



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

Office of Healthcare Inspections

Report No. 11-03655-178

**Community Based Outpatient
Clinic Reviews
Fort Pierce and Sebring, FL
Dyersburg, TN
Smithville, MS**

May 31, 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
BI-RAD	Breast Imaging Reporting and Data System
C&P	credentialing and privileging
CBOC	community based outpatient clinic
CPRS	Computerized Patient Record System
CT	Computed Tomography
DM	Diabetes Mellitus
DX & TX Plan	Diagnosis & Treatment Plan
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
MH	mental health
MRI	Magnetic Resonance Imaging
MST	military sexual trauma
NP	nurse practitioner
OIG	Office of Inspector General
PET	Positron Emission Tomography
OPPE	Ongoing Professional Practice Evaluation
PII	personally identifiable information
PCP	primary care provider
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 and an EOC review of the Tupelo CBOC during the weeks of January 30 and February 13, 2012. The Smithville CBOC was damaged by a tornado in April 2011. Consequently, the Smithville CBOC provided primary care services to veterans in a provisional building. MH services for patients enrolled at the Smithville CBOC were provided at the Tupelo CBOC approximately 35 miles away. We evaluated selected 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
8	West Palm Beach VAMC	Fort Pierce
	Bay Pines VA HCS	Sebring
9	Memphis VAMC	Dyersburg
		Smithville

Table 1. Sites Inspected

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

West Palm Beach VAMC

- Ensure that Fort Pierce CBOC clinicians document a complete foot screening for diabetic patients in CPRS.
- Ensure that Fort Pierce CBOC clinicians document a risk level for diabetic patients in CPRS in accordance with VHA policy.
- Ensure that Fort Pierce CBOC providers document a justification for the use of STFB care in CPRS.
- Establish a process to ensure that the Fort Pierce CBOC patients with normal mammography results are notified of results within the allotted timeframe and that notification is documented in the medical record.
- Ensure that annual fire safety inspections are completed at the Fort Pierce CBOC.

Bay Pines VA HCS

- Ensure that Sebring CBOC clinicians document a risk level for diabetic patients in CPRS.
- Ensure that Sebring CBOC patients are sent written notification when a STFB consult is approved.
- Ensure that Sebring CBOC practitioners communicate STFB results to patients within 14 days from the date results were available to the provider.
- Ensure that the Sebring CBOC maintains patient privacy in the examination rooms.

- Ensure that a hazard assessment is conducted to determine if an eyewash station is warranted in the laboratory area.

Memphis VAMC

- Ensure that Dyersburg and Smithville CBOC clinicians document education of foot care for diabetic patients in CPRS.
- Ensure that Dyersburg and Smithville CBOC clinicians document a risk level for diabetic patients in CPRS in accordance with VHA policy.
- Ensure that all mammogram results are documented using the BI-RADS code categories at the Smithville CBOC.
- Establish a process to ensure that Smithville CBOC patients receive a written notice of normal mammography results and that the notifications are documented in the medical record.
- Ensure that all fee basis mammography results are received and scanned into CPRS at the Smithville CBOC.
- Establish a process at the Dyersburg and Smithville CBOCs to ensure that all fee basis and/or contract mammogram orders are entered into the radiology package and that all mammography results are linked to the appropriate radiology mammogram or breast study order.
- Ensure that FPPEs are initiated for all newly hired physicians at the Dyersburg CBOC.
- Ensure that a handicap parking space is added at the Dyersburg CBOC.
- Ensure that handicap access is improved at the Smithville and Tupelo CBOCs.
- Ensure that sink faucet controls at the Smithville CBOC are handicap accessible.
- Ensure that signage clearly identifies the locations of fire extinguishers at the Smithville and Tupelo CBOCs.
- Ensure that the process for removing expired medications is adhered to at the Tupelo CBOC.
- Ensure the security of PII on laboratory specimens when they are transported from the Dyersburg, Smithville, and Tupelo CBOCs.
- Ensure that the Smithville and Tupelo CBOCs maintain patient privacy in the examination rooms.
- Secure the IT server closet at the Smithville CBOC in accordance with VA policy.
- Ensure that the provisions of the contract are enforced specifically adhering to the invoice format in the contract for the Smithville CBOC.
- Determine the extent and collectability of overpayments made since the inception of the contract for the Dyersburg and Smithville CBOCs.

- Ensure proper payments for qualifying visits for the Dyersburg and Smithville CBOCs.

