Department of Veterans Affairs
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Office of Healthcare Inspections

Report No. 11-00839-79

Community Based Outpatient Clinic Reviews
Framingham, MA
Charlottesville, VA
Jennings and Lafayette, LA
Bridgeport (Decatur) and Sherman, TX
Caldwell and Twin Falls, ID

February 3, 2011

Washington, DC 20420

Why We Did This Review

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.

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.

Glossary

A1c	glycated hemoglobin
AED	automated external defibrillator
C&P	credentialing and privileging
CBOC	community based outpatient clinic
CDC	Center for Disease Control and Prevention
COTR	Contracting Officer's Technical Representative
DM	Diabetes Mellitus
EKG	electrocardiogram
EOC	environment of care
FY	fiscal year
FTE	full-time employee equivalents
HCS	Health Care System
IC	infection control
IT	Information Technology
LCSW	Licensed Clinical Social Worker
LPN	Licensed Practical Nurse
MH	mental health
MST	military sexual trauma
NP	nurse practitioner
OIG	Office of Inspector General
OI&T	Office of Information and Technology
OPPE	Ongoing Professional Practice Evaluation
PCMM	Primary Care Management Module
PCP	primary care provider
PSB	Professional Standards Board
PTSD	Post-Traumatic Stress Disorder
Qtr	quarter
RN	registered nurse
SSN	social security number
SOP	standard operating procedure
VAMC	VA Medical Center
VANTHCS	VA North Texas Health Care System
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network

VSSC	VHA Support Service Center
WHO	World Health Organization

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Executive Summary

Purpose: We conducted the review of eight CBOCs during the week of October 18, 2010. CBOCs were reviewed in VISN 1 at Framingham, MA; in VISN 6 at Charlottesville, VA; in VISN 16 at Jennings and Lafayette, LA; in VISN 17 at Bridgeport (Decatur) and Sherman, TX; and, in VISN 20 at Caldwell and Twin Falls, ID. The parent facilities of these CBOCs are VA Boston HCS, Hunter Holmes McGuire (Richmond) VAMC, Alexandria VAMC, VA North Texas HCS (VANTHCS), and Boise VAMC, respectively. The purpose was to evaluate selected activities, assessing whether the CBOCs are operated in a manner that provides veterans with consistent, safe, high-quality health care.

We would like to acknowledge the following area of accomplishment:

VANTHCS

We commend VANTHCS's level of oversight and implementation of business processes designed to more effectively manage VHA healthcare resources. We noted that VANTHCS provides the list of eligible enrollees to the contractor, which helped to ensure inactive patients were not invoiced at the Decatur and Sherman CBOCs.

Recommendations: The VISN and Facility Directors, in conjunction with the respective CBOC manager, should take appropriate actions to:

VA Boston HCS

- Require sufficient documentation of data in the PSB meeting minutes to support privileging and reprivileging for providers at the Framingham CBOC.

Richmond VAMC

- Ensure modifications are made to the entrance doors to improve access for disabled veterans at the Charlottesville CBOC.

Alexandria VAMC

- Require that PSB grant clinical privileges based on the type of care and services performed or provided at the Jennings and Lafayette CBOCs.

- Collect and monitor measurable data for hand hygiene at the Lafayette CBOC.

- Ensure the Behavior Health campus clinic at the Jennings CBOC has an AED onsite.

VANTHCS

- Require that critical laboratory test results be given to the ordering provider within the timeframe established in facility policy at the Decatur CBOC.

- Ensure the ordering provider documents patient notification and treatment actions in response to critical results at the Decatur CBOC.

- Require that normal test results be consistently communicated to patients within the specified timeframes at the Decatur CBOC.

- Require access be improved for patients in need of assistance at the Decatur CBOC.

- Require auditory privacy be maintained during the check-in process at the Decatur CBOC.

Boise VAMC

- Grant clinical privileges that are consistent with the practices at the Twin Falls CBOC.

- Ensure the Boise VAMC Executive Committee meeting minutes include documentation that reflects the rationale for granting privileges.

- Require that ordering providers at the Twin Falls CBOC document patient notification and treatment actions in response to critical results.

- Ensure ordering providers at the CBOCs document patient notification of diagnostic test results.

- Properly secure sharps and solutions at the Twin Falls CBOC.

- Ensure the Chief of OI&T evaluates the use of the IT closet at the Twin Falls CBOC and implements appropriate measures according to VA Handbook 6500.[1]

Comments

The VISN and facility Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes A–J, pages 28–45 for the full text of the Directors' comments.) We will follow up on the planned actions until they are completed.

(original signed by:)
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Assistant Inspector General for
Healthcare Inspections

[1] VA Handbook 6500, *Information Security Program*, August 4, 2006.

Part I. Objectives and Scope

Objectives. The purposes of this review are to:

- Determine whether CBOC performance measure scores are comparable to the parent VAMC or HCS outpatient clinics.
- Determine whether CBOC providers are appropriately credentialed and privileged in accordance to VHA Handbook 1100.19.[2]
- Determine whether appropriate notification and follow-up action are documented in the medical record when critical laboratory test results are generated.
- Determine the extent patients are notified of normal laboratory test results.
- Determine whether CBOCs are in compliance with standards of operations according to VHA Handbook 1006.1[3] in the areas of environmental safety and emergency planning.
- Determine whether the CBOC primary care and mental health 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.[4]

Scope. The topics discussed in this report include:

- Quality of Care Measures
- C&P
- Management of Laboratory Results
- EOC and Emergency Management
- CBOC Contracts

We reviewed CBOC policies, performance documents, provider C&P files, and nurses' personnel records. For each CBOC, we evaluated the quality of care measures by reviewing 50 randomly selected patients with a diagnosis of DM and 30 female patients between the ages of 52 and 69 years of age who had mammograms, unless fewer patients were available. We reviewed the medical records of these selected patients to determine compliance with VHA performance measures.

[2] VHA Handbook 1100.19, *Credentialing and Privileging*, November 14, 2008.
[3] VHA Handbook 1006.1, *Planning and Activating Community-Based Outpatient Clinics*, May 19, 2004.
[4] VHA Handbook 1101.02, *Primary Care Management Module (PCMM)*, April 21, 2009.

We also reviewed medical records for 10 patients who had critical laboratory results and 10 patients with normal laboratory results or fewer if 10 were not available. We used the term *critical value or result* as defined in VHA Directive 2009-019.[5] A critical test result is defined as those values or interpretations that, if left untreated, could be life threatening or place the patient at serious risk. All emergent test results and some abnormal test results constitute critical values or results. Although not defined in the directive, we used the term *normal results* to describe test or procedure results that are neither emergent nor abnormal, or results that are within or marginally outside the expected or therapeutic range.

We conducted EOC inspections to determine the CBOCs' cleanliness and condition of the patient care areas, condition of equipment, 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 evaluated whether the Decatur and Sherman CBOC contracts provided guidelines that the contractor needed to follow in order to address quality of care issues. We also verified that the number of enrollees or visits reported was supported by collaborating documentation.

We conducted the inspection in accordance with *Quality Standards for Inspections* published by the Council of Inspectors General on Integrity and Efficiency.

[5] VHA Directive 2009-019, *Ordering and Reporting Test Results*, March 24, 2009.

Part II. Results and Recommendations

A. VISN 1, VA Boston HCS - Framingham

CBOC Characteristics

We formulated a list of CBOC characteristics that included identifiers and descriptive information for the CBOC evaluation. Table 1 shows the characteristics of the Framingham CBOC.

CBOC Characteristics	Framingham
Type of CBOC	VA Staffed
Number of Uniques, FY 2010	1,672
Number of Visits, FY 2010	6,072
CBOC Size[6]	Mid-Size
Locality	Urban
FTE	2.07
Type Providers Assigned	PCP NP Psychologist
Ancillary Staff Assigned	RN LPN Health/Medical Technician or Medical Assistant Medical Support Assistant
Type of MH Providers	NP/Clinical Nurse Specialist Psychologist LCSW
Provides MH Services	Yes
• **Evening Hours**	No
• **Weekends**	No
• **Plan for Emergencies Outside of Business Hours**	Yes
• **Provided Onsite**	Substance Use Disorder PTSD MST Homelessness Psychosocial Rehabilitation
• **Referrals**	No
• **Tele-Mental Health Services**	No
Specialty Care Services Onsite	No
• **Referrals**	Another VA facility Non-VA fee-basis or contract
Ancillary Services Provided Onsite	EKG
Miles to Parent Facility	17

Table 1: CBOC Characteristics

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

Quality of Care Measures[7]

DM

Diabetes is the leading cause of new cases of blindness among adults age 20−74 and diabetic retinopathy causes 12,000 to 24,000 new cases of blindness each year. Detection and treatment of diabetic eye disease with laser therapy can reduce the development of severe vision loss by an estimated 50−60 percent. Table 2 displays the parent facility and Framingham CBOC's compliance in screening for retinopathy.

