



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

**Office of Healthcare Inspections**

**Report No. 11-03655-109**

**Community Based Outpatient  
Clinic Reviews  
Framingham,  
New Bedford, and  
Springfield, MA  
Elmira, NY**

**March 12, 2012**

**Washington, DC 20420**

## Why We Did This Review

The VA OIG is undertaking a systematic review of the VHA's 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 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.

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## Glossary

ADA	Americans with Disabilities Act
C&P	credentialing and privileging
CBOC	community based outpatient clinic
CDC	Centers for Disease Control and Prevention
CPRS	Computerized Patient Record System
CT	Computerized Tomography
DM	Diabetes Mellitus
DX & TX	Diagnosis & Treatment
EKG	electrocardiogram
EOC	environment of care
FPPE	Focused Professional Practice Evaluation
FTE	full-time employee equivalents
FY	fiscal year
HCS	Health Care System
HF	heart failure
IT	information technology
LCSW	licensed clinical social worker
Med Mgt	medication management
MH	mental health
MHICM	mental health intensive case management
MRI	Magnetic Resonance Imaging
MST	military sexual trauma
NP	nurse practitioner
OIG	Office of Inspector General
PA	physician assistant
PCP	primary care provider
PET	Positron Emission Tomography
PTSD	Post-Traumatic Stress Disorder
STFB	Short-Term Fee Basis
TX	treatment
VAMC	VA Medical Center
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
VistA	Veterans Health Information Systems and Technology Architecture

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## Executive Summary

**Purpose:** We conducted an inspection of four CBOCs during the week of October 17, 2011. We evaluated select activities to assess whether the CBOCs operated in a manner that provides veterans with consistent, safe, high-quality health care. Table 1 lists the sites inspected.

VISN	Facility	CBOC
1	VA Boston HCS	Framingham
	Providence VAMC	New Bedford
	VA Central Western Massachusetts HCS	Springfield
2	Bath VAMC	Elmira
<b>Table 1. Sites Inspected</b>		

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

### VA Boston HCS

- Ensure clinicians at the Framingham CBOC document foot care education for diabetic patients in CPRS in accordance with VHA policy.
- Ensure clinicians at the Framingham CBOC document a risk level for diabetic patients in CPRS in accordance with VHA policy.

### Providence VAMC

- Establish a tracking system to identify and track patients at risk for lower limb amputations in accordance with VHA policy.
- Establish patient referral guidelines based upon foot risk factors for at-risk diabetic patients in accordance with VHA policy.
- Ensure clinicians at the New Bedford CBOC document education of foot care for diabetic patients in CPRS in accordance with VHA policy.
- Ensure clinicians at the New Bedford CBOC document a risk level for diabetic patients in CPRS in accordance with VHA policy.
- Ensure clinicians at the New Bedford CBOC establish a process to notify patients of normal mammogram results within the allotted timeframe and document notification in the medical record.

### VA Central Western Massachusetts HCS

- Establish a tracking system to identify and track patients at the Springfield CBOC who are at risk for lower limb amputations in accordance with VHA policy.

- Ensure clinicians at the Springfield CBOC document foot care education for diabetic patients in CPRS in accordance with VHA policy.
- Ensure clinicians at the Springfield CBOC document a risk level for diabetic patients in CPRS in accordance with VHA policy.
- Ensure managers at the Springfield CBOC fully implement facility standard operating procedures to ensure patients are notified of normal mammogram results within the allotted timeframe and that notification is documented in the medical record.
- Ensure CPRS mammogram radiology orders are entered for all fee-basis and/or contract mammograms at the Springfield CBOC and that all breast imaging and mammography results are linked to the appropriate radiology mammogram or breast study order.

#### Bath VAMC

- Ensure clinicians at the Elmira CBOC establish a process to notify patients of normal mammogram results within the allotted timeframe and document notification in the medical record.
- Ensure that fee basis mammography results are received and scanned into CPRS at the Elmira CBOC.
- Ensure CPRS mammogram radiology orders are entered for all fee-basis and/or contract mammograms at the Elmira CBOC and that all breast imaging and mammography results are linked to the appropriate radiology mammogram or breast study order.
- Monitor and collect measurable data for hand hygiene at the Elmira CBOC.

#### **Comments**

The VISN and facility Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes B–G, pages 16–28 for the full text of the Directors’ comments.) We will follow up on the planned actions until they are completed.



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## Objectives and Scope

**Objectives.** The purposes of the reviews are to:

- Evaluate the extent CBOCs have implemented the management of DM–Lower Limb Peripheral Vascular Disease in order to prevent lower limb amputation.
- Assess STFB authorization and follow-up processes for outpatient radiology consults including CT, MRI, and PET scan in an effort to ensure quality and timeliness of patient care in CBOCs.
- Evaluate whether CBOCs comply with selected VHA requirements regarding the provision of mammography services for women veterans.
- Evaluate the continuity of care for enrolled CBOC patients discharged from the parent facility in FY 2011 with a primary discharge diagnosis of HF.
- Determine whether CBOC providers are appropriately credentialed and privileged in accordance to VHA Handbook 1100.19.<sup>1</sup>
- Determine whether CBOCs are in compliance with standards of operations according to VHA policy in the areas of environmental safety and emergency planning.<sup>2</sup>

**Scope.** The review topics discussed in this report include:

- Management of DM–Lower Limb Peripheral Vascular Disease
- STFB Care
- Women’s Health
- HF Follow-Up
- C&P
- Environment and Emergency Management

For detailed information regarding the scope and methodology of the focused topic areas please refer to Report No. 11-03653-283 *Informational Report Community Based Outpatient Clinic Cyclical Report FY 2012*, September 20, 2011. This report is available at <http://www.va.gov/oig/publications/default.asp>.