Comments

The VISN and Facility Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes B–F, pages 21-35, 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 this review 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 scans 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 1100.19.¹
- Determine whether CBOCs are in compliance with standards of operations according to VHA policy in the areas of environmental safety and emergency planning.²
- Determine whether primary care and MH services provided at contracted CBOCs are in compliance with the contract provisions and evaluate the effectiveness of contract oversight provided by the VA.

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
- Contracts

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

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

For detailed information regarding the scope and methodology of the focused topic areas conducted during this inspection, 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/reports-list.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.

CBOC Characteristics

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

	Fort Pierce	Sebring	Dyersburg	Smithville
VISN	8	8	9	9
Parent Facility	West Palm Beach VAMC	Bay Pines VA HCS	Memphis VAMC	Memphis VAMC
Type of CBOC	Contract	VA	Contract	Contract
Number of Uniques, ³ FY 2011	5,337	3,142	1,670	4,003
Number of Visits, FY 2011	18,553	25,327	5,889	13,959
CBOC Size ⁴	Large	Mid-Size	Mid-Size	Mid-Size
Locality	Urban	Rural	Rural	Rural
FTE PCP	3	2.85	1.4	3
FTE MH	0.6	2	1	1.1
Types of Providers	LCSW NP PCP Pharmacist	LCSW NP PCP Psychiatrist Pharmacist	LCSW NP PCP	LCSW NP PCP Psychiatrist
Specialty Care Services Onsite	No	No	No	No
Tele-Health Services	Tele-Dermatology Tele-Mental Health Tele-MOVE Tele-Pharmacy Tele-Retinal Imaging Care Coordination Home Telehealth	Tele-Mental Health Tele-Retinal Imaging	None	Tele-Mental Health Tele-Polytrauma Care Coordination Home Telehealth
Ancillary Services Provided Onsite	EKG Laboratory Radiology	EKG Laboratory	None	None

Table 2. CBOC Characteristics

³ <http://vaww.pssg.med.va.gov/>

⁴ 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.

	Fort Pierce	Sebring	Dyersburg	Smithville
Provides MH Services	Yes	Yes	Yes	Yes
Number of MH Uniques, FY 2011	486	510	279	706
Number of MH Visits	3,043	2,211	1,799	2,532
General MH Services	Psychotherapy	Dx & TX Plan Medication Management Psychotherapy PTSD MST	Dx & TX Plan Medication Management Psychotherapy PTSD MST	Dx & TX Plan Medication Management Psychotherapy PTSD MST
Specialty MH Services	Social Skills Training	Consult & TX Psychotherapy Homeless Programs Substance Use Disorder	None	None
Tele-Mental Health	Yes	Yes	Yes	Yes
MH Referrals	Another VA Facility	Another VA Facility	Another VA Facility	Another VA Facility

Table 3. MH Characteristics for CBOCs

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 diabetes. VHA policy⁵ requires identification of high risk patients with a risk level, based upon foot risk factors that would determine appropriate care and/or referral. 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. ⁶
	The CBOC has developed screening guidelines regarding universal foot checks.
	The CBOC has developed a tracking system to identify and follow patients at risk for lower limb amputations.
	The CBOC has referral guidelines for at-risk patients.
Dyersburg Smithville	The CBOC documents education of foot care for patients with a diagnosis of DM. ⁷
Fort Pierce	There is documentation of foot screening in the patient's medical record.
Fort Pierce Sebring Dyersburg Smithville	There is documentation of a foot risk assessment 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.
Table 4. DM	

VISN 8, West Palm Beach VAMC – Fort Pierce

Foot Screenings. We did not find a complete foot screening (foot inspection, circulation check, and sensory testing) for 6 of 30 diabetic patients at the Fort Pierce CBOC.

Risk Level Assessment. Fort Pierce clinicians did not document a risk level in CPRS for 28 of 30 diabetic patients. VHA policy⁸ requires identification of high-risk patients with a

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

⁶ VHA Directive 2006-050.

⁷ VA/DoD Clinical Practice Guideline, *Management of Diabetes Mellitus (DM)*, August 2010.

⁸ VHA Directive 2006-050, *Preservation-Amputation Care and Treatment (PACT) Program*, September 14, 2006.

risk level, based upon foot risk factors that would determine appropriate care and/or referral.

Recommendation 1. We recommended that Fort Pierce CBOC clinicians document a complete foot screening for diabetic patients in CPRS.

