines VAMC

- Ensure that discussions and actions associated to the delineation of clinical privileges for providers at the Oak Lawn CBOC be documented and approved by the Medical Center Director.

Tomah VAMC

- Require that safety plans are developed for patients at high risk for suicide at the Wisconsin Rapids CBOC.

Comments

The VISN and VAMC Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes A–H, pages 24–40 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 VHA Handbook 1006.1[2] in the areas of environmental safety and emergency planning.
- Determine if applicable CBOCs comply with local and selected VHA standards for reusable medical equipment (RME) sterilization and low-high level disinfection.
- 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 who were 50 years of age or older; 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 evaluated if the CBOC reprocessed or sterilized RME onsite. If RME is reprocessed, we ascertained if each RME has a current standard operating procedure (SOP) or manufacturer's manual for reprocessing the piece of equipment. We reviewed staff training/competency records.

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) 6 has 8 VHA hospitals and 18 CBOCs, VISN 7 has 9 VHA hospitals and 23 CBOCs, and VISN 12 has 7 VHA hospitals and 30 CBOCs. As part of our review, we inspected 9 CBOCs. The CBOCs reviewed in VISN 6 were Fredericksburg, Danville, and Lynchburg, VA; in VISN 7, Greenville and Rock Hill, SC; and, in VISN 12, Elgin and Oak Lawn, IL; and Wisconsin Rapids and Loyal, WI. The parent facilities of these CBOCs are Richmond VA Medical Center (VAMC), Salem VAMC, Columbia VAMC, Hines VAMC, and Tomah VAMC.

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 6 VA-staffed CBOCs was 5,268 (range 858 to 16,007) and at the 3 contract CBOCs was 5,631 (range 3,209 to 7,196). Table 1 shows characteristics of the 9 CBOCs we reviewed to include size[4] and type of CBOC, rurality, number of full-time equivalent employees (FTEs) primary care providers (PCPs), number of unique veterans enrolled at 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
6	Fredericksburg, VA	Mid-size	VA-staffed	Urban	2.7	2,983	18,546
6	Danville, VA	Large	Contract	Rural	5.0	7,196	24,501
6	Lynchburg, VA	Mid-size	VA-staffed	Urban	5.0	3,319	10,851
7	Greenville, SC	Very large	VA-staffed	Urban	10.7	16,007	66,940
7	Rock Hill, SC	Large	Contract	Urban	5.0	6,488	31,179
12	Elgin, IL	Mid-size	VA-staffed	Urban	2.9	3,123	12,136
12	Oak Lawn, IL	Large	VA-staffed	Urban	6.0	5,319	19,029
12	Wisconsin Rapids, WI	Mid-size	Contract	Rural	2.9	3,209	7,205
12	Loyal, WI	Small	VA-staffed	Rural	0.8	858	1,723

Table 1 - CBOC Characteristics, FY 2009

Four of the nine CBOCs (Danville, Lynchburg, Greenville, and Wisconsin Rapids) provide specialty care services, while the other five CBOCs refer patients to another geographically accessible VA facility as well as non-VA fee-basis or contract facilities. Two CBOCs (Danville and Lynchburg) offer podiatry, and another two CBOCs (Greenville and Wisconsin Rapids) offer women's health services. Greenville also offers onsite access to optometry and dental services, and Wisconsin Rapids provides audiology services.

Eight of the nine CBOCs provide MH services onsite (services are displayed in Table 2).

[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).

CBOC Station Number	CBOC Name	CBOC Type	Substance Use Disorder	PTSD	MST	Homelessness	Psychosocial rehab
652GA	Fredericksburg, VA	VA-staffed	Yes	Yes	Yes	Yes	Yes
658GB	Danville, VA	Contract	Yes	Yes	Yes	No	No
658GC	Lynchburg, VA	VA-staffed	Yes	Yes	No	No	No
544BZ	Greenville, SC	VA-staffed	Yes	Yes	No	No	No
544GC	Rock Hill, SC	Contract	Yes	Yes	Yes	Yes	Yes
578GE	Elgin, IL	VA-staffed	Yes	Yes	No	Yes	No
578GG	Oak Lawn, IL	VA-staffed	Yes	Yes	No	Yes	No
676GD	Wisconsin Rapids, WI	Contract	Yes	Yes	No	No	No
676GE	Loyal, WI	VA-staffed	No	No	No	No	No

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 CBOCs provide MH services during evening hours (after normal business hours). However, seven CBOCs (Fredericksburg, Wisconsin Rapids, Loyal, Greenville, Rock Hill, Elgin, and Oak Lawn) have plans for responding to MH emergencies during times outside hours of operation. Four of the seven 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 seven CBOCs (Wisconsin Rapids, Greenville, Elgin, Oak Lawn, Fredericksburg, Danville, and Lynchburg). Tele-mental health is utilized for medication management at Wisconsin Rapids, Greenville, Elgin, Oak Lawn, and Danville; individual therapy at Wisconsin Rapids, Elgin, Oak Lawn, and Danville; and group therapy at Fredericksburg and Lynchburg.

Part III. Overview of Review Topics

The review topics discussed in this report include:

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

We reviewed the medical records of 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.

We determined whether the CBOC reprocessed or sterilized RME onsite. If RME is reprocessed, we ascertained if each RME has a current SOP or manufacturer's manual for reprocessing the piece of equipment. We reviewed staff training/competency records.

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 (Danville, Rock Hill, and Wisconsin Rapids) had quality of care matrices. 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 6, Richmond VAMC – Fredericksburg

Quality of Care Measures

The Fredericksburg CBOC's quality measure scores equaled or exceeded the parent facility's quality measure scores for all indicators reviewed. Fredericksburg CBOC scored 100 percent in 7 of 11 indicators. In addition, they far exceeded the target goal (66 and 83) for influenza in both age groups, scoring 82 and 93 percent, respectively. (See Appendix J.)

Credentialing and Privileging

We reviewed the C&P files of five providers and four nurses at the Fredericksburg CBOC. 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.

Reappraisal/Reprivileging

We did not find documentation in the service chief's comments in VetPro or in the Medical Professional Standards Board (MPSB) minutes that reflected the documents utilized to arrive at the decision to grant clinical privileges to the providers. According to VHA policy, the list of documents reviewed and the rationale for conclusions reached by the service chief and the medical staff's Executive Committee must be documented.

Ongoing Professional Practice Evaluations

The Fredericksburg CBOC developed Ongoing Professional Practice Evaluations (OPPEs); however, written threshold/criteria had not been established. The criteria that would trigger a more in-depth review must be defined in advance, and be objective, measurable, and uniformly applied to all practitioners with similar privileges. OPPEs allow the facility to identify professional practice trends that impact the quality of care and patient safety. OPPEs also serve as a mechanism for providers to assess their performance in relation to those with comparable privileges and seek avenues for improvement, if warranted.

Recommendation 1. We recommended that the VISN 6 Director ensure that the Richmond VAMC Director requires appropriate documentation in the service chief's comments in VetPro and MPSB minutes in accordance with VHA Handbook 1100.19.