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

<sup>1</sup> VHA Handbook 1100.19, *Credentialing and Privileging*, November 14, 2008.

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

## CBOC Characteristics

We formulated a list of CBOC characteristics that includes identifiers and descriptive information. Table 2 displays the inspected CBOCs and specific characteristics.

	Framingham	New Bedford	Springfield	Elmira
VISN	1	1	1	2
Parent Facility	VA Boston HCS	Providence VAMC	VA Central Western Massachusetts HCS	Bath VAMC
Type of CBOC	VA	VA	VA	VA
Number of Uniques, <sup>3</sup> FY 2011	1,719	4,039	6,448	2,785
Number of Visits, FY 2011	6,108	16,238	49,281	14,691
CBOC Size <sup>4</sup>	Mid-size	Mid-size	Large	Mid-size
Locality	Urban	Urban	Urban	Urban
FTE PCP	1.96	2.7	4.7	2
FTE MH	0.7	3.4	5.8	1
Types of Providers	PCP NP Psychologist LCSW	PCP NP LCSW Pharmacist Psychiatrist Psychologist	PCP NP PA LCSW Psychiatrist Psychologist	PCP NP LCSW
Specialty Care Services Onsite	Yes	Yes	Yes	Yes
Tele-Health Services	Home Tele-Health	Home Tele-Health Tele-Retinal Imaging	Home Tele-Health Tele-EKG	Home Tele-Health Tele-Retinal Imaging Tele-Ophthalmology
Ancillary Services Provided Onsite	Laboratory EKG	None	Laboratory EKG Pharmacy Physical Medicine	Laboratory EKG

**Table 2. CBOC Characteristics**

<sup>3</sup> <http://vaww.pssg.med.va.gov/>

<sup>4</sup> Based on the number of unique patients seen as defined by VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics*, September 11, 2008, the size of the CBOC facility is categorized as very large (> 10,000), large (5,000-10,000), mid-size (1,500-5,000), or small (< 1,500).



## Mental Health CBOC Characteristics

Table 3 displays the MH characteristics for each CBOC reviewed.

	Framingham	New Bedford	Springfield	Elmira
<b>Provides MH Services</b>	Yes	Yes	Yes	Yes
<b>Number of MH Uniques, FY 2011</b>	273	1,122	2,829	520
<b>Number of MH Visits</b>	847	3,662	14,287	1,566
<b>General MH Services</b>	DX & TX Plan Med Mgt Psychotherapy PTSD MST	DX & TX Plan Med Mgt Psychotherapy PTSD MST	DX & TX Plan Med Mgt Psychotherapy PTSD MST	DX & TX Plan Med Mgt Psychotherapy PTSD MST
<b>Specialty MH Services</b>	Consult & TX Psychotherapy PTSD Teams Substance Use Disorder	Consult & TX Psychotherapy Peer Support Homeless Programs Substance Use Disorder	Consult & TX Psychotherapy MHICM Social Skills PTSD Teams Homeless Programs	None
<b>Tele-Mental Health</b>	No	No	No	No
<b>MH Referrals</b>	Another VA Facility	Another VA Facility	Another VA Facility	Another VA Facility

**Table 3. MH CBOC Characteristics**

## Results and Recommendations

### Management of DM–Lower Limb Peripheral Vascular Disease

VHA established its Preservation-Amputation Care and Treatment Program in 1993 to prevent and treat lower extremity complications that can lead to amputation. An important component of this program is the screening of at-risk populations, which includes veterans with DM. Table 4 shows the areas reviewed for this topic. The facilities identified as noncompliant needed improvement. Details regarding the findings follow the table.

Noncompliant	Areas Reviewed
	The parent facility has established a Preservation-Amputation Care and Treatment Program. <sup>5</sup>
	The CBOC has developed screening guidelines regarding universal foot checks.
New Bedford Springfield	The CBOC has developed a tracking system to identify and follow patients at risk for lower limb amputations.
	The CBOC tracks performance measures for DM foot screenings.
New Bedford	The CBOC has referral guidelines for at-risk patients.
Framingham New Bedford Springfield	The CBOC documents education of foot care for patients with a diagnosis of DM. <sup>6</sup>
Framingham New Bedford Springfield	There is documentation of a foot risk score in the patient's medical record.
	There is documentation of foot screening in the patient's medical record.
	There is documentation that patients with a risk assessment Level 2 or 3 received therapeutic footwear and/or orthotics.
<b>Table 4. DM</b>	

#### VISN 1, VA Boston HCS – Framingham

Foot Care Education. Clinicians at the Framingham CBOC did not document foot care education for 12 of 27 diabetic patients. Facility managers had taken steps to correct the issue, and beginning in March 2011, all patients seen had documented foot care education.

Risk Level Assessment. Clinicians at the Framingham CBOC did not document a risk level for 15 of 27 diabetic patients. However, facility managers had taken steps to correct the issue, and beginning in March 2011, all patients seen had a documented risk

<sup>5</sup> VHA Directive 2006-050, *Preservation-Amputation Care and Treatment (PACT) Program*, September 14, 2006.

<sup>6</sup> VA/DoD Clinical Practice Guidelines, *Management of Diabetes Mellitus (DM)*, August 2010.

level. VHA policy<sup>7</sup> requires identification of high-risk patients with a risk level, based upon risk factors that would determine appropriate care and/or referral.