Measure	*Meets Target*	*Facility*	*Qtr 3 Numerator*	*Qtr 3 Denominator*	*Qtr 3 (%)*
DM – Retinal Eye Exam	70%	523 VA Boston HCS	96	111	**86**
		523GA Framingham CBOC	36	36	**100**

Table 2. Retinal Exam, FY 2010

A1c is a blood test that measures average blood glucose (sugar) levels. Research studies in the United States and abroad have found that improved glycemic control benefits people with either type I or type II diabetes. In general, for every 1 percent reduction in A1c, the relative risk of developing microvascular diabetic complications (eye, kidney, and nerve disease) is reduced by 40 percent. The American Diabetes Association recommends an A1c of less than 7 percent. Patients with poorly controlled diabetes (A1c greater than 9 percent) are at higher risk of developing diabetic complications. Measuring A1c assesses the effectiveness of therapy. For this indicator, low scores indicate better compliance. Table 3 displays the scores of the parent facility and the Framingham CBOC.

Measure	*Meets Target*	*Facility*	*Qtr3 Numerator*	*Qtr 3 Denominator*	*Qtr 3 (%)*
DM –A1c > 9 or not done in past year	16%	523 VA Boston HCS	15	111	**13**
		523GA Framingham CBOC	1	36	**3**

Table 3. A1c Testing, FY 2010

Women's Health

Breast cancer is the second most common type of cancer among American women, with approximately 207,000 new cases reported each year.[8] It is most common in

[7] Parent facility scores were obtained from 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). Raw scores can go up or down depending on which cases pass or fail a measure. Sometimes the adjustment can be quite significant.

[8] American Cancer Society, Cancer Facts & Figures 2009.

women over 50. Women whose breast cancer is detected early have more treatment choices and better chances for survival. Screening by mammography (an x-ray of the breast) has been shown to reduce mortality by 20–30 percent among women 40 and older. Comparison of the Framingham CBOC to the parent facility's breast cancer screening is listed in Table 4.

Measure	*Meets Target*	*Facility*	*Qtr 3 Numerator*	*Qtr 3 Denominator*	*Qtr 3 (%)*
Mammography, 50-69 years old	77%	523 VA Boston HCS	38	41	**93**
		523A Framingham CBOC	3	3	**100**

Table 4. Women's Health, FY 2010

C&P

We reviewed the C&P files of seven providers and the personnel folders of two nurses at the Framingham CBOC. All providers possessed full, active, current, and unrestricted licenses and privileges were appropriate for services rendered. All nurses' license and education requirements were verified and documented. Service-specific criteria for OPPE had been developed and approved. We found sufficient performance data to meet current requirements. OPPE included minimum and competency criteria for privileges. However, we found the following area that needed improvement:

PSB Meeting Minutes

VHA policy requires that requested privileges and the service chief's recommendation must be presented with the supporting credentialing, health status, and clinical competence information to the credentialing committee. The committee decision, documents reviewed, and rationale for stated conclusions must be documented in the minutes. We did not find detailed discussions in the PSB meeting minutes of the documents reviewed regarding providers' performance.

Recommendation 1. We recommended that clinical managers document sufficient data in the PSB meeting minutes to support privileging and reprivileging for providers at the Framingham CBOC.

Management of Laboratory Results

VHA Directive 2009-019 requires critical test results to be communicated to the ordering provider or surrogate provider within a timeframe that allows for prompt attention and appropriate clinical action to be taken. VHA also requires that the ordering provider communicate test results to patients so that they may participate in health care decisions. Each parent facility is required to develop a written policy for communicating test results to providers and documenting communications in the medical record, to include a system for surrogate providers to receive results when the ordering provider is not available. In addition, ordering providers are required to communicate outpatient test results (those not requiring immediate attention) to patients no later than

14 calendar days from the date on which the results are available to the ordering provider.

We reviewed the parent facility's policies and procedures and the medical records of patients who had tests resulting in critical values and normal values. We determined that the parent facility had developed a written policy and had implemented an effective reporting process for test results.

Critical Laboratory Results

We found that the Framingham CBOC had effective processes in place to communicate critical laboratory test results to ordering providers and patients. We reviewed the medical records of 10 patients who had critical laboratory results and found that 9 (90 percent) records contained documented evidence of patient notification and follow-up actions.

Normal Laboratory Results

We reviewed the medical records of 10 patients and determined that the CBOC had communicated normal results to only 6 (60 percent) patients within 14 calendar days from the date the results were available to the ordering provider. However, managers identified the issue prior to our site visit. Quality managers provided more recent data of tracking and trending patient notification of normal test results. Data for late August, September, and early October 2010 reflected significant improvement; therefore, we made no recommendations.

Environment and Emergency Management

EOC

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, IC, and general maintenance. The CBOC met standards, and the environment was generally clean and safe. We found that the IC program monitored data and appropriately reported that data to relevant committees. Safety guidelines were generally met, and risk assessments were in compliance with VHA standards.

Emergency Management

VHA Handbook 1006.1 requires each CBOC to have a local policy or SOP defining how medical emergencies, including MH, are handled. The CBOC had policies that outlined management of medical and MH emergencies. Our interviews revealed that staff understood the local emergency response guidelines and could accurately articulate the requirements.

B. VISN 6, Richmond VAMC - Charlottesville

CBOC Characteristics

Table 5 shows the characteristics of the Charlottesville CBOC.

CBOC Characteristics	Charlottesville
Type of CBOC	VA Staffed
Number of Uniques, FY 2010	2,267
Number of Visits, FY 2010	10,201
CBOC Size	Mid-Size
Locality	Urban
FTE	1.9
Type Providers Assigned	Internal Medicine Physician PCP Psychologist Psychiatrist LCSW
Ancillary Staff Assigned	RN LPN Pharmacist Health/Medical Technician or Assistant
Type of MH Providers	Psychologist Psychiatrist LCSW
Provides MH Services	Yes
• **Evening Hours**	No
• **Weekends**	No
• **Plan for Emergencies Outside of Business Hours**	Yes
• **Provided Onsite**	Substance Use Disorder PTSD Homelessness
• **Referrals**	Another VA facility
• **Tele-Mental Health**	Yes (group therapy)
Specialty Care Services Onsite	No
• **Referrals**	Another VA facility Non-VA fee-basis or contract
Ancillary Services Provided Onsite	Laboratory (blood drawn onsite) EKG Pharmacy
Miles to Parent Facility	71

Table 5: CBOC Characteristics

Quality of Care Measures

DM

Diabetes is the leading cause of new cases of blindness among adults age 20−74 and diabetic retinopathy causes 12,000 to 24,000 new cases of blindness each year. Detection and treatment of diabetic eye disease with laser therapy can reduce the development of severe vision loss by an estimated 50−60 percent. Table 6 displays the parent facility and Charlottesville CBOC's compliance in screening for retinopathy.

Measure	*Meets Target*	*Facility*	*Qtr 3 Numerator*	*Qtr 3 Denominator*	*Qtr 3 (%)*
DM – Retinal Eye Exam	70%	652 Richmond VAMC	62	64	**96**
		652GE Charlottesville CBOC	37	40	**93**

Table 6. Retinal Exam, FY 2010

A1c is a blood test that measures average blood glucose (sugar) levels. Research studies in the United States and abroad have found that improved glycemic control benefits people with either type I or type II diabetes. In general, for every 1 percent reduction in A1c, the relative risk of developing microvascular diabetic complications (eye, kidney, and nerve disease) is reduced by 40 percent. The American Diabetes Association recommends an A1c of less than 7 percent. Patients with poorly controlled diabetes (A1c greater than 9 percent) are at higher risk of developing diabetic complications. Measuring A1c assesses the effectiveness of therapy. For this indicator, low scores indicate better compliance. Table 7 displays the scores of the parent facility and the Charlottesville CBOC.