The VISN and VAMC Directors concurred with our finding and recommendation. The required documentation will be entered into the service chief's comments in VetPro and

MPSB committee minutes that reflect the documents used to arrive at the decision to grant clinical privileges. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 2. We recommended that the VISN 6 Director ensure that the Richmond VAMC Director requires that threshold/criteria for OPPEs are established and communicated to the providers at the Fredericksburg CBOC.

The VISN and VAMC Directors concurred with our finding and recommendation. Service Chiefs will review all OPPEs to assure criteria are objective and measurable. 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.

Handicap Access

The Fredericksburg CBOC provided parking for individuals with disabilities as required by the Americans with Disabilities Act (ADA)[6] and allowed patients in wheelchairs or with other assistive devices to independently maneuver to the clinic door. However, there was no doorbell or handicap assist button for patients to attain access to the clinic. Since the entrance door was solid, the patient could not be seen by CBOC staff; therefore, they would not be aware if a patient needed assistance.

Safety

The glass at the check-in desk was not shatter resistant. Occupational Safety & Health Administration (OSHA) identifies several measures that can effectively prevent or control workplace hazards and suggests that workplace adaptation be made in order to minimize risk to employees, patients, and visitors. These measures include shatter-proof glass in reception and triage areas.[7]

[6] *ADA Accessibility Guidelines for Building and Facilities (ADAAG).* http://www.access-board.gov/adaag/html/adaag.htm.
[7] OSHA 3148-01R 2004, *Hazard Prevention and Control*.

Hand Hygiene Monitor

The parent facility began monitoring and collecting hand hygiene data at the Fredericksburg CBOC in June 2010. The Center for Disease Control and Prevention (CDC)[8] recommends that healthcare facilities develop a comprehensive IC program with a hand hygiene component, which includes monitors, data analysis, and provider feedback for all areas that provide patient care.

Recommendation 3. We recommended that the VISN 6 Director ensure that the Richmond VAMC Director requires that the Fredericksburg CBOC adheres to ADA guidelines.

The VISN and VAMC Directors concurred with our finding and recommendation. A doorbell and proper signage will be installed to adhere to ADA guidelines. 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 6 Director ensure that the Richmond VAMC Director requires the check-in area meets safety criteria at the Fredericksburg CBOC.

The VISN and VAMC Directors concurred with our finding and recommendation. Shatterproof glass will be installed in the reception and triage areas in an effort to minimize risk to employees, patients, and visitors. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 5. We recommended that the VISN 6 Director ensure that the Richmond VAMC Director requires the Fredericksburg CBOC monitor and collect measurable hand hygiene data.

The VISN and VAMC Directors concurred with our finding and recommendation. Collection of hand hygiene data has begun at the Fredericksburg CBOC, and actions have been implemented to have good data for aggregation. 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. 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.

[8] 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.

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.[9]

We reviewed medical records of two patients assessed to be at high risk for suicide and found that clinicians had developed timely safety plans. However, one patient's safety plan did not include the element of internal coping strategies. In addition, we did not find documented evidence that a copy of the safety plan was given to the patient. The facility, prior to our onsite visit, developed a template that includes all the elements required and affirmation that the patient receives a copy of the safety plan. Since the staff has already developed and implemented the safety plan template, we made no recommendations.

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

B. VISN 6, Salem VAMC – Danville and Lynchburg

Quality of Care Measures

The Danville and Lynchburg CBOCs equaled or exceeded their parent facility's quality measure scores with the following exceptions. The Danville CBOC scored below the parent facility in the influenza, both age groups, and DM retinal eye exam. The Lynchburg CBOC scored lower in DM foot sensation, retinal eye exams, and renal testing. (See Appendix K.)

Credentialing and Privileging

We reviewed the C&P files of five providers and the personnel folders of four nurses at the Danville CBOC and five providers and six nurses at the Lynchburg 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.

Environment and Emergency Management

Environment of Care

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, IC, and general maintenance. We identified a best practice for securing personally identifiable information at both CBOCs that included private areas for patients to sign in and onsite scanning of documents into the electronic medical records. Both CBOCs were models for patient care environments with high standards for cleanliness and safety. However, we identified the following area that needed improvement.

Infection Control

At Lynchburg CBOC we found no documentation that hand hygiene data was collected in the past year. Therefore, the facility could not identify any trends or conduct the appropriate data analysis. The CDC 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. The newly appointed CBOC leadership had recently implemented a system to monitor hand hygiene practices.

Recommendation 6. We recommended that the VISN 6 Director ensure that the Salem VAMC Director requires the Lynchburg CBOC monitor and collect measurable data for hand hygiene.

The VISN and VAMC Directors concurred with our finding and recommendation. Hand hygiene monitors are in place, and data is reported to the IC Committee. 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 emergencies, including MH, 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.

We reviewed the medical records of 12 patients (9 at Danville and 3 at Lynchburg) 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 that patients and/or their families participated in the development of the plans.

CBOC Contract

Danville CBOC

The contract for the Danville CBOC is administered through the Salem VAMC for delivery and management of primary and preventative medical care for all eligible veterans in VISN 6. This contract also includes the Hillsville, VA CBOC. Contracted services with Valor Healthcare, Inc. (Valor) began on July 17, 2007, with a base year and two option years extending the contract through June 30, 2010. They are currently operating under a 6-month extension until December 2010 while getting a new contract in place. The contract terms state that PCPs be licensed and board eligible/certified. There were 5.0 FTE PCPs composed of three physicians and two PAs for the 1st Qtr, FY 2010. The contractor was compensated by the number of enrollees at a monthly capitated rate per enrollee. The CBOC had 7,196 unique primary medical care enrollees with 24,501 visits as reported on the FY 2009 CBOC Characteristics report (see Table 1).

MH services were added to the contract to start on March 1, 2008, and provided by a board certified psychiatrist, a psychologist, and administrative support. Individual therapy sessions are provided by Valor while group therapy and telemedicine sessions are

provided by VA staff. There were 831 MH encounters at the CBOC for individual therapy sessions and 1,139 group or telemedicine sessions in 1st Qtr, FY 2010.

We reviewed the contract to determine the contract type, the services provided, the invoices submitted, and supporting information. We also performed inquiries of key Salem 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 Contracting Officer's Technical Representative (COTR); and duplicate, missing, or incomplete social security numbers (SSNs) on the invoices.

The Primary Care Management Module (PCMM) Coordinator is responsible for maintaining currency of information in the PCMM database. Salem VAMC has approximately 30,000 active patients with approximately 7,500 being assigned to the Danville CBOC. We reviewed PCMM data reported by VHA Services Support Center (VSSC) and the Salem 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.

We noted the following regarding contract administration and oversight:

1. We found a discrepancy of $43,857 between the amount due on the October invoice provided and what was paid by the VA. We noted that the October 2009 invoice in the VA's Document Management System was for the amount of $340,598 and differed from the revised October 2009 invoice provided by the VA for our review for the amount of $296,741. The revised invoice contained an adjustment for veterans no longer considered as billable enrollees. Salem VAMC staff stated that a new invoice validation process was initiated in November 2009 that identified enrollees who had not met the contract requirements for a billable enrollee on the October 2009 invoice. This process was designed to identify ineligible enrollees or enrollees who had not had a vesting visit within the prior 12 months. The contractor was notified about the revisions to the October 2009 invoice on November 9, 2009. It is not clear why 10 days later on November 19, 2009, the original invoice in the amount of $340,598 was approved for payment in the On Line Certification System. We were not able to determine why the original invoice amount was paid or why a revised invoice was provided for our review. Further, neither the Contracting Officer nor the Salem VAMC director had been notified about the overpayments when they were discovered.