**Recommendation 1.** We recommended that the Framingham CBOC clinicians document education of foot care for diabetic patients in CPRS.

**Recommendation 2.** We recommended that the Framingham CBOC clinicians document a risk level for diabetic patients in CPRS in accordance with VHA policy.

### **VISN 1, Providence VAMC – New Bedford**

Tracking System. The facility does not have a tracking system to identify and track patients at risk for lower limb amputations. VHA policy<sup>8</sup> requires identification and tracking of all amputees and all patients at risk of limb loss from the day of entry into the VA health care system through all levels of care.

Referral Guidelines. Clinical managers did not establish referral guidelines based on risk factors that would determine appropriate care and/or referral for patients seen at the New Bedford CBOC. VHA policy<sup>9</sup> requires timely and appropriate referral and ongoing follow-up of patients based on an algorithm.

Foot Care Education. The New Bedford CBOC clinicians did not document foot care education for 20 of 28 diabetic patients.

Risk Level Assessment. The New Bedford CBOC clinicians did not document risk levels for 10 of 28 diabetic patients in CPRS. However, facility managers had taken steps to correct the issue, and, of the patients reviewed, those seen after October 2010 had documented risk levels. VHA policy<sup>10</sup> requires identification of high-risk patients with a risk level based upon risk factors that would determine appropriate care and/or referral.

**Recommendation 3.** We recommended that the Providence VAMC establish a tracking system to identify and track patients at risk for lower limb amputations in accordance with VHA policy.

**Recommendation 4.** We recommended that the Providence VAMC establish patient referral guidelines based upon foot risk factors in accordance with VHA policy.

**Recommendation 5.** We recommended that clinicians at the New Bedford CBOC document education of foot care to diabetic patients in CPRS.

**Recommendation 6.** We recommended that clinicians at the New Bedford CBOC document a risk level for diabetic patients in CPRS in accordance with VHA policy.

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<sup>7</sup> VHA Directive 2006-050.

<sup>8</sup> VHA Directive 2006-050.

<sup>9</sup> VHA Directive 2006-050.

<sup>10</sup> VHA Directive 2006-050.

**VISN 1, VA Central Western Massachusetts HCS – Springfield**

Tracking System. The current system to identify and track patients at risk for lower limb amputations does not include all patients who are at risk for amputation. VHA policy<sup>11</sup> requires identification and tracking of all amputees and all patients at risk of limb loss from the day of entry into the VA health care system through all levels of care.

Foot Care Education. The clinicians at the Springfield CBOC did not document foot care education for 14 of 28 diabetic patients.

Risk Level Assessment. The clinicians at the Springfield CBOC did not document a risk level for 8 of 28 diabetic patients in CPRS. VHA policy<sup>12</sup> requires identification of high-risk patients by assigning a risk level based on risk factors to determine appropriate follow-up care and/or referral.

**Recommendation 7.** We recommended that the VA Central Western Massachusetts establish a system to identify and track all patients at risk for lower limb amputations in accordance with VHA policy.

**Recommendation 8.** We recommended that clinicians at the Springfield CBOC document education of foot care to diabetic patients in CPRS.

**Recommendation 9.** We recommended that clinicians at the Springfield CBOC document a risk level for diabetic patients in CPRS in accordance with VHA policy.

**STFB Care**

The Fee Program assists veterans who cannot easily receive care at a VAMC. The program pays the medical care costs of eligible veterans who receive care from non-VA providers when VAMCs are unable to provide specific treatments or provide treatment economically because of their geographical inaccessibility.

We evaluated if CBOC providers appropriately ordered and followed up on outpatient radiology procedures (CT, MRI, and PET scan). Table 5 shows the areas reviewed for this topic.

Noncompliant	Areas Reviewed
	The facility has local policies and procedures regarding non-VA care and services purchased by authority that describe the request, approval, and authorization process for such services. <sup>13</sup>

<sup>11</sup> VHA Directive 2006-050.

<sup>12</sup> VHA Directive 2006-050.

<sup>13</sup> VHA Chief Business Office Policy 1601F. *Fee Service*. <http://vaww1.va.gov/cbo/apps/policyguides/index.asp>; VHA Handbook 1907.01, *Health Information Management and Health Records*, August 25, 2006; VHA Manual M-1, PART I, Chapter 18, *Outpatient Care – Fee*, July 20, 1995.

Noncompliant	Areas Reviewed
	The provider documented a justification for using Fee Basis status in lieu of providing staff treatment as required by VHA policy. <sup>14</sup>
	The date the consult was approved does not exceed 10 days from the date the consult was initiated.
	The non-VA care referral requests for medical, dental, and ancillary services were approved by the Chief of Staff, Clinic Chief, Chief Medical Administration Services, or an authorized designee. <sup>15</sup>
	Patients were notified of consult approvals in writing as required by VHA policy. <sup>16</sup>
	Fee Basis mammography reports are scanned into VistA.
	There is evidence the ordering provider or surrogate practitioner reviewed the report within 14 days from the date on which the results were available to the ordering practitioner.
	There is evidence the ordering provider or other licensed health care staff member informed the patient about the report within 14 days from the date on which the results were available to the ordering practitioner. <sup>17</sup>
<b>Table 5. STFB</b>	

There were two patients who received services through a STFB consult at the Framingham CBOC, one patient at the New Bedford CBOC, two at the Springfield CBOC, and one at the Elmira CBOC.

All CBOCs were compliant with the review areas; therefore, we made no recommendations.