Measure	*Meets Target*	*Facility*	*Qtr3 Numerator*	*Qtr 3 Denominator*	*Qtr 3 (%)*
DM –A1c > 9 or not done in past year	21%	652 Richmond VAMC	18	64	**23**
		652GE Charlottesville CBOC	3	40	**8**

Table 7. A1c Testing, FY 2010

Women's Health

Breast cancer is the second most common type of cancer among American women, with approximately 207,000 new cases reported each year. It is most common in women over 50. Women whose breast cancer is detected early have more treatment choices and better chances for survival. Screening by mammography (an x-ray of the breast) has been shown to reduce mortality by 20–30 percent among women 40 and older. Comparison of the Charlottesville CBOC to the parent facility's breast cancer screening is listed in Table 8.

Measure	Meets Target	Facility	Qtr 3 Numerator	Qtr 3 Denominator	Qtr 3 (%)
Mammography, 50-69 years old	77%	652 Richmond VAMC	19	21	**91**
		652GE Charlottesville CBOC	18	29	**62**

Table 8. Women's Health, FY 2010

To improve breast cancer screening at the Charlottesville CBOC, the parent facility will run the monthly mammography screening clinical reminder report for the CBOC and forward the report to the designated CBOC nurse. The nurse will contact the identified individuals who are due for a mammogram and will schedule the appointment if the patient desires to be seen at the Charlottesville CBOC. Providers will review clinical reminders of patients and schedule them as appropriate.

C&P

We reviewed the C&P files of three providers and the personnel folders of four nurses at the Charlottesville CBOC. All providers possessed a full, active, current, and unrestricted license; and privileges were appropriate for services rendered. All nurses' license and education requirements were verified and documented. Service-specific criteria for OPPE had been developed and approved. We found sufficient performance data to meet current requirements. OPPE included minimum competency criteria for privileges.

Management of Laboratory Results

VHA Directive 2009-019 requires critical test results to be communicated to the ordering provider or surrogate provider within a timeframe that allows for prompt attention and appropriate clinical action to be taken. VHA also requires that the ordering provider communicate test results to patients so that they may participate in health care decisions. Each parent facility is required to develop a written policy for communicating test results to providers and documenting communications in the medical record, to include a system for surrogate providers to receive results when the ordering provider is not available. In addition, ordering providers are required to communicate outpatient test results (those not requiring immediate attention) to patients no later than 14 calendar days from the date on which the results are available to the ordering provider.

We reviewed the parent facility's policies and procedures and the medical records of patients who had tests resulting in critical values and normal values. We determined that the facility had developed a written policy and had implemented an effective reporting process for test results.

Critical Laboratory Results

We found that the Charlottesville CBOC had effective processes in place to communicate critical laboratory test results to ordering providers and patients. We

reviewed the medical records of 10 patients who had critical laboratory results and found that all records contained documented evidence of patient notification and follow-up actions.

Normal Laboratory Results

We found that the Charlottesville CBOC had effective processes in place to communicate normal laboratory test results to patients. We reviewed the medical records of 11 patients and determined that the CBOC had communicated normal results to all patients within 14 calendar days from the date the results were available to the ordering provider.

Environment and Emergency Management

EOC

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, IC, and general maintenance. The CBOC met most standards, and the environment was generally clean and safe. However, we found the following area that required improvement.

Handicap Access

Ramps to the front doors at both CBOCs allowed patients in wheelchairs or with other assistive devices to independently maneuver to the CBOC doors. However, there was no doorbell or handicap assist button for patients to attain access. The entrance door was not visible by staff; therefore, the staff would not be aware if a patient needed assistance.

Recommendation 2. We recommended that modifications be made to the entrance doors to improve access for disabled veterans at the Charlottesville CBOC.

Emergency Management

VHA Handbook 1006.1 requires each CBOC to have a local policy or SOP defining how medical emergencies, including MH, are handled. The CBOC 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.

C. VISN 16, Alexandria VAMC – Jennings and Lafayette

CBOC Characteristics

Table 9 shows the characteristics of the Jennings and Lafayette CBOCs.

CBOC Characteristics	Jennings	Lafayette
Type of CBOC	VA Staffed	VA Staffed
Number of Uniques, FY 2010	3,969	6,890
Number of Visits, FY 2010	15,056	26,282
CBOC Size	Mid-size	Large
Locality	Rural	Urban
FTE	3.8	5.9
Type Providers Assigned	Internal Medicine Physician PCP NP Psychiatrist Psychologist LCSW	Internal Medicine Physician PCP Psychiatrist Psychologist LCSW
Ancillary Staff Assigned	RN LPN Pharmacist Dietician	RN LPN Pharmacist Dietician
Type of MH Providers	Psychologist Psychiatrist LCSW	Psychologist Psychiatrist LCSW PCP Addiction Counselors
Provides MH Services	Yes	Yes
• **Evening Hours**	No	No
• **Weekends**	No	No
• **Plan for Emergencies Outside of Business Hours**	Yes	Yes
• **Provided Onsite**	PTSD MST Homelessness	Substance Use Disorder PTSD MST Homelessness Psychosocial Rehabilitation
• **Referrals**	Another VA facility Non-VA fee-basis or contract	Another VA facility Non-VA fee-basis or contract
• **Tele-Mental Health**	Yes (medication management)	No
Remote Services	Yes	Yes
• **Tele-Medicine**	Yes	No
• **Tele-Retinal**	Yes	Yes
Specialty Care Services Onsite	Women's Health	Women's Health
• **Referrals**	Another VA facility Non-VA fee-basis or contract	Another VA facility Non-VA fee-basis or contract

CBOC Characteristics (cont'd)	Jennings	Lafayette
Ancillary Services Provided Onsite	Laboratory (blood drawn onsite) EKG	Laboratory (blood drawn onsite) EKG
Miles to Parent Facility	97	94

Table 9: CBOC Characteristics

Quality of Care Measures

DM

Diabetes is the leading cause of new cases of blindness among adults age 20−74, and diabetic retinopathy causes 12,000 to 24,000 new cases of blindness each year. Detection and treatment of diabetic eye disease with laser therapy can reduce the development of severe vision loss by an estimated 50−60 percent. Table 10 displays the parent facility and the Jennings and Lafayette CBOCs' compliance in screening for retinopathy.

Measure	*Meets Target*	*Facility*	*Qtr 3 Numerator*	*Qtr 3 Denominator*	*Qtr 3 (%)*
DM – Retinal Eye Exam	70%	502 Alexandria VAMC	63	67	**94**
		502GA Jennings CBOC	47	48	**98**
		502GB Lafayette CBOC	45	49	**92**

Table 10. Retinal Exam, FY 2010

A1c is a blood test that measures average blood glucose (sugar) levels. Research studies in the United States and abroad have found that improved glycemic control benefits people with either type I or type II diabetes. In general, for every 1 percent reduction in A1c, the relative risk of developing microvascular diabetic complications (eye, kidney, and nerve disease) is reduced by 40 percent. The American Diabetes Association recommends an A1c of less than 7 percent. Patients with poorly controlled diabetes (A1c greater than 9 percent) are at higher risk of developing diabetic complications. Measuring A1c assesses the effectiveness of therapy. For this indicator, low scores indicate better compliance. Table 11 displays the scores of the parent facility and the Jennings and Lafayette CBOCs.

Measure	*Meets Target*	*Facility*	*Qtr3 Numerator*	*Qtr 3 Denominator*	*Qtr 3 (%)*
DM –A1c > 9 or not done in past year	29%	502 Alexandria VAMC	6	67	**9**
		502GA Jennings CBOC	4	48	**8**
		502GB Lafayette CBOC	5	50	**10**

Table 11. A1c Testing, FY 2010

Women's Health

Breast cancer is the second most common type of cancer among American women, with approximately 207,000 new cases reported each year. It is most common in women over 50. Women whose breast cancer is detected early have more treatment choices and better chances for survival. Screening by mammography (an x-ray of the breast) has been shown to reduce mortality by 20–30 percent among women 40 and older. Comparisons of the Jennings and Lafayette CBOCs compliance to the parent facility's breast cancer screening compliance are listed in Table 12.