2. We found that overpayments occurred for at least the 12 months prior to October 2009 and estimate that totaled more than $450,000. We determined that for the period October 2008 through October 2009, on average 895 out of the 7,400 enrollees billed each month should have been inactivated for billing purposes. Based on the terms in

the contract, the vendor is not entitled to payment for patients who have not been seen within the last 12 months. Unlike other provisions related to disenrollment of patients, such as the death or transfer of the patient, entitlement to payment is not based on any action by VA to notify the vendor the patients are no longer enrolled. As such, we believe the vendor should repay overcharges that VA erroneously paid.

3. We commended the Salem VAMC for the invoice validation process initiated in November 2009 that more accurately determined the billable enrollees and cost to the VA. This process uses VA data to compare the list of enrollees eligible for billing to the list of billed veterans. The results are reviewed with the contractor, and invoices were revised as necessary. The process is still very time intensive and has manual steps that may lead to errors.

4. We commended the Salem VAMC for this contract solicitation that clearly defined the responsibilities and requirements for payment and disenrollment of patients.

Recommendation 7. We recommended that the VISN 6 Director ensure that the Salem VAMC Director provides contract oversight in accordance with terms and conditions in the CBOC contract. Specifically, we recommend that a review be performed on the invoice validation process to ensure that future overpayments do not occur and is adequately supported.

The VISN and VAMC Directors concurred with our finding and recommendation. Contract oversight will be provided in accordance with terms and conditions in the CBOC contract. The invoice validation process will be reviewed to ensure the process is adequately supported and that future overpayments do not occur. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 8. We recommended that the VISN 6 Director ensure that the Salem VAMC Director determines, with the assistance of the Regional Counsel, the extent and collectability of the overpayments on the contract.

The VISN and VAMC Directors concurred with our finding and recommendation. The Salem VAMC will determine if any overpayments have occurred. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

C. VISN 7, Columbia VAMC – Greenville and Rock Hill

Quality of Care Measures

Both CBOCs equaled or exceeded their parent facility's quality measure scores with the following exceptions. The Greenville and Rock Hill CBOC scored lower in PTSD screening and influenza, both age groups. The Rock Hill CBOC scored lower in the DM low-density lipoprotein-cholesterol (LDL-C), and the Greenville CBOC scored lower in the DM foot sensory exam. (See Appendix L.)

We observed at the Rock Hill CBOC that staff created a diabetic score card for patients utilizing the symbol of a stop light. The card lists the standard reference ranges for diabetic goals related to glycated hemoglobin (HbgA1c), blood pressure, and LDL-C along with the patient's results. The patient can tell at a glance if his results are green, "keep up the good work;" yellow, "proceed with caution;" or red, "review his life style."

Credentialing and Privileging

We reviewed the C&P files of five providers and the personnel folders of four nurses at the Greenville and Rock Hill CBOCs. 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 clinics met standards, and the environments were generally clean and safe.

Emergency Management

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.

Reusable Medical Equipment

Satellite reprocessing areas (outside of the parent facility) are required to meet VHA, Association for the Advancement of Medical Instrumentation, OSHA, and Joint Commission standards. Improper reprocessing of RME may transmit pathogens to

patients and affect the functionality of the equipment. VHA facilities are responsible for minimizing patient risk and maintaining an environment that is safe.

We inspected the dental and optometry areas at the Greenville CBOC. We determined that the reprocessing areas were generally clean, and the appropriate personnel wore protective equipment as required. However, we identified the following areas that needed improvement.

Standard Operating Procedures

VHA requires[10] device-specific SOPs for RME to be established in accordance with the manufacturers' instructions (MIs). We requested the SOPs and MIs for five pieces of RME.

Instrument Management System™ Dental Instruments. The disinfection SOP[11] was not consistent with the MIs. The MIs required staff to "Remove the instruments from the cleaning solution and post rinse them five times with low contaminated and de-ionized water (i.e., aqua purificata)." The facility SOP required the instruments be "rinsed and allowed to dry." The SOP did not specify the type of water or the length of time (five times as reflected in the MIs). The practice was to rinse with tap water.

Midwest Tradition High-Speed Hand Piece. The SOP was not consistent with the MIs. The MIs indicated that the hand piece could be rinsed "under warm tap water." The SOP indicated that the hand piece could be cleaned "using hospital-approved enzymatic detergent solution mixed according to MIs."

Competencies

VHA requires[12] that competencies are evaluated annually on the set-up, use, reprocessing, and maintenance of specific RME. We reviewed the competency folders and found the competency for the dental instruments did not include the use of the ultrasonic machine after the use of a cleaning solution as required in the MIs. In addition, the competency for cleaning the high-speed hand piece was inconsistent with both the facility SOP and the MIs. The competency indicated that the hand piece could be wiped, "clean using a disinfectant towelette."

Recommendation 9. We recommended that the VISN 7 Director ensure that the Columbia VAMC Director requires that all device-specific SOPs for RME are consistent with MIs at the Greenville CBOC.

[10] VHA Directive 2009-004, *Use and Reprocessing of Reusable Medical Equipment (RME) in Veterans Health Administration Facilities*, February 9, 2009.
[11] *Setup, Use, & Reprocessing of Reusable Medical Equipment (RME)*: Dental and Surgical Instrument Cassettes, SOP 35-26.
[12] VHA Directive 2009-031, *Improving Safety in the Use of Reusable Medical Equipment through Standardization of Organizational Structure and Reprocessing Requirements*, June 26, 2009.

The VISN and VAMC Directors concurred with our finding and recommendation. The SOP has been revised and now matches the MIs. 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 7 Director ensure that the Columbia VAMC Director requires that staff competencies are consistent with MIs at the Greenville CBOC.

The VISN and VAMC Directors concurred with our finding and recommendation. The competency checklists have been revised and are consistent with the MIs. The training and competency reviews have been completed for all staff that reprocess dental instruments and the High-Speed Hand Piece Midwest Tradition RME. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

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 16 patients (7 at Greenville and 9 at Rock Hill) assessed to be at high risk for suicide. We found that one Greenville patient did not receive a copy of the plan, one Rock Hill patient did not have a safety plan, and one Rock Hill patient did not have a timely safety plan. We did find evidence to support that 15 of the 16 (94 percent) patients and/or their families participated in the development of the plans. The Suicide Prevention Coordinator (SPC) developed a database in January 2010 to monitor suicide safety planning, which is used to notify clinicians of follow-up requirements, and changed the template to reflect that patients are given a copy of the plan; therefore, we made no recommendation.