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

VISN 8, Bay Pines VA HCS – Sebring

Risk Level Assessment. Sebring clinicians did not document a risk level for any of the 23 diabetic patients in CPRS. VHA policy⁹ requires identification of high-risk patients with a risk level, based upon foot risk factors that would determine appropriate care and/or referral.

Recommendation 3. We recommended that Sebring CBOC clinicians document a risk level for diabetic patients in CPRS in accordance with VHA policy.

VISN 9, Memphis VAMC – Dyersburg and Smithville

Foot Care Education. The Dyersburg and Smithville CBOC clinicians did not document foot care education for 11 of 19 diabetic patients at Dyersburg and 24 of 30 diabetic patients at Smithville in CPRS.

Risk Level Assessment. The Dyersburg and Smithville CBOC clinicians did not document a risk level for 14 of 19 diabetic patients at Dyersburg and 22 of 30 diabetic patients at Smithville in CPRS.

Recommendation 4. We recommended that Dyersburg and Smithville CBOC clinicians document education of foot care to diabetic patients in CPRS.

Recommendation 5. We recommended that Dyersburg and Smithville CBOC clinicians 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 the 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

⁹ VHA Directive 2006-050.

this topic. The facilities identified as noncompliant needed improvement. Details regarding the findings follow the table.

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. ¹⁰
Fort Pierce	The provider documented a justification for using Fee Basis status in lieu of providing staff treatment as required by VHA policy. ¹¹
	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 selected imaging tests were approved by the Chief of Staff, Clinic Chief, Chief Medical Administration Services, or an authorized designee. ¹²
Fort Pierce Sebring	Patients were notified of consult approvals in writing as required by VHA policy. ¹³
	A copy of the imaging report is in CPRS according to VHA policy. ¹⁴
	There is evidence the ordering provider or surrogate practitioner reviewed the report within 14 days from the date results were available to the ordering practitioner.
Fort Pierce Sebring	There is evidence the ordering provider or other licensed healthcare staff member informed the patient about the report within 14 days from the date results were available to the ordering practitioner. ¹⁵
Table 5. STFB	

We reviewed the medical records of 11 patients at the Fort Pierce CBOC and 3 patients at the Sebring CBOC who received services through a STFB consult. There were no patients identified at the Dyersburg and Smithville CBOCs that met criteria for this review.

VISN 8, West Palm Beach VAMC – Fort Pierce

Fee Basis Justification. The providers at the Fort Pierce CBOC did not document a justification for the consult in CPRS for 2 of 11 records.

Patient Consult Notifications. We found no evidence that any of the patients at the Fort Pierce CBOC were sent written notification of the STFB consult approvals.

¹⁰ 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.

¹¹ VHA Handbook 1907.01.

¹² VHA Chief Business Office Policy 1601F.

¹³ VHA Manual M-1, PART I, Chapter 18.

¹⁴ VHA Handbook 1907.01.

¹⁵ VHA Directive 2009-019, *Ordering and Reporting Test Results*, March 24, 2009.

Communication of Results. We found that 2 of 11 medical records at the Fort Pierce CBOC did not have evidence that patients were informed about their imaging results within 14 calendar days from the date results were available to the provider.

In September 2011, we conducted the STFB topic review at the Fort Pierce CBOC and noted findings and made recommendations related to consult notifications and the communication of test results at that time. Action plans were submitted, and we are continuing to follow-up on their progress. Therefore, we made no additional recommendations in these areas.

Recommendation 6. We recommended that providers at the Fort Pierce CBOC document a justification for the use of STFB care in CPRS.

VISN 8, Bay Pines VA HCS – Sebring

Patient Consult Notifications. We found that one of three patients at the Sebring CBOC was not sent written notification of the STFB consult approval.

Communication of Results. We found that two of three medical records at the Sebring CBOC did not have evidence that patients were informed about their imaging results within 14 calendar days from the date results were available to the provider.

Recommendation 7. We recommended that the patients at the Sebring CBOC are sent written notification when a STFB consult is approved.

Recommendation 8. We recommended that the ordering practitioners, or surrogate practitioners, at the Sebring CBOC communicate STFB results to patients within 14 days from the date results were available to the provider.

Women's Health Review

Breast cancer is the second most common type of cancer among American women, with approximately 207,000 new cases reported each year.¹⁶ Each VHA facility must ensure that eligible women veterans have access to comprehensive medical care, including care for gender-specific conditions.¹⁷ Timely screening, diagnosis, notification, interdisciplinary treatment planning, and treatment are essential to early detection, appropriate management, and optimal patient outcomes. 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. Table 6 shows the areas reviewed for this topic. The facilities identified as noncompliant needed improvement. Details regarding the findings follow the table.