Measure	*Meets Target*	*Facility*	*Qtr 3 Numerator*	*Qtr 3 Denominator*	*Qtr 3 (%)*
Mammography, 50-69 years old	77%	502 Alexandria VAMC	20	23	**87**
		502GA Jennings CBOC	16	17	**94**
		502GB Lafayette CBOC	26	29	**90**

Table 12. Women's Health, FY 2010

C&P

We reviewed the C&P files of five providers and the personnel folders of four nurses at the Jennings CBOC and five providers and four nurses at the Lafayette CBOC. All providers possessed a full, active, current, and unrestricted license; and privileges were appropriate for services rendered. All nurses' license and education requirements were verified and documented. Service-specific criteria for OPPE had been developed and approved. We found sufficient performance data to meet current requirements. OPPE included competency criteria for privileges. However, we identified the following area that needed improvement.

Setting-Specific Clinical Privileges

The setting dictates the type of procedures that a practitioner will be authorized to perform. We found that the PSB granted clinical privileges for procedures that were not performed at either CBOC. The providers were granted Internal Medicine core privileges and specific privileges including lumbar punctures, thoracentesis, abdominal paracentesis, and venous cut down. According to the characteristics of the CBOC and the providers that we interviewed, these procedures are not performed at either CBOC.

Recommendation 3. We recommended the PSB grant clinical privileges based on the type of care and services performed or provided at the Jennings and Lafayette CBOCs.

Management of Laboratory Results

VHA Directive 2009-019 requires critical test results to be communicated to the ordering provider or surrogate provider within a timeframe that allows for prompt attention and appropriate clinical action to be taken. VHA also requires that the ordering provider communicate test results to patients so that they may participate in health care decisions. Each parent facility is required to develop a written policy for communicating

test results to providers and documenting communications in the medical record, to include a system for surrogate providers to receive results when the ordering provider is not available. In addition, ordering providers are required to communicate outpatient test results (those not requiring immediate attention) to patients no later than 14 calendar days from the date on which the results are available to the ordering provider.

We reviewed the parent facility's policies and procedures and the medical records of patients who had tests resulting in critical values and normal values. We determined that the facility had developed a written policy and had implemented an effective reporting process for test results.

Critical Laboratory Results

We found that the Jennings and Lafayette CBOCs had effective processes in place to communicate critical laboratory test results to ordering providers and patients. We reviewed the medical records of 20 patients (10 at the Jennings CBOC and 10 at the Lafayette CBOC) who had critical laboratory results and found that all records contained documented evidence of patient notification and follow-up actions.

Normal Laboratory Results

We found that the Jennings and Lafayette CBOCs had effective processes in place to communicate normal laboratory test results to patients. We reviewed the medical records of 20 patients (10 at the Jennings CBOC and 10 at the Lafayette CBOC) and determined that the CBOCs had communicated normal results to all patients within 14 calendar days from the date the results were available to the ordering provider.

Environment and Emergency Management

EOC

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. We found that the IC program at the Jennings CBOC monitored data and appropriately reported that data to relevant committees. Safety guidelines were generally met, and risk assessments were in compliance with VHA standards. However, we identified the following areas that needed improvement.

IC Compliance

At the Lafayette CBOC, we found no documentation that hand hygiene data had been collected during FY 2009 through 3rd Qtr, FY 2010. Therefore, the facility could not identify any trends or conduct the appropriate data analysis. The CDC[9] and/or WHO[10]

[9] 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.
[10] WHO is the directing and coordinating authority for health within the United Nations System.

recommend that healthcare facilities develop a comprehensive IC program with a hand hygiene component that 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 Lafayette CBOC manager has initiated a new process of data collection to ensure that hand hygiene data is trended and analyzed in FY 2011.

Recommendation 4. We recommended the Lafayette CBOC collect and monitor data for hand hygiene.

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. Staff indicated that the response to a medical emergency would include summoning a physician, calling the local emergency response (911), and utilizing the AED if necessary. However, at the Jennings CBOC, the Behavior Health Services campus clinic did not have an AED onsite. The absence of an AED may lead to an undesirable clinical outcome in the event of an emergency.

Recommendation 5. We recommended the Jennings CBOC (Behavior Health campus clinic) have an AED onsite.

D. VISN 17, VA North Texas HCS – Decatur and Sherman

CBOC Characteristics

Table 13 shows the characteristics of the Decatur and Sherman CBOCs.

CBOC Characteristics	Decatur	Sherman
Type of CBOC	Contract	Contract
Number of Uniques, FY 2010	1,342	3,201
Number of Visits, FY 2010	4,171	9,102
CBOC Size	Small	Mid-size
Locality	Rural	Rural
FTE	1	2
Type Providers Assigned	PCP	PCP NP Psychologist LCSW
Ancillary Staff Assigned	RN Health/Medical Technician or Assistant	RN LPN Technician/Technologist
Type of MH Providers	NA	Psychologist Psychiatrist LCSW
Provides MH Services	No	Yes
• **Evening Hours**	NA	No
• **Weekends**	NA	No
• **Plan for Emergencies Outside of Business Hours**	Yes	Yes
• **Provided Onsite**	NA	PTSD
• **Referrals**	Another VA facility	Another VA facility Non-VA fee-basis or contract
• **Tele-Mental Health Services**	No	No
Specialty Care Services Onsite	No	No
• **Referrals**	Another VA facility	Another VA facility
Ancillary Services Provided Onsite	Laboratory (blood drawn onsite) EKG	Laboratory (blood drawn onsite) EKG Radiology
Miles to Parent Facility	81	75

Table 13: CBOC Characteristics

Quality of Care Measures

DM

Diabetes is the leading cause of new cases of blindness among adults age 20−74 and diabetic retinopathy causes 12,000–24,000 new cases of blindness each year. Detection and treatment of diabetic eye disease with laser therapy can reduce the development of severe vision loss by an estimated 50−60 percent. Table 14 displays the parent facility and the Decatur and Sherman CBOCs' compliance in screening for retinopathy.

Measure	*Meets Target*	*Facility*	*Qtr 3 Numerator*	*Qtr 3 Denominator*	*Qtr 3 (%)*
DM – Retinal Eye Exam	70%	549 VANTHCS	93	107	**87**
		549GE Decatur CBOC	39	49	**80**
		549GJ Sherman CBOC	46	50	**92**

Table 14. Retinal Exam, FY 2010

A1c is a blood test that measures average blood glucose (sugar) levels. Research studies in the United States and abroad have found that improved glycemic control benefits people with either type I or type II diabetes. In general, for every 1 percent reduction in A1c, the relative risk of developing microvascular diabetic complications (eye, kidney, and nerve disease) is reduced by 40 percent. The American Diabetes Association recommends an A1c of less than 7 percent. Patients with poorly controlled diabetes (A1c greater than 9 percent) are at higher risk of developing diabetic complications. Measuring A1c assesses the effectiveness of therapy. For this indicator, low scores indicate better compliance. Table 15 displays the scores of the parent facility and the Decatur and Sherman CBOCs.

Measure	*Meets Target*	*Facility*	*Qtr 3 Numerator*	*Qtr 3 Denominator*	*Qtr 3 (%)*
DM –A1c > 9 or not done in past year	29%	549 VANTHCS	14	107	**13**
		549GE Decatur CBOC	5	49	**10**
		549GJ Sherman CBOC	5	50	**10**

Table 15. A1c Testing, FY 2010

Women's Health

Breast cancer is the second most common type of cancer among American women, with approximately 207,000 new cases reported each year. It is most common in women over 50. Women whose breast cancer is detected early have more treatment choices and better chances for survival. Screening by mammography (an x-ray of the breast) has been shown to reduce mortality by 20–30 percent among women 40 and older. Comparisons of the Decatur and Sherman CBOCs to the parent facility's breast cancer screening are listed in Table 16.

Measure	Meets Target	Facility	Qtr 3 Numerator	Qtr 3 Denominator	Qtr 3 (%)
Mammography, 50-69 years old	77%	549 VANTHCS	25	30	**83**
		549GE Decatur CBOC	4	5	**80**
		549GJ Sherman CBOC	23	30	**77**

Table 16. Women's Health, FY 2010

C&P

We reviewed the C&P files of one provider and the personnel folder of one nurse at the Decatur CBOC and five providers and three nurses at the Sherman CBOC. All providers had a full, active, current, and unrestricted license; and privileges were appropriate for services rendered. All nurses' licenses and education requirements were verified and documented. Service-specific criteria for OPPE had been developed and approved. We found sufficient performance data to meet current requirements. OPPE included minimum competency criteria for privileges.