CBOC Contract

Rock Hill CBOC

The contract for the Rock Hill CBOC is administered through Columbia VAMC for delivery and management of primary and preventative medical care, as well as MH care for all eligible veterans in VISN 7. Contracted services with CRAssociates, Inc. (CRA) began on April 8, 2005, with option years and extensions extending the contract through October 31, 2010. The contract terms state that the CBOC will have (1) Board Certified physicians licensed in the State of South Carolina and (2) other PCPs to include

Registered Nurses (RNs), Licensed Practical Nurses (LPNs), and NPs. There were 5.0 FTE PCPs composed of five physicians for the 1st Qtr, FY 2010. The contractor was compensated by the number of enrollees at a monthly capitated rate per enrollee. The CBOC had 6,488 unique primary medical care enrollees with 31,179 visits as reported on the FY 2009 CBOC Characteristics report (see Table 1).

Contracted MH services for Rock Hill include qualified individuals who have the skills to assess, diagnose, and treat mental illness. The contractor was compensated based upon an agreed upon rate per patient care encounter. There were 4,978 MH encounters at the CBOC for individual, group, or telemedicine sessions in 1st Qtr, FY 2010.

We reviewed the contract to determine the contract type, the services provided, the invoices submitted, and supporting information. We also performed inquiries of Columbia 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 COTR; and duplicate, missing, or incomplete SSNs on the invoices.

The PCMM Coordinator is responsible for maintaining currency of information in the PCMM database. Columbia VAMC has approximately 57,000 active patients with approximately 6,100 being assigned to the Rock Hill CBOC. We reviewed PCMM data reported by VSSC and the Columbia 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.

We noted the following for consideration in the upcoming competitive bid for services on the Rock Hill contract which will occur in FY 2010. Rock Hill's projected MH services cost for FY 2010 was approaching $2,000,000. Contractor compensation for MH services is based upon an established rate per patient care encounter, regardless of whether that encounter was for an individual or group therapy session. Our analysis showed that 30 percent of the MH encounters in 1st Qtr of FY 2010 were for group therapy sessions, which resulted in the contractor receiving hundreds of dollars for group therapy sessions.

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

Recommendation 11. We recommended that the VISN 7 Director ensure that the Columbia VAMC Director reviews MH cost control strategies, including differentiating

between the cost for patient care encounters for group therapy and individual therapy sessions when assessing the best model for future contracts.

The VISN and VAMC Directors concurred with our finding and recommendation. The new contract submission will include a differentiation between group and individual therapy sessions costs. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

D. VISN 12, Hines VAMC – Elgin and Oak Lawn

Quality of Care Measures

The Elgin and Oak Lawn CBOCs quality measure scores equaled or exceeded the parent facility's quality measures score with the exception of the following: The Elgin CBOC scored below the parent facility in the DM retinal eye exam. (See Appendix M.)

Credentialing and Privileging

We reviewed the C&P files of five providers and the personnel folders for three nurses at the Elgin CBOC and reviewed the files of five providers and four nurses at Oak Lawn CBOC. All providers and nursing staff possess a full, active, current, and unrestricted license. However, we identified the following area that needed improvement.

Clinical Privileges

We found that providers at the Oak Lawn CBOC had surrendered clinical privileges that were not setting-appropriate in October 2009; however, the modification to the delineation of the clinical privileges was not documented in the Professional Standard Board (PSB) minutes nor approved by the Medical Center Director (MCD). VHA Handbook 1100.19 requires that clinical privileges be setting-specific within the context of each facility and approved by the MCD.

Recommendation 12. We recommended that the VISN 12 Director ensure that the Hines VAMC Director requires that discussions and actions associated to the delineation of clinical privileges for providers at the Oak Lawn CBOC be documented and approved by the MCD.

The VISN and VAMC Directors concurred with our finding and recommendation. The PSB minutes will include a discussion of all changes to clinical privileges and will be forwarded to the MCD for approval of the privileges. 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.

Emergency Management

VHA Handbook 1006.1 requires each CBOC to have a local policy or SOP defining how medical and 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.

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 11 patients (6 at Elgin and 5 at Oak Lawn) and found evidence to support that all VHA requirements associated to safety plans had been met. We also found evidence that patients and/or their families participated in the development of the plan.

E. VISN 12, Tomah VAMC – Wisconsin Rapids and Loyal

Quality of Care Measures

The Wisconsin Rapids CBOC met or exceeded the parent facility's quality measure scores except for the DM retinal eye exam and influenza vaccination for ages 50–64 (54 percent) and ages 65 or older (82 percent). The Loyal CBOC met or exceeded the parent facility quality measure scores except for DM retinal eye exam, renal testing; and influenza vaccination for ages 50–64 (44 percent) and ages 65 or older (79 percent). The low influenza scores for both clinics resulted from patients declining the vaccination. (See Appendix N.)

Credentialing and Privileging

We reviewed the C&P files of five providers and four nurses at the Wisconsin Rapids CBOC and one provider and three nurses at the Loyal CBOC. All providers possess a full, active, current, and unrestricted license. All nurses' licenses and education requirements were verified and documented. Facility managers implemented Focused Professional Practice Evaluation for new providers and developed service-specific criteria for OPPE. In addition, we found appropriate provider privileges and scopes of practice for the services provided at the CBOCs.

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 review criteria, and the environments were generally clean and safe. At the Wisconsin Rapids CBOC, veterans' paintings were displayed in a long corridor that was called "The Hall of Art." The "Hall of Art" displays donated paintings, and each piece includes a plaque with the title of the art and the name of the veteran. The CBOC provided a prominent place to exhibit the talent of veteran artists they serve.

Emergency Management

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 a policy for emergency management that detailed how medical and MH emergencies would be handled. During the onsite interviews, staff at both CBOCs articulated 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 nine patients from the Wisconsin Rapids CBOC assessed to be at high risk for suicide. We found that clinicians developed safety plans that included all required elements for eight patients (89 percent). During an appointment, a tele-mental health provider assessed the ninth patient as being at risk for suicide and submitted an electronic consult to the SPC. However, during this appointment and a subsequent visit, the MH treatment team failed to complete a safety plan with the patient as required by the local policy.[13]

Recommendation 13. We recommended that the VISN 12 Director ensure that Tomah VAMC Director requires that safety plans are developed for patients at high risk for suicide at the Wisconsin Rapids CBOC.

The VISN and VAMC Directors concurred with our finding and recommendation. All MH providers have been reminded that suicide safety plans are to be done immediately upon identification of a high-risk patient. To ensure compliance, monitoring of safety plan completion will be conducted. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

CBOC Contract

Wisconsin Rapids CBOC

The contract for the Wisconsin Rapids CBOC is administered through Tomah VAMC for delivery and management of primary and preventative medical care, as well as MH, for all eligible veterans in VISN 12. Contracted services for primary care services with CRA began on October 1, 2004, with option years and extensions extending the contract through September 30, 2009. Primary care services were extended an additional 6 months through March 31, 2010. The Wisconsin Rapids CBOC became a VA-staffed facility effective April 1, 2010. The contract terms for primary care state that the CBOC will have: (1) a physician, licensed in the State of Wisconsin, to serve as medical director; and (2) other PCPs, including physician extenders, RNs, LPNs, and medical assistants. There were 2.9 FTE PCPs composed of a physician and two PAs for the 1st Qtr, FY 2010. The contractor was compensated by the number of enrollees at a

[13] Tomah VAMC, *Suicide Risk Assessment and Precautions,* Medical Center Memorandum, No. PCS-SW-11, November 10, 2008.

monthly capitated rate per enrollee for primary care and MH services. The CBOC had 3,209 unique primary medical care enrollees with 7,205 visits as reported on the FY 2009 CBOC Characteristics report (see Table 1).