¹⁶ American Cancer Society, *Cancer Facts & Figures 2009*.

¹⁷ 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.
	The ordering VHA provider or surrogate was notified of results within a defined timeframe.
Smithville	Mammography results were not documented using the American College of Radiology's BI-RADS code categories.
Fort Pierce Smithville	Patients were notified of results within a defined timeframe.
	The facility has an established process for tracking results of mammograms performed outside the facility.
Smithville	Fee Basis mammography reports are scanned into VistA.
Dyersburg Smithville	All screening and diagnostic mammograms were initiated via an order placed into the VistA radiology package. ¹⁸
	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.
Table 6. Mammography	

We reviewed the medical records of 10 patients at the Fort Pierce CBOC, 1 patient at the Dyersburg CBOC, and 3 patients at the Smithville CBOC who had mammograms done on or after June 1, 2010. There were no patients identified at the Sebring CBOC that met the criteria for the record review.

VISN 8, West Palm Beach VAMC – Fort Pierce

Patient Notification of Normal Mammography Results. We reviewed medical records of patients at the Fort Pierce CBOC who had normal mammography results and determined that 2 of 10 patients were not notified within the required timeframe of 14 days.

Recommendation 9. We recommended that the Fort Pierce CBOC establish a process to ensure that patients with normal mammography results are notified of results within the allotted timeframe and that notification is documented in the medical record.

VISN 9, Memphis VAMC – Dyersburg and Smithville

Documentation of Results. Mammogram results were not documented using the American College of Radiology's BI-RADS code categories in three records reviewed at the Smithville CBOC.

¹⁸ VHA Handbook 1330.01.

Patient Notification of Normal Mammography Results. We reviewed medical records of patients at the Smithville CBOC who had normal mammography results and determined that three patients were not notified within the required timeframe of 14 days.

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

Mammography Orders and Access. Providers at the Dyersburg and Smithville CBOCs did not enter CPRS mammogram radiology orders for one patient at Dyersburg and three patients at Smithville. 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 10. We recommended that the managers at the Smithville CBOC ensure that all mammogram results are documented using the BI-RADS code categories.

Recommendation 11. We recommended that the Smithville 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.

Recommendation 12. We recommended that managers ensure that fee basis mammography results are received and scanned into CPRS at the Smithville CBOC.

Recommendation 13. We recommended that the Dyersburg and Smithville CBOCs 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.

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.¹⁹ VHA policy²⁰ also requires that an FPPE be initiated for all newly hired physicians. Table 7 shows the areas reviewed for this topic. The facility identified as noncompliant needed improvement. Details regarding the finding follow the table.

Noncompliant	Areas Reviewed
	(1) There was evidence of primary source verification for each provider's license.
	(2) Each provider's license was unrestricted.

¹⁹ VHA Handbook 1100.19.

²⁰ VHA Handbook 1100.19

Noncompliant	Areas Reviewed (continued)
	(3) New Provider:
	a. Efforts were made to obtain verification of clinical privileges currently or most recently held at other institutions.
Dyersburg	b. FPPE was initiated.
	c. Timeframe for the FPPE was clearly documented.
	d. The FPPE outlined the criteria monitored.
	e. The FPPE was implemented on first clinical start day.
	f. The FPPE results were reported to the medical staff's Executive Committee.
	(4) Additional New Privilege:
	a. Prior to the start of a new privilege, criteria for the FPPE were developed.
	b. There was evidence that the provider was educated about FPPE prior to its initiation.
	c. FPPE results were reported to the medical staff's Executive Committee.
	(5) FPPE for Performance:
	a. The FPPE included criteria developed for evaluation of the practitioners when issues affecting the provision of safe, high-quality care were identified.
	b. A timeframe for the FPPE was clearly documented.
	c. There was evidence that the provider was educated about FPPE prior to its initiation.
	d. FPPE results were reported to the medical staff's Executive Committee.
	(6) 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.
	(7) Privileges granted to providers were facility, service, and provider specific. ²¹
	(8) The determination to continue current privileges were based in part on results of OPPE activities.
	(9) The OPPE and reappraisal process included consideration of such factors as clinical pertinence reviews and/or performance measure compliance.
	(10) Relevant provider-specific data was compared to aggregated data of other providers holding the same or comparable privileges.
	(11) Scopes of practice were facility, service and provider specific.
Table 7. C&P	

²¹ VHA Handbook 1100.19.