## 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.<sup>18</sup> Each VHA facility must ensure that eligible women veterans have access to comprehensive medical care, including care for gender-specific conditions.<sup>19</sup> Timely screening, diagnosis, notification, interdisciplinary treatment planning, and treatment are essential to early detection, appropriate management, and optimal patient outcomes. Table 6 shows the areas reviewed for this topic. The facilities identified as noncompliant needed improvement. Details regarding the findings follow the table.

<sup>14</sup> VHA Handbook 1907.01.

<sup>15</sup> VHA Chief Business Office Policy 1601F.

<sup>16</sup> VHA Manual M-1, PART I, Chapter 18.

<sup>17</sup> VHA Directive 2009-019, *Ordering and Reporting Test Results*, March 24, 2009.

<sup>18</sup> American Cancer Society, *Cancer Facts & Figures 2009*.

<sup>19</sup> VHA Handbook 1330.01, *Healthcare Services for Women Veterans*, May 21, 2010.

Noncompliant	Areas Reviewed
	Patients were referred to mammography facilities that have current Food and Drug Administration or State-approved certifications.
	Mammogram results are documented using the American College of Radiology's BI-RADS code categories. <sup>20</sup>
	The ordering VHA provider or surrogate was notified of results within a defined timeframe.
New Bedford Springfield Elmira	Patients were notified of results within a defined timeframe.
	The facility has an established process for tracking results of mammograms performed off-site.
Elmira	Fee Basis mammography reports are scanned into VistA.
Springfield Elmira	All screening and diagnostic mammograms were initiated via an order placed into the VistA radiology package. <sup>21</sup>
	Each CBOC has an appointed Women's Health Liaison.
	There is evidence that the Women's Health Liaison collaborates with the parent facility's Women Veterans Program Manager on women's health issues.
<b>Table 6. Mammography</b>	

**VISN 1, Providence VAMC – New Bedford**

Patient Notification of Normal Mammography Results. We reviewed the medical records of two patients at the New Bedford CBOC who had normal mammography results and determined that neither patient was notified within the required timeframe of 14 days.<sup>22</sup>

**Recommendation 10.** We recommended that the New Bedford CBOC establish a process to ensure that patients with normal mammogram results are notified of results within the allotted timeframe and that notification is documented in the medical record.

**VISN 1, VA Central Western Massachusetts HCS – Springfield**

Patient Notification of Normal Mammography Results. We reviewed the medical records of seven patients at the Springfield CBOC who had normal mammography results and determined that none of the patients were notified of their normal results within the required timeframe of 14 days.<sup>23</sup> The facility has since issued a standard operating procedure for the mammography process that includes requirements for patient notification of results.

<sup>20</sup> The American College of Radiology's Breast Imaging Reporting and Database System is a quality assurance guide designated to standardize breast imaging reporting and facilitate outcomes monitoring.

<sup>21</sup> VHA Handbook 1330.01.

<sup>22</sup> VHA Directive 2009-019, *Ordering and Reporting Test Results*, March 24, 2009.

<sup>23</sup> VHA Directive 2009-019.

Mammography Orders and Access. Providers at the Springfield CBOC did not enter CPRS mammogram radiology orders for 1 of 8 patients. Fee basis or contract agreements must be electronically entered as a CPRS radiology order. All breast imaging and radiology results must be linked to the appropriate radiology mammogram or breast study order.

**Recommendation 11.** We recommended that managers at the Springfield CBOC fully implement facility standard operating procedures to ensure patients with normal mammogram results are notified of results within the allotted timeframe of 14 days and that notification is documented in the medical record.

**Recommendation 12.** We recommended that managers at the Springfield CBOC establish a process to ensure CPRS mammogram radiology orders are entered for all fee-basis and/or contract mammograms and that all breast imaging and mammography results are linked to the appropriate radiology mammogram or breast study order.

## **VISN 2, Bath VAMC – Elmira**

Patient Notification of Normal Mammography Results. We reviewed medical records of eight patients at the Elmira CBOC who had normal mammography results and determined that five of eight patients were not notified of their normal results within the required timeframe of 14 days.<sup>24</sup>

Scanned Reports. At the Elmira CBOC, we reviewed medical records of nine patients who had mammograms performed at non-VA facilities under fee basis agreements. We determined that two of nine patients' mammogram results were not scanned into CPRS.

Mammography Orders and Access. Providers at the Elmira CBOC did not enter CPRS mammogram radiology orders for 4 of 9 patients. Fee basis or contract agreements must be electronically entered as a CPRS radiology order. All breast imaging and radiology results must be linked to the appropriate radiology mammogram or breast study order.

**Recommendation 13.** We recommended that the Elmira CBOC establish a process to ensure that patients with normal mammogram results are notified of the results within the allotted timeframe and that notification is documented in the medical record.

**Recommendation 14.** We recommended that managers ensure that fee basis mammography results are received and scanned into CPRS at the Elmira CBOC.

**Recommendation 15.** We recommended that managers at the Elmira CBOC establish a process to ensure CPRS mammogram radiology orders are entered for all fee-basis and/or contract mammograms and that all breast imaging and mammography results are linked to the appropriate radiology mammogram or breast study order.

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<sup>24</sup> VHA Directive 2009-019.

## C&P

We reviewed C&P folders to determine whether facilities had consistent processes to ensure that providers complied with applicable requirements as defined by VHA policy.<sup>25</sup> Table 7 shows the areas reviewed for this topic.