Contracted MH services for Tomah began on April 1, 2009, and were extended through March 31, 2010, and include: (1) MH Provider, licensed in the State of Wisconsin, to serve as medical director; and (2) social workers and MH counselors. The CBOC provided services for 261 MH encounters, which included individual and group therapy sessions in 1st Qtr, FY 2010.

We reviewed the contract to determine the contract type, the services provided, the invoices submitted, and supporting information. We also performed inquiries of key Tomah 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 COTR; and duplicate, missing, or incomplete SSNs on the invoices.

The PCMM Coordinator is responsible for maintaining currency of information in the PCMM database. Tomah VAMC has approximately 21,000 active patients with approximately 3,200 being assigned to the Wisconsin Rapids CBOC. We reviewed PCMM data reported by VSSC and Tomah 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.

We commend Tomah's level of oversight and implementation of business processes designed to more effectively manage VA healthcare resources. The process to validate contractor's invoices was effective, but did require many manual steps to ensure 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 Wisconsin Rapids CBOC, there were no findings or recommendations noted for the period October 1 through December 31, 2009.

VISN 6 Director Comments

Department of Veterans Affairs **Memorandum**

Date: September 7, 2010

From: Director, VISN 6 (10N6)

Subject: **Healthcare Inspection – CBOC Reviews: Fredericksburg, VA; and Danville and Lynchburg, VA**

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

1. Please find attached the response from VISN 6 regarding the healthcare inspection at the Danville, Fredericksburg, and Lynchburg CBOCs. We have reviewed the Office of Inspector General's report regarding the CBOCs and agree with the recommendations.

2. We appreciate your comments and thank you for alerting us to our opportunities for improvement.

//s//

Daniel F. Hoffmann, FACHE

Attachment

Richmond VAMC Director Comments

Department of Veterans Affairs **Memorandum**

Date: September 3, 2010

From: Director, Richmond VAMC (652/00)

Subject: **Healthcare Inspection – CBOC Review: Fredericksburg, VA**

To: Director, VISN 6 (10N6)

1. Please find attached the response from the Richmond VA Medical Center regarding the healthcare inspection at the Fredericksburg CBOC. The Associate Chief of Staff for Primary Care Service has reviewed the Office of Inspector General's report regarding the Fredericksburg CBOC and agrees with the recommendations.

2. We appreciate your comments and thank you for alerting us to our opportunities for improvement.

(original signed by:)

Charles E. Sepich, FACHE

Attachment

Richmond 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 6 Director ensure that the Richmond VAMC Director requires appropriate documentation in the service chief's comments in VetPro and MPSB minutes in accordance with VHA Handbook 1100.19.

Concur **Target Completion Date: 10/01/10**

All clinical Service Chiefs will enter comments in VetPro that reflect the documents used to arrive at the decision to grant clinical privileges to the providers. The template for the Medical Professional Standards Board (MPSB) minutes is being revised to better document the discussion that occurred to include the items reviewed and the rationale for the privileges granted by the board.

Recommendation 2. We recommended that the VISN 6 Director ensure that the Richmond VAMC Director requires that threshold/criteria for OPPEs are established and communicated to the providers at the Fredericksburg CBOC.

Concur **Target Completion Date: 11/30/10**

Service Chiefs will review all OPPEs to assure criteria are objective, measurable with numerator and denominator, and uniformly applied to all practitioners with similar privileges. Targets/expectations will be denoted on each criteria and all practitioners will acknowledge they are aware of expectations by signature. The Medical Executive Board will review and approve all revised OPPEs before enacting.

Recommendation 3. We recommended that the VISN 6 Director ensure that the Richmond VAMC Director requires that the Fredericksburg CBOC adheres to ADA guidelines.

Concur **Target Completion Date: 11/01/10**

A doorbell will be installed for individuals with disabilities to attain access to the clinic in accordance with the Americans with Disabilities Act (ADA). Proper signage will be placed by the doorbell to alert those individuals who may need assistance. The clinic is in the process of relocating within the next year and the new facility will be equipped with a handicap assist button.

Recommendation 4. We recommended that the VISN 6 Director ensure that the Richmond VAMC Director requires the check-in area meets safety criteria at the Fredericksburg CBOC.

Concur **Target Completion Date: 12/31/10**

In an effort to minimize risk to employees, patients and visitors, shatter proof glass will be installed in the reception and triage areas.

Recommendation 5. We recommended that the VISN 6 Director ensure that the Richmond VAMC Director requires the Fredericksburg CBOC monitor and collect measurable hand hygiene data.

Concur **Target Completion Date: 12/15/2010**

Collection of hand hygiene data was at the Fredericksburg CBOC began in June, 2010. Patients are asked to fill out surveys on staff compliance with hand hygiene. Volumes have been low but actions are being implemented to improve the process for getting completed surveys returned. Our target is to have 3 months of good data for aggregation by 12/15/2010.

Appendix C

Salem VAMC Director Comments

Department of Veterans Affairs **Memorandum**

Date: September 3, 2010

From: Interim Director, Salem VAMC (658/00)

Subject: **Healthcare Inspection – CBOC Review: Danville and Lynchburg, VA**

To: Director, VISN 6 (10N6)

1. Please find attached the response from the Salem VA Medical Center regarding the healthcare inspection at the Danville and Lynchburg CBOCs. The leadership has reviewed the Office of Inspector General's report regarding the Danville and Lynchburg CBOCs and agrees with the recommendations.

2. We appreciate your comments and thank you for alerting us to our opportunities for improvement.

(original signed by:)

Carol Bogedain, MS, FACHE

Attachment

Salem 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 6. We recommended that the VISN 6 Director ensure that the Salem VAMC Director requires the Lynchburg CBOC monitor and collect measurable data for hand hygiene.

Concur **Target Completion Date: Completed**

Lynchburg's Business Practice Manger put hand hygiene monitors in place shortly before the OIG's visit in July 2010. She will forward these reports on a routine basis to the Infection Control Practitioner at the Salem VAMC, and they will be reported through Infection Control Committee.

Recommendation 7. We recommended that the VISN 6 Director ensure that the Salem VAMC Director provides contract oversight in accordance with terms and conditions in the CBOC contract. Specifically, we recommend that a review be performed on the invoice validation process to ensure that future overpayments do not occur and is adequately supported.

Concur **Target Completion Date: 12/15/10**

We will provide contract oversight in accordance with terms and conditions in the CBOC contract. We will review our invoice validation process to ensure that future overpayments do not occur and will ensure that this process is adequately supported.