Management of Laboratory Results

VHA Directive 2009-019 requires critical test results to be communicated to the ordering provider or surrogate provider within a timeframe that allows for prompt attention and appropriate clinical action to be taken. VHA also requires that the ordering provider communicate test results to patients so that they may participate in health care decisions. Each parent facility is required to develop a written policy for communicating test results to providers and documenting communications in the medical record, to include a system for surrogate providers to receive results when the ordering provider is not available. In addition, ordering providers are required to communicate outpatient test results (those not requiring immediate attention) to patients no later than 14 calendar days from the date on which the results are available to the ordering provider.

We reviewed the parent facility's policies and procedures and the medical records of patients who had tests resulting in critical values and normal values. We identified the following areas that needed improvement.

Critical Laboratory Results

We found the Decatur CBOC did not have effective processes in place to communicate critical laboratory test results to ordering providers and patients. We reviewed the medical records of 18 patients (8 at the Decatur CBOC and 10 at the Sherman CBOC) who had critical laboratory results. We found that 6 (75 percent) of the 8 records reviewed at the Decatur CBOC and all records reviewed at the Sherman CBOC met the timeframes established in facility policies for reporting the results to the providers. In addition, at the Decatur CBOC, we found that only four (50 percent) of eight records contained documented evidence of patient notification and follow-up actions.

Recommendation 6. We recommended that critical laboratory test results be given to the ordering provider within the timeframe established in facility policy at the Decatur CBOC.

Recommendation 7. We recommended that the ordering provider documents patient notification and treatment actions in response to critical results at the Decatur CBOC.

Normal Laboratory Results

We found that the Decatur CBOC did not have processes in place to communicate normal laboratory test results to patients. We reviewed the medical records of 20 patients (10 at the Decatur CBOC and 10 at the Sherman CBOC) and found evidence that the Decatur CBOC had not communicated normal results to 5 (50 percent) of the patients within 14 calendar days from the date the results were available to the ordering provider. All 10 patients at the Sherman CBOC had results communicated to them within 14 calendar days.

Recommendation 8. We recommended that normal test results be consistently communicated to patients within the specified timeframe at the Decatur CBOC.

Environment and Emergency Management

EOC

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. We found that the IC program monitored and appropriately reported data to relevant committees. Safety guidelines were generally met, and risk assessments were in compliance with VHA standards. However, we identified the following areas that needed improvement.

Clinic Accessibility

The Decatur CBOC was not equipped with an automatic door opener or door bell to assist patients accessing the clinic area. The staff indicated that patients who required assistance were usually escorted to their appointments, and the escorts would open the door so the patient could gain entry. Although managers stated that the door was lightweight and did not pose as an obstacle to entry, we determined that a patient using a wheelchair or walker would not be able to hold the door open and maneuver their assistive device.

Auditory Privacy

The auditory privacy was inadequate for patients during the check-in process at the Decatur CBOC. VHA requires auditory privacy when staff discusses sensitive patient issues.[11] At the Decatur CBOC, patients communicate with staff through a slide-open

[11] VHA Handbook 1605.1, *Privacy and Release of Information*, May 17, 2006.

glass window located in the waiting area. Patients are asked to provide, at a minimum, their name and reason for visit. There were no instructions to incoming patients to allow patients at the window a zone of audible privacy during the check-in process.

Recommendation 9. We recommended that clinic accessibility be improved for patients in need of assistance at the Decatur CBOC.

Recommendation 10. We recommended that auditory privacy be maintained during the check-in process at the Decatur CBOC.

Emergency Management

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

CBOC Contracts

Decatur CBOC

The contract for the Decatur CBOC is administered through VANTHCS for delivery and management of primary and preventative medical care for all eligible patients in VISN 17. Contracted services with CR Associates, Inc. were performed under a 6-month interim contract from April 1–September 30, 2010, with an additional extension option for the period October 1, 2010–March 31, 2011. The contract terms state that a physician licensed in Texas will serve as the medical director and monitor the delivery of healthcare services. For the 3rd Qtr, FY 2010, the PCP equaled 1.0 FTE. The Decatur CBOC is a shared facility that is partitioned to serve both VA and private practice patients separately. The contractor was compensated by the number of enrollees at a monthly capitated rate per enrollee. The CBOC had 1,342 unique primary medical care enrollees with 4,171 visits as reported on the FY 2009 CBOC Characteristics report (see Table 13). MH services were not provided in Decatur, but were referred to the Dallas or Fort Worth facilities.

We reviewed the contract to determine the contract type, the services provided, the invoices submitted, and supporting information. We also performed inquiries of key VANTHCS personnel. Our review focused on documents and records for the 3rd 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 VHA PCMM Coordinator is responsible for maintaining currency of information in the PCMM database. The VANTHCS has approximately 95,000 active patients with

approximately 1,400 assigned to the Decatur CBOC. We reviewed PCMM data reported by VSSC and the VANTHCS for compliance with VHA policies. We made inquiries about the number of patients who were unassigned, assigned to more than one PCP, or potentially deceased.

We commend VANTHCS's level of oversight and implementation of business processes designed to more effectively manage VA healthcare resources. We particularly noted that VANTHCS provides the list of eligible enrollees to the contractor, which helped ensure inactive patients were not invoiced.

Sherman CBOC

The contract for the Sherman CBOC is administered through VANTHCS for delivery and management of primary and preventative medical care for all eligible patients in VISN 17. Contracted services with Valor Healthcare, Inc. began on January 1, 2008, with a base year and four option years through December 31, 2012. The contract terms state that a physician licensed in Texas will serve as the medical director and monitor the delivery of healthcare services. For the 3rd Qtr, FY 2010, the PCPs equaled 2.0 FTE. The contractor was compensated by the number of enrollees at a monthly capitated rate per enrollee. The CBOC had 3,201 unique primary medical care enrollees with 9,102 visits as reported on the FY 2009 CBOC Characteristics report (see Table 13).

MH services were provided at the contractor facilities by VHA staff, a psychiatrist and LCSW totaling 2.0 FTE. VHA MH practitioners provided services to 117 patients for 211 MH encounters at the CBOC, which included individual, group therapy, and telemental health sessions in 3rd 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 VANTHCS personnel. Our review focused on documents and records for the 3rd 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 VHA PCMM Coordinator is responsible for maintaining currency of information in the PCMM database. VANTHCS has approximately 95,000 active patients with approximately 3,400 assigned to the Sherman CBOC. We reviewed PCMM data reported by VSSC and the VANTHCS for compliance with VHA policies. We made inquiries about the number of patients who were unassigned, assigned to more than one PCP, or potentially deceased.

We commend VANTHCS's level of oversight and implementation of business processes designed to more effectively manage VHA healthcare resources. We noted that VANTHCS provides the list of eligible enrollees to the contractor, which helped to ensure inactive patients were not invoiced.

E. VISN 20, Boise VAMC – Caldwell and Twin Falls

CBOC Characteristics

Table 17 shows the characteristics of the Caldwell and Twin Falls CBOCs.

CBOC Characteristics	Caldwell	Twin Falls
Type of CBOC	VA Staffed	VA Staffed
Number of Uniques, FY 2010	2,541	2,915
Number of Visits, FY 2010	12,324	16,997
CBOC Size	Mid-size	Mid-size
Locality	Urban	Rural
FTE	1.75	2.65
Type Providers Assigned	PCP NP Psychiatrist LCSW	Internal Medicine Physician NP Physician Assistant Psychiatrist LCSW
Ancillary Staff Assigned	RN LPN Social Worker Health/Medical Technician	RN LPN Social Worker Health/Medical Technician
Type of MH Providers	Psychiatrist LCSW	LCSW
Provides MH Services	Yes	Yes
• **Evening Hours**	No	Yes
• **Weekends**	No	No
• **Plan for Emergencies Outside of Business Hours**	No	No
• **Provided Onsite**	Substance Use Disorder PTSD MST	Substance Use Disorder PTSD MST Homelessness
• **Referrals**	Another VA facility	Another VA facility
• **Tele-Mental Health**	No	Yes (medication management, individual therapy)
Remote Services	No	Yes
• **Tele-Retinal**	No	Yes
• **Tele-Dermatology**	No	Yes
Specialty Care Services Onsite	No	No
• **Referrals**	Another VA facility	Another VA facility
Ancillary Services Provided Onsite	Laboratory (blood drawn) EKG	Laboratory (blood drawn) EKG
Miles to Parent Facility	29	129
Affiliated clinic(s)	Burns Outreach Clinic	none

Table 17: CBOC Characteristics

Quality of Care Measures

DM

Diabetes is the leading cause of new cases of blindness among adults age 20−74 and diabetic retinopathy causes 12,000 to 24,000 new cases of blindness each year. Detection and treatment of diabetic eye disease with laser therapy can reduce the development of severe vision loss by an estimated 50−60 percent. Table 18 displays the parent facility and Caldwell and Twin Falls CBOCs' compliance in screening for retinopathy.