Noncompliant	Areas Reviewed
	There was evidence of primary source verification for each provider's license.
	Each provider's license was unrestricted.
	There were two efforts made to obtain verification of clinical privileges (currently or most recently held at other institutions) for new providers.
	FPPEs for new providers outlined the criteria to be monitored.
	New providers' FPPEs were implemented on first clinical start day.
	There was evidence that the provider was educated about FPPE prior to its initiation.
	FPPE results were reported to the medical staff's Executive Committee.
	Prior to the start of a new privilege, criteria for the FPPE were developed.
	FPPEs are initiated for performance monitoring, which include criteria developed for evaluation of the practitioners when issues affecting the provision of safe, high-quality care are identified.
	The Service Chief, Credentialing Board, and/or Medical Staff's Executive Committee list documents reviewed and the rationale for conclusions reached for granting licensed independent practitioner privileges.
	Privileges granted to providers were facility, service, and provider specific. <sup>26</sup>
	The Ongoing Professional Practice Evaluation activities and reappraisal process included consideration of such factors as clinical pertinence reviews and/or performance measure compliance.
	Relevant provider-specific data was compared to aggregated data of other providers holding the same or comparable privileges.
	Scopes of practice were facility specific.

**Table 7. C&P**

All CBOCs were compliant with the review areas; therefore, we made no recommendations.

<sup>25</sup> VHA Handbook 1100.19.

<sup>26</sup> VHA Handbook 1100.19.



## Environment and Emergency Management

### EOC

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, infection control, and general maintenance. Table 8 shows the areas reviewed for this topic. The facility identified as noncompliant needed improvement. Details regarding the finding follow the table.

Noncompliant	Areas Reviewed
	There is handicap parking, which meets the ADA requirements.
	The CBOC entrance ramp meets ADA requirements.
	The entrance door to the CBOC meets ADA requirements.
	The CBOC restrooms meet ADA requirements.
	The CBOC is well maintained (for example, ceiling tiles are clean and in good repair, walls are without holes).
	The CBOC is clean (walls, floors, and equipment are clean).
	The CBOC has a process to identify expired medications.
	Medications are secured from unauthorized access.
	There is an alarm system or panic button installed in high-risk areas as identified by the vulnerability risk assessment.
	Privacy is maintained.
	IT security rules are adhered to.
	Patients' personally identifiable information is secured and protected.
	There is alcohol hand wash or a soap dispenser and sink available in each examination room.
	There is alcohol hand wash or a soap dispenser and sink available in each examination room.
	The sharps containers are less than ¾ full.
	There is evidence of fire drills occurring at least annually.
	There is evidence of an annual fire and safety inspection.
	Fire extinguishers are easily identifiable.
Elmira	The CBOC collects, monitors, and analyzes hand hygiene data.
	Staff use two patient identifiers for blood drawing procedures.
	The CBOC is included in facility-wide EOC activities.
<b>Table 8. EOC</b>	

**VISN 2, Bath VAMC – Elmira**

Hand Hygiene. The Elmira CBOC only recently initiated hand hygiene monitors, and no data had been collected and analyzed prior to our on-site visit. The CDC<sup>27</sup> recommends that health care facilities develop a comprehensive infection control program with a hand hygiene component, which includes monitors, data analysis, and provider feedback.

**Recommendation 16.** We recommended that managers monitor and collect measurable data for hand hygiene at the Elmira CBOC.

Emergency Management

VHA policy requires each CBOC to have a local policy or standard operating procedure defining how medical emergencies, including MH, are handled.<sup>28</sup> Table 9 shows the areas reviewed for this topic.

Noncompliant	Areas Reviewed
	There is a local medical emergency management plan for this CBOC.
	The staff can articulate the procedural steps of the medical emergency plan.
	The CBOC has an automated external defibrillator onsite for cardiac emergencies.
	There is a local MH emergency management plan for this CBOC.
	The staff can articulate the procedural steps of the MH emergency plan.
<b>Table 9. Emergency Management</b>	

All CBOCs were compliant with the review areas; therefore, we made no recommendations.

**HF Follow-Up**

The VA provides care for over 212,000 patients with HF. Nearly 24,500 of these patients were hospitalized during a 12-month period during FYs 2010 and 2011. The purpose of this review is to evaluate the continuity of care for enrolled CBOC patients discharged from the parent facility in FY 2011 with a primary discharge diagnosis of HF. The results of this topic review are reported for informational purposes only. After the

<sup>27</sup> 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.

<sup>28</sup> VHA Handbook 1006.1.

completion of the FY 2012 inspection cycle, a national report will be issued detailing cumulative and comparative results for all CBOCs inspected during FY 2012. The results of our review of the selected CBOCs discussed in this report are found in Appendix A.

## HF Follow-Up Results

Areas Reviewed			
CBOC Processes			
<i>Guidance</i>	<i>Facility</i>	<i>Yes</i>	<i>No</i>
<b>The CBOC monitors HF readmission rates.</b>	<b>VA Boston HCS</b>		
	Framingham	X	
	<b>Providence VAMC</b>		
	New Bedford	X	
	<b>VA Central Western Massachusetts HCS</b>		
	Springfield	*NA	
	<b>Bath VAMC</b>		
<b>The CBOC has a process to identify enrolled patients who have been admitted to the parent facility with a HF diagnosis.</b>	<b>VA Boston HCS</b>		
	Framingham	X	
	<b>Providence VAMC</b>		
	New Bedford	X	
	<b>VA Central Western Massachusetts HCS</b>		
	Springfield	NA	
	<b>Bath VAMC</b>		
<b>Elmira</b>			
	X		
Medical Record Review Results			
<i>Guidance</i>	<i>Facility</i>	<i>Numerator</i>	<i>Denominator</i>
<b>There is documentation in the patient's medical records that communication occurred between the inpatient and CBOC provider regarding the HF admission.</b>	<b>VA Boston HCS</b>		
	Framingham	1	1
	<b>Providence VAMC</b>		
	New Bedford	0	3
	<b>VA Central Western Massachusetts HCS</b>		
	Springfield	NA	NA
	<b>Bath VAMC</b>		
<b>Elmira</b>			
	0	0	
<b>A clinician documented a review of the patient's medications during the first follow-up primary care or cardiology visit.</b>	<b>VA Boston HCS</b>		
	Framingham	1	1
	<b>Providence VAMC</b>		
	New Bedford	2	2
	<b>VA Central Western Massachusetts HCS</b>		
	Springfield	NA	NA
	<b>Bath VAMC</b>		
<b>Elmira</b>			
	0	0	