Recommendation 8. We recommended that the VISN 6 Director ensure that the Salem VAMC Director determines, with the assistance of the Regional Counsel, the extent and collectability of the overpayments on the contract.

Concur **Target Completion Date: 12/15/10**

We will determine if any overpayments occurred. If we find we are owed overpayments, we will collect them from the contracting agency and seek assistance if needed.

Appendix D

VISN 7 Director Comments

Department of Veterans Affairs **Memorandum**

Date: September 14, 2010

From: Director, VISN 7 (10N7)

Subject: **Healthcare Inspection – CBOC Reviews: Greenville and Rock Hill, SC**

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

1. Attached is the Draft Report: Community Based Outpatient Clinic Reviews for Greenville and Rock Hill CBOCs which includes our concurrence and for each recommendation an implementation plan showing specific corrective actions and target completion dates on page 30 of the attached document.

2. If you have further questions please contact Jean Z. Hooper, RN, MN at 803-776-4000, extension 6437.

Respectfully submitted,

(original signed by:)

Lawrence Biro
Director, Veterans Integrated Service Network

Appendix E

Columbia VAMC Director Comments

Department of Veterans Affairs **Memorandum**

Date: September 22, 2010

From: Director, Columbia VAMC (544/00)

Subject: **Healthcare Inspection – CBOC Review: Greenville and Rock Hill, SC**

To: Director, VISN 7 (10N7)

1. Attached is the Draft Report: Community Based Outpatient Clinic Reviews for Greenville and Rock Hill CBOCs which includes our concurrence and for each recommendation an implementation plan showing specific corrective actions and target completion dates on page 30 of the attached document.

2. If you have further questions please contact Jean Z. Hooper, RN, MN at 803-776-4000, extension 6437.

Respectfully submitted,

(original signed by Acting Director for:)

Patricia O. Pittman
Director

Columbia 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 9. We recommended that the VISN 7 Director ensure that the Columbia VAMC Director requires that all device-specific SOPs for RME are consistent with MIs at the Greenville CBOC.

Concur **Target Completion Date: 7/21/10**

The device specific SOP 35-26, Setup, Use, & Reprocessing of Reusable Medical Equipment (RME): Dental and Surgical Instrument (Critical), has been revised to indicate de-ionized water is used in the rinsing of RME. Beginning 7/21/10, de-ionized water was obtained for clinic use until the de-ionized water system was purchased and installed 8/23/10. The SOP now matches the manufacturer's instructions for dental instruments.

The device specific SOP 35-20, Setup, Use, & Reprocessing for RME: High Speed Hand Piece Midwest Tradition (Critical) has been revised to match the manufacturer's instructions.

Recommendation 10. We recommended that the VISN 7 Director ensure that the Columbia VAMC Director requires that staff competencies are consistent with MIs at the Greenville CBOC.

Concur **Target Completion Date: 7/21/10**

The competency checklists for dental instruments and the High Speed Hand Piece Midwest Tradition have been revised and are consistent with the manufacturer's instructions. In addition, the training and competency reviews have been completed for all staff that reprocess dental instruments and the High Speed Hand Piece Midwest Tradition RME.

Recommendation 11. We recommended that the VISN 7 Director ensure that the Columbia VAMC Director reviews MH cost control strategies, including differentiating between the cost for patient care encounters for group therapy and individual therapy sessions when assessing the best model for future contracts.

Concur **Target Completion Date: 10/21/10**

The new contract submission will includes a differentiation between group and individuals therapy sessions costs.

Appendix F

VISN 12 Director Comments

Department of Veterans Affairs **Memorandum**

Date: September 7, 2010

From: Director, VISN 12 (10N12)

Subject: **Healthcare Inspection – CBOC Reviews: Elgin and Oak Lawn, IL; and Wisconsin Rapids and Loyal, WI**

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

1. Please find attached the response resulting from the reviews conducted at the Elgin, Oak Lawn, Wisconsin Rapids and Loyal CBOC's.

2. I have reviewed the action plans and concur.

(original signed by:)

Jeffery A. Murawsky, M. D.

Appendix G

Hines VAMC Director Comments

Department of Veterans Affairs **Memorandum**

Date: August 30, 2010

From: Director, Hines VAMC (578/00)

Subject: **Healthcare Inspection – CBOC Review: Elgin and Oak Lawn, IL**

To: Director, VISN 12 (10N12)

1. This is to acknowledge receipt and review of the findings and recommendations of the Office of the Inspector General CBOC Review conducted July 20-21, 2010. Hines VAH concurs with the IG findings and the recommendation and appreciates the opportunity to review the draft report. Actions taken are included in our response and we request that this item be closed.

2. We want to thank the OIG staff involved in the CBOC review. The team members required us to take a critical look at our systems and processes and we do appreciate the very thorough review and the opportunity to further improve the quality care we provide for our veterans.

(original signed by:)

Sharon M. Helman, MBA

Hines 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 12. We recommended that the VISN 12 Director ensure that the Hines VAMC Director requires that discussions and actions associated to the delineation of clinical privileges for providers at the Oak Lawn CBOC be documented and approved by the MCD.

Concur **Target Completion Date: Complete**

The process for the Professional Standards Board (PSB) was revised to include a review/discussion of all changes to clinical privileges, including those that are voluntarily relinquished effective with the PSB meeting on July 23, 2010. The format for the minutes was also revised to explicitly delineate that PI data based on the ongoing professional practice evaluation (OPPE) was reviewed and to document any discussion that occurs at the PSB meeting or at the subsequent Medical Executive Committee (MEC). These minutes are then forwarded to the Hospital Director with the privileges for approval.

Appendix H

Tomah VAMC Director Comments

Department of Veterans Affairs **Memorandum**

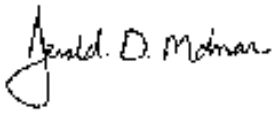
Date: August 25, 2010

From: Director, Tomah VAMC (676/00)

Subject: **Healthcare Inspection – CBOC Review: Wisconsin Rapids and Loyal, WI**

To: Director, VISN 12 (10N12)

Please find the attached Tomah VAMC comments in response to the OIG findings and recommendation.



Jerald D. Molnar

Tomah 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 12 Director ensure that the Tomah VAMC Director requires that safety plans are developed for patients at high risk for suicide at the Wisconsin Rapids CBOC.

Concur **Target Completion Date: January 3, 2011**

Immediately after survey, all Mental Health Providers were reminded via e-mail with read confirmation that Suicide Safety Plans are to be done immediately upon identification of a patient as high risk. All Primary Care Providers were also notified via e-mail with read confirmation of the process for immediate referral to Mental Health Triage when a patient screens positive as a suicide risk. Since July 16, 2010, the names of eighteen inpatients and three outpatients were added to the high suicide list. Suicide Safety Plans were written within expected timeframes for 100% of the patients.

The Medical Center Memorandum (MCM) titled Suicide Risk Assessment and Precautions is under revision to add time frames for the initial completion of the Suicide Safety Plan for outpatients, residential patients and inpatients. In addition, time frames for the review/revision of existing Suicide Safety Plans will be included in the MCM along with a description of the process to be used to notify the Suicide Prevention Coordinators when a patient is to be added to the high-risk list. Upon approval of the changes to the MCM, all providers will be notified of the specific policy changes via e-mail. In addition, the information will be discussed at the September, 2010 Chief of Staff meeting and at the Social Work Department meeting.