Measure	*Meets Target*	*Facility*	*Qtr 3 Numerator*	*Qtr 3 Denominator*	*Qtr 3 (%)*
DM – Retinal Eye Exam	70%	531 Boise VAMC	55	64	**85**
		531GG Caldwell CBOC	50	50	**100**
		531GE Twin Falls CBOC	45	50	**90**

Table 18. Retinal Exam, FY 2010

A1c is a blood test that measures average blood glucose (sugar) levels. Research studies in the United States and abroad have found that improved glycemic control benefits people with either type I or type II diabetes. In general, for every 1 percent reduction in A1c, the relative risk of developing microvascular diabetic complications (eye, kidney, and nerve disease) is reduced by 40 percent. The American Diabetes Association recommends an A1c of less than 7 percent. Patients with poorly controlled diabetes (A1c greater than 9 percent) are at higher risk of developing diabetic complications. Measuring A1c assesses the effectiveness of therapy. For this indicator, low scores indicate better compliance. Table 19 displays the scores of the parent facility and Caldwell and Twin Falls CBOCs.

Measure	*Meets Target*	*Facility*	*Qtr3 Numerator*	*Qtr 3 Denominator*	*Qtr 3 (%)*
DM –A1c > 9 or not done in past year	20%	531 Boise VAMC	8	64	**13**
		531GG Caldwell CBOC	5	50	**10**
		531GE Twin Falls CBOC	4	50	**8**

Table 19. A1c Testing, FY 2010

Women's Health

Breast cancer is the second most common type of cancer among American women, with approximately 207,000 new cases reported each year. It is most common in women over 50. Women whose breast cancer is detected early have more treatment choices and better chances for survival. Screening by mammography (an x-ray of the breast) has been shown to reduce mortality by 20–30 percent among women 40 and older. Comparisons of the Caldwell and Twin Falls CBOCs to the parent facility's breast cancer screening are listed in Table 20.

Measure	Meets Target	Facility	Qtr 3 Numerator	Qtr 3 Denominator	Qtr 3 (%)
Mammography, 50-69 years old	77%	531 Boise VAMC	18	24	**74**
		531GG Caldwell CBOC	6	8	**75**
		531GE Twin Falls CBOC	18	19	**95**

Table 20. Women's Health, FY 2010

C&P

We reviewed the C&P files of three providers and the personnel folders of three nurses at the Caldwell CBOC and four providers and four nurses at the Twin Falls CBOC. All providers possessed a full, active, current, and unrestricted license. All nurses' license and education requirements were verified and documented. Service-specific criteria for OPPE had been developed and approved. We found sufficient performance data to meet current requirements. OPPE included the minimum competency criteria for privileges. However, we identified the following areas that needed improvement.

Clinical Privileges

A provider at the Twin Falls CBOC was granted clinical privileges for Electroconvulsive Therapy;[12] however, this was outside the scope of the services provided at the CBOC. VHA Handbook 1100.19 states providers may only be granted privileges that are actually performed at the VA-specific facility.

Executive Committee Meeting Minutes

The Boise VAMC meeting minutes did not consistently reflect the rationale for granting privileges for CBOC practitioners. VHA Handbook 1100.19 states that the decision of the medical staff's Executive Committee must be documented (the minutes must reflect the documents reviewed and the rationale for the stated conclusion) and submitted to the facility Director, as the approving authority for final action.

Recommendation 11. We recommended that clinical privileges are consistent with the providers' practices at the Twin Falls CBOC.

Recommendation 12. We recommended that the Boise VAMC Executive Committee meeting minutes include documentation that reflects the rationale for granting privileges.

[12] Electroconvulsive Therapy is a type of treatment in which an electrical current is passed through the brain, producing a convulsion or seizure. It can be helpful in the treatment of several psychiatric illnesses. The individual receiving treatment is under general anesthesia.

Management of Laboratory Results

VHA Directive 2009-019 requires that critical test results are communicated to the ordering provider or surrogate provider within a timeframe that allows for prompt attention and appropriate clinical action to be taken. VHA also requires that the ordering provider communicate test results to patients so that they may participate in health care decisions. Each parent facility is required to develop a written policy for communicating test results to providers and documenting communications in the medical record, to include a system for surrogate providers to receive results when the ordering provider is not available. In addition, ordering providers are required to communicate outpatient test results (those not requiring immediate attention) to patients no later than 14 calendar days from the date on which the results are available to the ordering provider.

We reviewed the parent facility's policies and procedures and the medical records of patients who had tests resulting in critical values and normal values. We identified the following areas that needed improvement.

Critical Laboratory Results

We reviewed the medical records of 10 patients at the Twin Falls CBOC who had critical laboratory results. We found that 7 (70 percent) of the Twin Falls records and all of the Caldwell records contained documented evidence of patient notification and follow-up actions.

Recommendation 13. We recommended that ordering providers at the Twin Falls CBOC document patient notification and treatment actions in response to critical results.

Normal Laboratory Results

We found that the Caldwell and Twin Falls CBOCs did not have effective processes in place to communicate normal laboratory test results to patients. We reviewed the medical records of 20 patients (10 at the Caldwell CBOC and 10 at the Twin Falls CBOC). We determined that 8 (80 percent) of the records at Caldwell and 7 (70 percent) of the records at Twin Falls contained documented evidence of patient notification and follow-up actions within 14 calendar days from the date the results were available to the ordering provider.

Recommendation 14. We recommended that ordering providers at the CBOCs document patient notification of diagnostic test results.

Environment and Emergency Management

EOC

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, IC, and general maintenance. The Caldwell CBOC met most standards, and the environment was generally clean and safe. In both CBOCs, we found that the IC program monitored data and appropriately reported that data to relevant committees. However, we identified the following areas that needed improvement at the Twin Falls CBOC.

Sharps and Solutions

We found sharps (needles and lancets) and solutions (hydrogen peroxide) were accessible to patients and visitors in treatment rooms. Joint Commission[13] requires the facility to take action to minimize identified safety and security risks in the physical environment. Sharps and solutions could potentially be removed and may cause physical harm.

IT Security

We inspected the IT closet and found other supplies. Additionally an access log to this area is not maintained. According to VA Handbook 6500,[14] this locked location must contain equipment or information critical to the information infrastructure. Also, an access log must be maintained that includes: name and organization of the person visiting, signature of the visitor, form of identification, date of access, time of entry and departure, purpose of visit, and name and organization of person visited. Lack of oversight for IT space access and sharing of allocated IT space could lead to potential loss of secure information.

Recommendation 15. We recommended that the sharps and solutions at the Twin Falls CBOC are properly secured.

Recommendation 16. We recommended that the Chief of OI&T evaluate the use of the IT closet at the Twin Falls CBOC and implement appropriate measures according to VA Handbook 6500.

Emergency Management

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

[13] Joint Commission 02.01.01.
[14] VA Handbook 6500, *Information Security Program*, August 4, 2006.

VISN 1 Director Comments

Department of Veterans Affairs **Memorandum**

Date: January 14, 2011

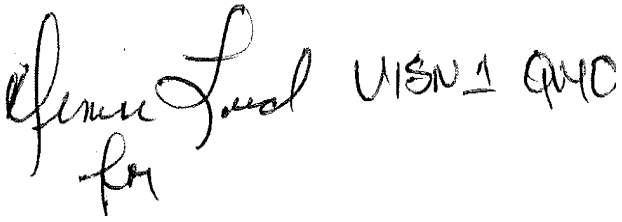
From: Director, VISN 1 (10N1)

Subject: **CBOC Review: Framingham, MA**

To: Director, 54BN Healthcare Inspections Division (54BN)

Director, Management Review Service (VHA CO 10B5 Staff)

I concur with the findings submitted to the VA Office of the Inspector General (OIG) regarding the systematic review of the Veteran's Health Administration's (VHA's) community based outpatient care clinic located in Framingham, Massachusetts.