\*VA Central Western Massachusetts HCS provides inpatient psychiatric and long-term care through its Community Living Center. Therefore, this facility does not manage acute medical conditions such as HF.

## HF Follow-Up Results

Medical Record Review Results (continued)			
<i>Guidance</i>	<i>Facility</i>	<i>Numerator</i>	<i>Denominator</i>
A clinician documented a review of the patients' weights during the first follow-up primary care or cardiology visit	<b>VA Boston HCS</b>		
	Framingham	1	1
	<b>Providence</b>		
	New Bedford	2	2
	<b>VA Central Western Massachusetts HCS</b>		
	Springfield	NA	NA
	<b>Bath VAMC</b>		
	Elmira	0	0
A clinician documented a review of the patients' restricted sodium diets during the first follow-up primary care or cardiology visit.	<b>VA Boston HCS</b>		
	Framingham	1	1
	<b>Providence</b>		
	New Bedford	1	2
	<b>VA Central Western Massachusetts HCS</b>		
	Springfield	NA	NA
	<b>Bath VAMC</b>		
	Elmira	0	0
A clinician documented a review of the patients' fluid intake during the first follow-up primary care or cardiology visit.	<b>VA Boston HCS</b>		
	Framingham	1	1
	<b>Providence VAMC</b>		
	New Bedford	1	2
	<b>VA Central Western Massachusetts HCS</b>		
	Springfield	NA	NA
	<b>Bath VAMC</b>		
	Elmira	0	0
A clinician educated the patient, during the first follow-up primary care or cardiology visit, on key components that would trigger the patients to notify the provider.	<b>VA Boston HCS</b>		
	Framingham	1	1
	<b>Providence VAMC</b>		
	New Bedford	1	2
	<b>VA Central Western Massachusetts HCS</b>		
	Springfield	NA	NA
	<b>Bath VAMC</b>		
	Elmira	0	0

## VISN 1 Director Comments

**Department of  
Veterans Affairs**

**Memorandum**

**Date:** February 17, 2012

**From:** Director, VA New England Healthcare System (10N1)

**Subject:** **CBOC Reviews: Framingham, New Bedford, and Springfield, MA**

**To:** Director, Bedford Office of Healthcare Inspections (54BN)  
Director, Management Review Service (VHA 10A4A4)

I have reviewed the draft report for the CBOC reviews for Framingham, New Bedford, and Springfield, MA conducted during the week of October 17, 2011. I concur with the recommendations and corrective actions.

*(original signed by:)*

Michael F. Mayo-Smith, MD, MPH  
Network Director

## VA Boston HCS Director Comments

**Department of  
Veterans Affairs**

**Memorandum**

**Date:** February 16, 2012  
**From:** Director, VA Boston HCS (523/00)  
**Subject:** **CBOC Review: Framingham, MA**  
**To:** Director, VA New England Healthcare System (10N1)

I have reviewed the draft report for the CBOC review of the Framingham Outpatient Clinic conducted during the week of October 17, 2011. We concur with their recommendations and have initiated corrective actions.

*(original signed by:)*

MICHAEL M. LAWSON

## 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 the Framingham CBOC clinicians document foot care education for diabetic patients in CPRS.

Concur

Target date for completion: Completed March 2011

CBOC clinicians document foot care education for diabetic patients in CPRS annually. Facility managers took action to correct the issue prior to the audit, and as stated in the report beginning in March 2011, all patients seen as of that time had documented foot care education.

**Recommendation 2.** We recommended that the Framingham CBOC clinicians document a risk level for diabetic patients in CPRS in accordance with VHA policy.

Concur

Target date for completion: Completed March 2011

This is done using the diabetic foot clinical reminder; the risk level is assessed and documented annually. Facility managers took steps to correct the issue prior to the audit, and as stated in the report beginning in March 2011, all patients seen as of that date had a documented risk.



## Providence VAMC Director Comments

**Department of  
Veterans Affairs**

**Memorandum**

**Date:** February 17, 2012  
**From:** Director, Providence VAMC (650/00)  
**Subject:** **CBOC Review: New Bedford, MA**  
**To:** Director, VA New England Healthcare System (10N1)

I have reviewed the draft report for the CBOC review of the New Bedford Outpatient Clinic conducted during the week of October 17, 2011. We concur with their recommendations and have initiated corrective actions.

*(original signed by:)*

VINCENT NG

## 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 that the Providence VAMC establish a tracking system to identify and track patients at risk for lower limb amputations in accordance with VHA policy.