The Suicide Prevention Coordinators will continue their daily monitoring of new high risk suicide patients to insure the timely completion of Suicide Safety Plans. When a Coordinator finds a high risk patient for whom a Suicide Safety Plan was not developed, an e-mail, marked high importance, will be sent advising the provider of the need for completion of the plan

with a copy sent to the patient by close of business that day. If the plan is not located in the patient's medical record the following day, a second e-mail will be sent by the Suicide Prevention Coordinator with a copy to the Chief of Staff who will then contact the provider and insure that the Suicide Safety Plan is completed.

To monitor compliance with all policy requirements for the development of Suicide Safety Plans, the Suicide Prevention Coordinators will compile a report of findings from their medical records review of all patients newly identified as high suicide risk during first quarter, 2011. The report will be reviewed and discussed by the Performance Improvement Council. Compliance of 100% will close the action. Monitoring of safety plan completion will be a continued monitor in fiscal year 2011 to ensure sustained improvement.

CBOC Characteristics

CBOC Station Number	CBOC Name	Parent VA	Specialty Care	Cardiology	Women's Health	Podiatry	Optometry	Dermatology	Dental
652GA	Fredericksburg, VA	Richmond, VA VAMC	No	No	No	No	No	No	No
658GB	Danville, VA	Salem, VA VAMC	Yes	No	No	Yes	No	No	No
658GC	Lynchburg, VA	Salem, VA VAMC	Yes	No	No	Yes	No	No	No
544BZ	Greenville, SC	Columbia, SC VAMC	Yes	No	Yes	No	Yes	No	Yes
544GC	Rock Hill, SC	Columbia, SC VAMC	No	No	No	No	No	No	No
578GE	Elgin, IL	Hines, IL VAMC	No	No	No	No	No	No	No
578GG	Oak Lawn, IL	Hines, IL VAMC	No	No	No	No	No	No	No
676GD	Wisconsin Rapids, WI	Tomah, WI VAMC	Yes	No	Yes	No	No	No	No
676GE	Loyal, WI	Tomah, WI VAMC	No	No	No	No	No	No	No

Specialty Care Services

CBOC Station Number	CBOC Name	Parent VA	Laboratory (draw blood)	Radiology	Onsite Pharmacy	Physical Medicine (OT/PT)	EKG
652GA	Fredericksburg, VA	Richmond, VA VAMC	Yes	No	No	No	Yes
658GB	Danville, VA	Salem, VA VAMC	Yes	Yes	No	No	Yes
658GC	Lynchburg, VA	Salem, VA VAMC	Yes	No	No	No	Yes
544BZ	Greenville, SC	Columbia, SC VAMC	Yes	Yes	Yes	Yes	Yes
544GC	Rock Hill, SC	Columbia, SC VAMC	Yes	No	No	No	Yes
578GE	Elgin, IL	Hines, IL VAMC	Yes	No	No	No	Yes
578GG	Oak Lawn, IL	Hines, IL VAMC	Yes	No	No	No	Yes
676GD	Wisconsin Rapids, WI	Tomah, WI VAMC	Yes	No	No	Yes	Yes
676GE	Loyal, WI	Tomah, WI 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
652GA	Fredericksburg, VA	Yes	Yes	Yes	No	Yes	Yes	Yes	No
658GB	Danville, VA	No	Yes	Yes	Yes	Yes	Yes	Yes	No
658GC	Lynchburg, VA	No	Yes	Yes	No	Yes	Yes	Yes	No
544BZ	Greenville, SC	No	Yes	Yes	No	Yes	Yes	Yes	Yes
544GC	Rock Hill, SC	Yes	Yes	No	No	Yes	No	Yes	Yes
578GE	Elgin, IL	No	Yes	No	No	No	No	Yes	No
578GG	Oak Lawn, IL	No	Yes	No	No	No	No	Yes	No
676GD	Wisconsin Rapids, WI	No	Yes	Yes	Yes	No	No	Yes	No
676GE	Loyal, WI	No	No	Yes	No	No	No	No	No

Providers Assigned to the CBOC

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
652GA	Fredericksburg, VA	Richmond, VA VAMC	Yes	No	Yes	Yes	No	Yes	No	No
658GB	Danville, VA	Salem, VA VAMC	Yes	No	Yes	Yes	No	Yes	No	No
658GC	Lynchburg, VA	Salem, VA VAMC	Yes	No	Yes	Yes	No	Yes	No	No
544BZ	Greenville, SC	Columbia, SC VAMC	Yes	Yes	Yes	Yes	No	Yes	Yes	No
544GC	Rock Hill, SC	Columbia, SC VAMC	Yes	No	No	Yes	No	Yes	No	No
578GE	Elgin, IL	Hines, IL VAMC	Yes	No	No	No	No	No	No	No
578GG	Oak Lawn, IL	Hines, IL VAMC	Yes	No	No	No	No	No	No	No
676GD	Wisconsin Rapids, WI	Tomah, WI VAMC	Yes	No	No	No	Yes	Yes	No	No
676GE	Loyal, WI	Tomah, WI VAMC	No	No	No	No	No	No	No	No

Mental Health Clinicians

CBOC Station Number	CBOC Name	Parent VA	Miles to Parent Facility
652GA	Fredericksburg, VA	Richmond, VA VAMC	59
658GB	Danville, VA	Salem, VA VAMC	84
658GC	Lynchburg, VA	Salem, VA VAMC	56
544BZ	Greenville, SC	Columbia, SC VAMC	90
544GC	Rock Hill, SC	Columbia, SC VAMC	77
578GE	Elgin, IL	Hines, IL VAMC	35
578GG	Oak Lawn, IL	Hines, IL VAMC	15
676GD	Wisconsin Rapids, WI	Tomah, WI VAMC	50
676GE	Loyal, WI	Tomah, WI VAMC	78

Miles to Parent Facility

Quality of Care Measures
Richmond VAMC[14] – Fredericksburg

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	652 Richmond	38	50	**76**
		652GA Fredericksburg	23	28	**82**

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	652 Richmond	40	54	**74**
		652GA Fredericksburg	39	42	**93**

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**
	652 Richmond	25	27	**90**
	652GA Fredericksburg	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**
	652 Richmond	25	27	**90**
	652GA Fredericksburg	50	50	**100**

Foot Pedal Pulse, FY 2010

[14] 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**
	652 Richmond	25	27	**90**
	652GA Fredericksburg	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	652 Richmond	17	20	**82**
		652GA Fredericksburg	48	50	**96**

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	652 Richmond	20	20	**100**
		652GA Fredericksburg	50	50	**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	652 Richmond	20	20	**100**
		652GA Fredericksburg	49	50	**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	652 Richmond	20	20	**100**
		652GA Fredericksburg	50	50	**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	652 Richmond	31	33	**97**
		652GA Fredericksburg	21	21	**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	652 Richmond	1	1	**100**
		652GA Fredericksburg	3	3	**100**