Michael Mayo-Smith, MD

Director, VISN 1

VA Boston HCS Director Comments

Department of Veterans Affairs **Memorandum**

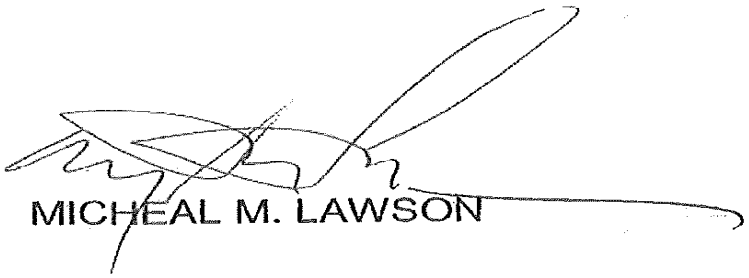
Date: December 28, 2010

From: Director, VA Boston HCS (523A4/00)

Subject: **CBOC Review: Framingham, MA**

To: Director, VISN 1 (10N1)

I concur with the findings submitted to the VA Office of Inspector General regarding the systematic review of the Veterans Health Administration's (VHA's) community-based outpatient care clinics (CBOCs). This review was conducted at the Framingham, MA CBOC.



Comments to Office of Inspector General's Report

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

OIG Recommendations

Recommendation 1. We recommended that clinical managers document sufficient data in the PSB meeting minutes to support privileging and reprivileging for providers at the Framingham CBOC.

Concur

Target date for completion: April 30, 2011

VA BHS will follow the OPPE/FPPE suggested indicators issued by the Office of Quality and Performance to ensure that the six competencies are adequately addressed. Documentation will include outcome measures along with chart reviews. All service level templates will be forwarded to the Deputy Chief of Staff for review no later than January 31, 2011, with full implementation of the template no later than April 30, 2011.

PSB minutes have adopted a new format that reflects detailed discussion of the credentialing and privileging candidates' performance data. The new format was implemented with the November 2010 meeting.

VISN 6 Director Comments

Department of Veterans Affairs **Memorandum**

Date: January 5, 2011

From: Director, Mid-Atlantic Health Care Network, VISN 6 (10N6)

Subject: **CBOC Review: Charlottesville, VA**

To: Director, 54DC Healthcare Inspections Division (54DC)

Director, Management Review Service (VHA CO 10B5 Staff)

Attached please find the response to the draft CBOC Report for the program review of the Hunter Holmes McGuire VA Medical Center, Richmond. The VISN concurs with the action plan submitted by the facility.

(original signed by:)

DANIEL F. HOFFMANN, FACHE

Hunter Holmes McGuire VAMC Director Comments

Department of Veterans Affairs **Memorandum**

Date: January 5, 2011

From: Director, Hunter Holmes McGuire VAMC (652/00)

Subject: **CBOC Review: Charlottesville, VA**

To: Director, VISN 6 (10N6)

This is to acknowledge receipt and review of the draft CBOC report for Hunter Holmes McGuire VA Medical Center, Richmond, Virginia. Thank you for the opportunity to comment on the recommendations for improvement contained in this report. If you have any questions, please contact William Maixner, Practice Manager, at 804-307-0485.

(original signed by:)

CHARLES E. SEPPICH, FACHE

Comments to Office of Inspector General's Report

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

OIG Recommendations

Recommendation 2. We recommended that modifications be made to the entrance doors to improve access for disabled veterans at the Charlottesville CBOC.

Concur

Target date for completion: March 31, 2011

The Charlottesville CBOC has requested an ADA compliant automatic door to provide access for all. The VISN 6 Contracting Officer will coordinate installation with the building owner once the quotation is reviewed and approved.

VISN 16 Director Comments

Department of Veterans Affairs **Memorandum**

Date: January 20, 2011

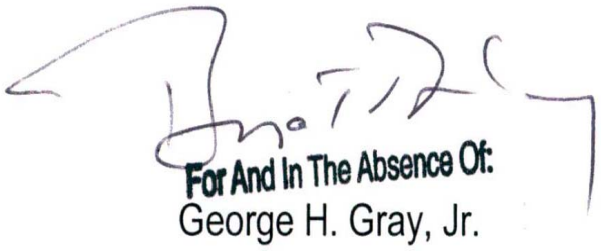
From: Director, VISN 16 (10N16)

Subject: **CBOC Reviews: Jennings and Lafayette, LA**

To: Director, 54AT Healthcare Inspections Division (54AT)

Director, Management Review Service (VHA CO 10B5 Staff)

The report has been reviewed, and I concur with the recommendations and action plans.



Alexandria VAMC Director Comments

Department of Veterans Affairs **Memorandum**

Date: January 11, 2011

From: Director, Alexandria VAMC (502/00)

Subject: **CBOC Reviews: Jennings and Lafayette, LA**

To: Director, VISN 16 (10N16)

1. Our comments and actions plans are entered directly into this report.

2. Should you need additional information, please contact Portia McDaniel, RN, BSN, Chief, Performance Improvement, at (318) 466-2370.

Gracie Specks, MS, MBA

Comments to Office of Inspector General's Report

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

OIG Recommendations

Recommendation 3. We recommended the PSB grant clinical privileges based on the type of care and services performed or provided at the Jennings and Lafayette CBOCs.

Concur

Target date for completion: January 31, 2011

The medical center has begun an evaluation of clinical privileges for staff providing care and services at the Jennings and Lafayette CBOC's. The providers granted Internal Medicine core privileges and specific privileges including lumbar punctures, thoracentesis, abdominal paracentesis, and venous cut down or any others privileges that are not in accordance with the characteristics of the CBOC or procedures which are not performed at either CBOC, will request a modification privileges. The request will be submitted to the Credentialing and Privileging Committee for review and referral to the Medical Center Director. The "New" Chief of Primary Care will ensure that this action is completed by January 31, 2011.

Recommendation 4. We recommended the Lafayette CBOC collect and monitor data for hand hygiene.

Concur

Target date for completion: February 9, 2011

During the onsite review, the Lafayette CBOC Nurse Manager had initiated a new process of data collection to ensure that hand hygiene data is trended and analyzed in FY 2011. There are 3 months of data collection completed. This information will be present to the Infection Control Committee during the February meeting.

Recommendation 5. We recommended the Jennings CBOC (Behavior Health campus clinic) have an AED onsite.

Concur

Target date for completion: Completed November 22, 2010

The AED is currently installed in the Behavioral Health facility at the Jennings CBOC.

VISN 17 Director Comments

Department of Veterans Affairs **Memorandum**

Date: November 29, 2010

From: Director, VISN 17 (10N17)

Subject: **CBOC Reviews: Decatur and Sherman, TX**

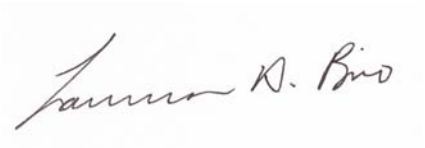
To: Director, 54CH Healthcare Inspections Division (54CH)

Director, Management Review Service (VHA CO 10B5 Staff)

1. Attached is the response from the VA North Texas Health Care System to the draft report from the CBOC review conducted at the facility October 18th – 22nd, 2010.

2. The medical center carefully reviewed all items identified as opportunities for improvement and has concurred in all the recommendations that were made. The Network concurs with the recommendations contained in the report.

3. If you have any questions or need additional information, please contact Judy Finley, VISN 17 QMO, at (817) 385-3761.



Lawrence A. Brio

VA North Texas HCS Interim Director Comments

Department of Veterans Affairs **Memorandum**

Date: November 29, 2010

From: Interim Director, VA North Texas HCS (549/00)

Subject: **CBOC Reviews: Decatur and Sherman, TX**

To: Director, VISN 17 (10N17)

1. We appreciate the opportunity to review the draft report of the CBOC review completed October 18th-22nd, 2010 for the VA North Texas Health Care System in Dallas, Texas.