Concur

Target date for completion: Completed 2/17/12

Patients are identified through an improved diabetic foot exam reminder that, based on the exam findings for visual exam, pulses, and microfilament testing, provides a risk score. Risk scores of 2 or greater trigger a podiatry referral if the patient is not already followed by the Podiatry Service. The Podiatry Service has a program in place called Preservation/Amputation Care Treatment that serves the tracking function of these higher risk patients. Monthly reports of reminders due and reminders completed will be run and reviewed with Quality Management.

**Recommendation 4.** We recommended that the Providence VAMC establish patient referral guidelines based upon foot risk factors in accordance with VHA policy.

Concur

Target date for completion: Completed 2/17/12

Patients are identified through an improved diabetic foot exam reminder that, based on the exam findings for visual exam, pulses, and microfilament testing, provides a risk score. Risk scores of 2 or greater trigger a podiatry referral if the patient is not already followed by podiatry. The Podiatry Service has the Preservation-Amputation Care Treatment program in place that serves the tracking function of these higher risk patients. Consults to Podiatry made and completed among those with the reminder done will be monitored and reported to Quality Management.

**Recommendation 5.** We recommended that clinicians at the New Bedford CBOC document education of foot care to diabetic patients in CPRS.

Concur

Target date for completion: **February 2012**; monthly monitoring will be conducted to assure 100% compliance and forwarded to QM.

Providers have been asked to document education on foot care and to provide an educational handout on diabetic foot care available through iMed with documentation that the handout was provided. This will be documented in the patient record.

**Recommendation 6.** We recommended that clinicians at the New Bedford CBOC document a risk level for diabetic patients in CPRS in accordance with VHA policy.

Concur

Target date for completion: Completed 2/17/12

Patients are identified through an improved diabetic foot exam reminder that, based on the exam findings for visual exam, pulses, and microfilament testing, provides a risk score. This process is entirely compliant with VA Directive 2006-050 (Preservation-Amputation Care and Treatment (PACT) Program).

**Recommendation 10.** We recommended that the New Bedford CBOC establish a process to ensure that patients with normal mammogram results are notified of results within the allotted timeframe and that notification is documented in the medical record.

Concur

Target date for completion: 2/17/12. Primary care has reviewed the month of **January 2012** and assures 100% compliance. Monitoring will continue to assure 100% compliance.

Tracking and notification of test result is tracked and reported on a monthly basis to assure compliance. Normal results are communicated within 14 days of the examination being completed. This is done by letter and documented in CPRS; for abnormal results this is completed by the PCP as soon as possible and no later than 5 days after examination completed and documented in CPRS.

## VA Central Western Massachusetts HCS Director Comments

**Department of  
Veterans Affairs**

**Memorandum**

**Date:** February 13, 2012  
**From:** Director, VA Central Western Massachusetts HCS (631/00)  
**Subject:** **CBOC Review: Springfield, MA**  
**To:** Director, VA New England Healthcare System (10N1)

I have reviewed the draft report for the CBOC Review of the Springfield Outpatient Clinic conducted during the week of October 17, 2011. We concur with the recommendations and have already initiated corrective actions.

If you have any questions regarding our responses and actions to the recommendations in the draft report, please contact me at (413) 582-3000.

*(original signed by:)*

Roger Johnson

## 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 7.** We recommended that the VA Central Western Massachusetts establish a tracking system to identify and track all patients at risk for lower limb amputations in accordance with VHA policy.

Concur

Target date for completion: July 31<sup>st</sup> 2012

The PACT (Preservation-Amputation-Care and Treatment) Committee currently uses data from the Ulcer Cube Briefing Book to identify and track patients with ulcers who are at risk for lower limb amputations. The committee is currently exploring other mechanisms to improve tracking including health factor reports based on the patient's risk score. The Committee is also querying other sites in the Network for best practices related to process. Next PACT meeting is March 7<sup>th</sup>, 2012.

**Recommendation 8.** We recommended that clinicians at the Springfield CBOC document education of foot care to diabetic patients in CPRS.

Concur

Target date for completion: July 31<sup>st</sup>, 2012

Patient education of foot care routinely occurs during the foot exam process. The VISN 1 Diabetic Foot Exam clinical reminder was revised in January 2012 to include documentation of patient education related to appropriate foot wear and foot care thus aiding documentation in CPRS. The following additional strategies will be implemented: patient handouts related to foot care will be developed and made available for use during primary care visits; the need to document patient education of foot care to diabetic patients will be reinforced at the next Springfield provider meeting (February 15<sup>th</sup>, 2012); and monitoring of completion of clinical reminder and documentation of patient education.

**Recommendation 9.** We recommended that clinicians at the Springfield CBOC document a risk level for diabetic patients in CPRS in accordance with VHA policy.

Concur

Target date for completion: July 31<sup>st</sup>, 2012

The VISN 1 Diabetic Foot Exam clinical reminder was revised in February 2011 to include assignment of risk scores. All providers use this clinical reminder for annual foot exams. Monthly reminder reports will be run to assure that risk level for diabetic patients are documented in CPRS in accordance with VHA policy.

**Recommendation 11.** We recommended that managers at the Springfield CBOC fully implement facility standard operating procedures to ensure patients with normal mammograms results are notified of results within the allotted timeframe of 14 days and that notification is documented in the medical record.

Concur

Target date for completion: July 31<sup>st</sup>, 2012

A task group is already in process related to patient notification of test results within 14 days and a number of strategies including provider education and development of letters are in process or have been completed. The medical center policy was issued August 8<sup>th</sup>, 2011. A baseline review of mammograms completed in December and January will be conducted to determine current compliance with this requirement; ongoing monitoring targeting mammograms will be implemented. This will be discussed at the next Springfield provider meeting (February 15<sup>th</sup>, 2012). A letter template for mammogram results will be developed and shared with providers.