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

Quality of Care Measures
Salem VAMC[15] – Danville and Lynchburg

Measure	*Meets Target*	*Facility*	*Qtr 4 Numerator*	*Qtr 4 Denominator*	*Qtr4 Percentage*
Influenza Vaccination, 50−64	**66**	**National**	**4,843**	**6,973**	**69**
	66	658 Salem VAMC	37	53	**70**
		658GB Danville	24	41	**59**
		658HC Lynchburg	30	35	**86**

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	658 Salem VAMC	42	47	**89**
		658GB Danville	20	24	**83**
		658HC Lynchburg	17	19	**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**
	658 Salem VAMC	40	40	**100**
	658GB Danville	38	38	**100**
	658HC Lynchburg	41	42	**98**

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**
	658 Salem VAMC	40	40	**100**
	658GB Danville	38	38	**100**
	658HC Lynchburg	41	42	**98**

Foot Pedal Pulse, FY 2010

[15] 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**
	658 Salem VAMC	40	40	**100**
	658GB Danville	38	38	**100**
	658HC Lynchburg	40	42	**95**

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	658 Salem VAMC	29	30	**96**
		658GB Danville	34	38	**89**
		658HC Lynchburg	38	42	**90**

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	658 Salem VAMC	29	30	**96**
		658GB Danville	37	38	**97**
		658HC Lynchburg	40	42	**95**

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	658 Salem VAMC	27	30	**93**
		658GB Danville	37	38	**97**
		658HC Lynchburg	41	42	**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	658 Salem VAMC	28	30	**97**
		658GB Danville	37	38	**97**
		658HC Lynchburg	39	42	**93**

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	658 Salem VAMC	77	77	**100**
		658GB Danville	18	18	**100**
		658HC Lynchburg	20	20	**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	658 Salem VAMC	*	*	*
		658GB Danville	2	2	**100**
		658HC Lynchburg	5	5	**100**

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

Null values are represented by *, indicating no eligible cases

Quality of Care Measures
Columbia VAMC[16] – Greenville and Rock Hill

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	544 Columbia VAMC	43	57	**75**
		544BZ Greenville	19	33	**58**
		544GC Rock Hill	23	33	**70**

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	544 Columbia VAMC	31	38	**82**
		544BZ Greenville	26	34	**76**
		544GC Rock Hill	25	31	**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**
	544 Columbia VAMC	41	44	**89**
	544BZ Greenville	49	50	**98**
	544GC Rock Hill	46	48	**96**

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**
	544 Columbia VAMC	41	44	**89**
	544BZ Greenville	47	50	**94**
	544GC Rock Hill	46	48	**96**

Foot Pedal Pulse, FY 2010

[16] 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**
	544 Columbia VAMC	41	44	**89**
	544BZ Greenville	42	50	**84**
	544GC Rock Hill	45	48	**94**

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	544 Columbia VAMC	31	35	**89**
		544BZ Greenville	45	49	**92**
		544GC Rock Hill	43	48	**90**

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	544 Columbia VAMC	35	35	**100**
		544BZ Greenville	50	50	**100**
		544GC Rock Hill	46	48	**96**

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	544 Columbia VAMC	34	35	**95**
		544BZ Greenville	50	50	**100**
		544GC Rock Hill	48	48	**100**

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	544 Columbia VAMC	32	35	**90**
		544BZ Greenville	49	50	**98**
		544GC Rock Hill	48	48	**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	544 Columbia VAMC	36	37	**99**
		544BZ Greenville	26	27	**96**
		544GC Rock Hill	28	29	**97**

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	544 Columbia VAMC	3	3	**100**
		544BZ Greenville	5	5	**100**
		544GC Rock Hill	1	1	**100**

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

Quality of Care Measures
Hines VAMC[17] – Elgin and Oak Lawn

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	578 Hines IL	31	47	**66**
		578GE Elgin	21	25	**84**
		578GG Oak Lawn	21	23	**91**

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	578 Hines IL	40	51	**78**
		578GE Elgin	46	49	**94**
		578GG Oak Lawn	51	52	**98**

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**
	578 Hines IL	24	26	**94**
	578GE Elgin	49	49	**100**
	578GG Oak Lawn	47	50	**94**

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**
	578 Hines IL	21	26	**80**
	578GE Elgin	49	49	**100**
	578GG Oak Lawn	47	50	**94**

Foot Pedal Pulse, FY 2010

[17] 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**
	578 Hines IL	20	25	**78**
	578GE Elgin	42	49	**86**
	578GG Oak Lawn	47	50	**94**

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	578 Hines IL	17	18	**95**
		578GE Elgin	46	49	**94**
		578GG Oak Lawn	48	50	**96**

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	578 Hines IL	18	18	**100**
		578GE Elgin	49	49	**100**
		578GG Oak Lawn	50	50	**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	578 Hines IL	18	18	**100**
		578GE Elgin	49	49	**100**
		578GG Oak Lawn	50	50	**100**

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	578 Hines IL	17	18	**91**
		578GE Elgin	49	49	**100**
		578GG Oak Lawn	50	50	**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	578 Hines IL	25	26	**100**
		578GE Elgin	10	10	**100**
		578GG Oak Lawn	3	3	**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	578 Hines IL	1	1	**100**
		578GE Elgin	*	*	*
		578GG Oak Lawn	*	*	*

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

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

Quality of Care Measures
Tomah VAMC[18] – Wisconsin Rapids and Loyal

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	676 Tomah VAMC	33	45	**73**
		676GD Wisconsin Rapids	7	13	**54**
		676GE Loyal	8	18	**44**

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	676 Tomah VAMC	45	48	**94**
		676GD Wisconsin Rapids	37	45	**82**
		676GE Loyal	42	53	**79**

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**
	676 Tomah VAMC	23	25	**89**
	676GD Wisconsin Rapids	45	45	**100**
	676GE Loyal	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**
	676 Tomah VAMC	23	25	**89**
	676GD Wisconsin Rapids	45	45	**100**
	676GE Loyal	41	41	**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**
	676 Tomah VAMC	23	25	**89**
	676GD Wisconsin Rapids	43	45	**96**
	676GE Loyal	41	41	**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	676Tomah VAMC	21	22	**95**
		676GD Wisconsin Rapids	42	45	**93**
		676GE Loyal	36	41	**88**

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	676 Tomah VAMC	22	22	**100**
		676GD Wisconsin Rapids	45	45	**100**
		676GE Loyal	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	676 Tomah VAMC	22	22	**100**
		676GD Wisconsin Rapids	45	45	**100**
		676GE Loyal	41	41	**100**

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	676 Tomah VAMC	22	22	**100**
		676GD Wisconsin Rapids	45	45	**100**
		676GE Loyal	38	41	**93**

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	676 Tomah VAMC	72	72	**100**
		676GD Wisconsin Rapids	19	19	**100**
		676GE Loyal	*	*	*

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	676 Tomah VAMC	3	4	**70**
		676GD Wisconsin Rapids	1	1	**100**
		676GE Loyal	*	*	*

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
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