2. Attached you will find comments and actions for each finding. Several of the cited areas were resolved during the time of the audit.

3. We would like to extend our appreciation to the entire OIG Team who was consultative, professional and provided excellent feedback to our staff. We appreciate the thorough review and the opportunity to further improve the quality care we provide to our veterans every day.

Shirley M. Bealer

Comments to Office of Inspector General's Report

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

OIG Recommendations

Recommendation 6. We recommended that critical laboratory test results be given to the ordering provider within the timeframe established in facility policy at the Decatur CBOC.

Concur

Target date for completion: December 31, 2010 for completion of training; March 31, 2011 for completion of audits.

Training will be conducted with Decatur providers and appropriate VA North Texas Health Care System Laboratory staff regarding the facility's *Reporting of Critical Results* policy.

For three months, audits will be conducted on 100% of Decatur patients with critical results to verify 100% compliance with communication of critical laboratory test results to ordering providers**.**

Recommendation 7. We recommended that the ordering provider documents patient notification and treatment actions in response to critical results at the Decatur CBOC.

Concur

Target date for completion: December 31, 2010 for completion of training; March 31, 2011 for completion of audits.

Decatur CBOC provider training regarding timely critical test results notification documentation and treatment actions in response to critical results will be conducted.

For a three month period, a 100% Computerized Patient Care System audit on Decatur patients with critical results will be conducted to verify 100% compliance with timely notification documentation procedures.

Recommendation 8. We recommended that normal test results be consistently communicated to patients within the specified timeframe at the Decatur CBOC.

Concur

Target date for completion: March 31, 2011

Normal test results will be communicated to patients within 14 days of the CBOC visit. This communication will be documented in Computerized Patient Care System.

For a three month period, Computerized Patient Care System audits of 30 Decatur patients with normal results will be conducted to verify 100% compliance with timely notification documentation procedures.

Recommendation 9. We recommended that clinic accessibility be improved for patients in need of assistance at the Decatur CBOC.

Concur

Target date for completion: December 15, 2010

Decator CBOC will install signage and a doorbell device to enhance clinic accessibility for patients in need of assistance.

Recommendation 10. We recommended that auditory privacy be maintained during the check-in process at the Decatur CBOC.

Concur

Target date for completion: January 1, 2011

Decatur CBOC will use a closed glass sliding window at the front desk to enhance auditory privacy between the reception desk and patient waiting area. Office staff will escort Veterans behind closed doors when requesting confidential information. Signage will be posted notifying Veterans and caregivers not to discuss private information at the window.

Auditory privacy procedures training will be conducted with 100% of Decatur CBOC staff.

VISN 20 Director Comments

Department of Veterans Affairs **Memorandum**

Date: December 9, 2010

From: Director, VISN 20 (10N20)

Subject: **CBOC Reviews: Caldwell and Twin Falls, ID**

To: Director, 54DV Healthcare Inspections Division (54DV)

Director, Management Review Service (VHA CO 10B5 Staff)

1. Thank you for the opportunity to provide a review of the draft OIG Report of the Community Based Outpatient Clinic Reviews for Caldwell and Twin Falls, ID.

2. Attached please find the facility concurrences and responses to each of the findings from the review conducted on October 18, 2010.

3. If you have additional questions or need further information, please contact Nancy Benton, Quality Management Officer, VISN 20 at (360) 619-5949 or Susan Gilbert, Survey Coordinator, VISN 20 at (360) 567-4678.

Susan Pendergrass, DrPH
Director, VISN 20

Boise VAMC Acting Director Comments

Department of Veterans Affairs **Memorandum**

Date: December 9, 2010

From: Acting Director, Boise VAMC (531/00)

Subject: **CBOC Reviews: Caldwell and Twin Falls, ID**

To: Director, VISN 20 (10N20)

1. I have reviewed the recommendations and concur with the findings. Our comments and planned actions are outlined below.

2. If you have questions or require additional information, please do not hesitate to contact Jan Gieselman, Accreditation Manager, at (208) 422-1000, Extension 7000.

Acting Director
Boise VA Medical Center

Comments to Office of Inspector General's Report

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

OIG Recommendations

Recommendation 11. We recommended that clinical privileges are consistent with the providers' practices at the Twin Falls CBOC.

Concur

Target date for completion: Completed November 30, 2010

The clinical privileges for the mental health provider who provides services at the Boise VAMC campus, as well as at the Twin Falls CBOC, have been reviewed. The privileges have been amended to be consistent with the providers' practices at each service location. The change to the standard privilege delineation form now clearly reflects which privileges are appropriate to each service location.

Provider Request	Procedure	Service Chief Recommendation								
		Boise VAMC Campus			Ambulatory care at CBOC Locations (1-Burns; 2-Caldwell; 3-T=Mtn. Home; 4-Salmon; 5-Twin Falls; 6-Home visit					
		Acute Care	Amb Care	Long Term	1	2	3	4	5	6

Recommendation 12. We recommended that the Boise VAMC Executive Committee meeting minutes include documentation that reflects the rationale for granting privileges.

Concur

Target date for completion: The new process will be initiated at the December 16, 2010 MEC Meeting.

A report template has been developed for the Service Chief to use when presenting criteria for reprivileging to MEC. The report template reminds the Service Chief to discuss documents reviewed and the rationale for the privileges being requested. A companion template has been developed for the MEC Credentialing/Privileging minutes that include fields to incorporate supporting clinical competence information and the rationale for the reprivileging decision. The use of these two templates will assure that the required elements are presented during the reprivileging session and are documented in the minutes.

Recommendation 13. We recommended that ordering providers at the Twin Falls CBOC document patient notification and treatment actions in response to critical results.

Concur

Target date for completion: Anticipate 90 percent or greater compliance by March 31, 2011.

Boise VAMC recently revised MCM 11-10-37, "Ordering Patient Tests and Reporting Critical, Abnormal, and Normal Results." A reminder to support documentation of test result notification was activated on October 21, 2010. All Twin Falls and Caldwell CBOC ordering providers are required to complete the mandatory training by December 17, 2010 on "Ordering and Reporting of Test Results", which includes information about the requirements of MCM 11-10-37 and the new reminder and documentation templates.

Compliance with documentation of patient notification and treatment actions taken in response to critical results is monitored as FPPE by monthly review of 5 critical test results (or 100 percent if less than 5) ordered by each Twin Falls CBOC provider monthly for 3 months and then quarterly until 90 percent or greater compliance is achieved. Thereafter, it will be tracked as an element of OPPE.

Recommendation 14. We recommended that ordering providers at the CBOCs document patient notification of diagnostic test results.

Concur

Target date for completion: Anticipate 90 percent or greater compliance by March 31, 2011.

Compliance with documentation of patient notification (within 14 calendar days from the date the results are available) and any required follow up actions taken (if indicated) is monitored as FPPE, with a review of 5 normal test results ordered by each Twin Falls and Caldwell CBOC provider monthly for 3 months and then quarterly until 90 percent or greater compliance is achieved. Thereafter, it will be tracked as an element of OPPE.

Recommendation 15. We recommended that the sharps and solutions at the Twin Falls CBOC are properly secured.

Concur

Target date for completion: Completed November 1, 2010.

The sharps (needles and lancets) and solutions (hydrogen peroxide) that were accessible to patients and visitors in treatment rooms at the Twin Falls CBOC during the OIG investigation have since been secured. We will monitor for continued compliance during EOC rounds at the CBOC.

Recommendation 16. We recommended that the Chief of OI&T evaluate the use of the IT closet at the Twin Falls CBOC and implement appropriate measures according to VA Handbook 6500.

Concur

Target date for completion: March 31, 2011

Space at the Twin Falls CBOC is very limited, and a new lease is being explored that will improve our ability to comply with the requirements of VA Handbook 6500. In the interim, an access log has been implemented (December 8, 2010) to record the movement in and out of the IT closet that includes all the elements required of VA Handbook 6500. The Acting Chief of OI&T and the Nursing Manager of the Twin Falls CBOC will evaluate the IT closet by December 20, 2010, and will make recommendations regarding the security of the IT equipment. Facility leadership will review the recommendations with anticipated implementation of the approved recommendation by March 31, 2011.

OIG Contact and Staff Acknowledgments

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Contact for Jennings and Lafayette	Nancy Albaladejo, RN, MSA Atlanta Office of Healthcare Inspections
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