**Recommendation 12.** We recommended that managers at the Springfield CBOC establish a process to ensure CPRS mammogram radiology orders are entered for all fee-basis and/or contract mammograms and that all breast imaging and mammography results are linked to the appropriate radiology mammogram or breast study order.

Concur

Target date for completion: May 31<sup>st</sup>, 2012

All fee basis consultation requests for mammography generate an automatic imaging order for the mammogram. When the report is received in Diagnostic Imaging, the vista order is accessioned and completed and the report is scanned and electronically filed in the radiology reports section of CPRS. This process is reflected in a Standard Operating Procedure dated August 31<sup>st</sup>, 2011.

A review of all mammograms ordered in the Springfield Outpatient Clinic during the period of October 1<sup>st</sup> through January 31<sup>st</sup> (12 completed and 18 scheduled), indicated that 100% had vista imaging orders. All completed mammograms were linked to the appropriate order. The facility will continue to monitor mammography consultation requests from Springfield for the next 3 months (Feb, Mar, and April) to assure that radiology orders are present and that reports are linked appropriately.

## VISN 2 Director Comments

**Department of  
Veterans Affairs**

**Memorandum**

**Date:** February 13, 2012  
**From:** Director, VA Health Care Upstate New York System (10N2)  
**Subject:** **CBOC Review: Elmira, NY**  
**To:** Director, Bedford Office of Healthcare Inspections (54BN)  
Director, Management Review Service (VHA 10A4A4)

VISN 2 concurs with the findings and recommendations from the VA Office of Inspector General's (OIG) review conducted at the Elmira, NY CBOC on October 17, 2011.

*(original signed by:)*

David J. West, FACHE  
Network Director

## Bath VAMC Director Comments

**Department of  
Veterans Affairs**

**Memorandum**

**Date:** February 6, 2012

**From:** Interim Director, Bath VAMC (528A6/00)

**Subject:** **CBOC Review: Elmira, NY**

**To:** Director, VA Health Care Upstate New York (10N2)

1. Please see attached response to the VA Office of Inspector General's (OIG) Recommendation numbers 13-16 for the Elmira CBOC Review conducted October 17, 2011.
2. We concur with all recommendations.

*(original signed by:)*

DAVID B. KRUEGER



## 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 13.** We recommended that the Elmira CBOC establish a process to ensure that patients with normal mammogram results are notified of the results within the allotted timeframe and that notification is documented in the medical record.

Concur

Target date for completion: April 2, 2012

Response: Medical Center Memorandum 600-011-327, Non VA Care Breast Screen Services, dated October 2011, has been implemented at the Medical Center and its Community Based Outpatient Clinics (CBOCs), including Rural Outreach Clinics. Included in the Responsibilities section of this policy, "The Primary Care Provider and/or ordering practitioner communicates and documents in the medical record notification of the results of BI-RADS findings to the patient within 14 calendar days from the date on which the results are available to the ordering practitioner.

**Recommendation 14.** We recommended that managers ensure that fee basis mammography results are received and scanned into CPRS at the Elmira CBOC.

Concur

Target date for completion: April 2, 2012

Response: Medical Center Memorandum 600-011-327, Non VA Care Breast Screen Services, dated October 2011, has been implemented at the Medical Center and its Community Based Outpatient Clinics (CBOCs), including Rural Outreach Clinics. Included in the Procedures section of this policy, "The off-site (non-VHA) mammography facility must supply mammography reports to the referring VA facility within 30 days of the date of the procedure. Electronic entry of the mammography report into the Radiology package is sufficient notification to the ordering provider." Also, within the Responsibilities section, "Radiology Point of Contact will scan and upload the hardcopy report of fee based mammogram results into VistA imaging by attaching to the radiology order for tracking purposes."

**Recommendation 15.** We recommended that managers at the Elmira CBOC establish a process to ensure CPRS mammogram radiology orders are entered for all fee-basis and/or contract mammograms and that all breast imaging and mammography results are linked to the appropriate radiology mammogram or breast study order.

Concur

Target date for completion: April 2, 2012

Response: Medical Center Memorandum 600-011-327, Non VA Care Breast Screen Services, dated October 2011, has been implemented at the Medical Center and its Community Based Outpatient Clinics (CBOCs), including Rural Outreach Clinics. Within the policy, in the Procedures section, "Instructions for CPRS Mammogram Orders: To order mammograms, providers are to complete a mammogram radiology order and complete a non-VA consult" and, "Follow-up for Positive/Negative Results Request: Mammogram result reports will be sent to the ordering VA Provider and to the Point of Contact in VA Radiology for entry into CPRS. The Mammogram results reports are scanned and uploaded into CPRS by attaching to the radiology order for tracking purposes."

**Recommendation 16.** We recommended that managers monitor and collect measurable data for hand hygiene at the Elmira CBOC.

Concur

Target date for completion: April 2, 2012

Response: Each CBOC will have one responsible staff member for submission of hand hygiene Monitoring Cards monthly. The cards will be submitted to the Infection Control nurse for compiling, tracking, and trending. If the Infection Control nurse does not receive data, a written report will be sent to the responsible staff member in the CBOC with a copy to the Primary Care Nurse Manager. Data collection will include Veteran collected data obtained during one full week of encounters at a minimum of five per month.

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## OIG Contact and Staff Acknowledgments

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**OIG Contact** For more information about this report, please contact the Office of Inspector General at (202) 461-4720.

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