VISN 9, Memphis VAMC – Dyersburg

FPPE. A physician, who had been employed at the Dyersburg CBOC for 2 years, never had a FPPE initiated when hired. VHA policy²² requires that an FPPE be initiated for all physicians who have been newly hired or have requested new privileges.

Recommendation 14. We recommended that FPPEs be initiated for all physicians who have been newly hired at the Dyersburg CBOC.

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 facilities identified as noncompliant needed improvement. Details regarding the findings follow the table.

Noncompliant	Areas Reviewed
Dyersburg	There is handicap parking, which meets the ADA requirements.
	The CBOC entrance ramp meets ADA requirements.
Smithville Tupelo	The entrance door to the CBOC meets ADA requirements.
Smithville	The CBOC restrooms meet ADA requirements.
	The CBOC is well maintained (e.g., ceiling tiles clean and in good repair, walls without holes, etc.).
	The CBOC is clean (walls, floors, and equipment are clean).
	The patient care area is safe.
Tupelo	The CBOC has a process to monitor for 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.
Sebring Smithville Tupelo	Privacy is maintained.
Sebring	Eyewash stations are available as required.
Smithville	IT security rules are adhered to.
Dyersburg Smithville Tupelo	Patients' PII is secured and protected.
	There is alcohol hand wash or a soap dispenser and sink available in each examination room.
	The sharps containers are less than $\frac{3}{4}$ full.

²² VHA Handbook 1100.19

Noncompliant	Areas Reviewed (continued)
	There is evidence of fire drills occurring at least annually.
Fort Pierce	There is evidence of an annual fire and safety inspection.
Smithville Tupelo	Fire extinguishers are easily identifiable.
	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.
Table 8. EOC	

VISN 8, West Palm Beach VAMC – Fort Pierce

Life Safety. We did not find evidence of an annual fire and safety inspection for FYs 2011 and 2012 at the Fort Pierce CBOC. VHA policy²³ requires annual inspection of facilities for fire and life safety.

Recommendation 15. We recommended that annual fire safety inspections are completed at the Fort Pierce CBOC.

VISN 8, Bay Pines VA HCS – Sebring

Patient Privacy. We found examination rooms lacked privacy curtains. We also noted that the examination tables were visible from the hallway when the entry doors were open and were not positioned with the foot of the table facing away from the door. VHA policy²⁴ requires that patient dignity and privacy must be maintained at all times during the course of a physical examination.

Eyewash Station. We found that the Sebring CBOC had not conducted a hazard assessment to determine if a permanent or portable eye wash station was warranted in the laboratory area where blood and body fluid specimens are collected. VHA policy²⁵ states that emergency eyewash stations are provided where there is reasonable probability of injury as a result of exposure to hazardous chemicals or materials.

Recommendation 16. We recommended that the Sebring CBOC ensures patient privacy in the examination rooms.

Recommendation 17. We recommended that a hazard assessment be conducted at the Sebring CBOC to determine if an eyewash station is warranted.

²³ VHA Center for Engineering & Occupational Safety and Health, *Fire Safety Guide Book*, Updated July 2009.

²⁴ VHA Handbook 1330.01.

²⁵ VHA Directive 2009-026, *Location, Selection, Installation, Maintenance, and Testing of Emergency Eyewash and Shower Equipment*, May 13, 2009.

VISN 9, Memphis VAMC – Dyersburg and Smithville (Tupelo)

The Smithville CBOC was damaged by a tornado in April 2011. Consequently, the Smithville CBOC provides primary care services to veterans in a provisional building. MH services for patients enrolled at the Smithville CBOC were provided at the Tupelo CBOC approximately 35 miles away. Therefore, we also conducted EOC and Emergency Management inspections at the Tupelo CBOC.

Handicap Parking. We found that 1 of the 23 parking spaces at the Dyersburg CBOC had handicap access. According to the ADA Accessible Guidelines,²⁶ at least two handicap parking spaces should be available.

Physical Access. We found that the entrance doors at the Smithville and Tupelo CBOCs required more than 5 pounds of force to open. The ADA Accessible Guidelines²⁷ requires less than a 5-pound force to push or pull open doors.

We found that the handicap restrooms at the Smithville CBOC had twist motion knobs for the faucets at the sinks. The ADA Accessible Guidelines require that faucet controls be operable with one hand and not require a twisting, tight grasping, or pinching action.

Fire Extinguishers. The fire extinguisher signage at the Smithville CBOC was not clearly visible. The Tupelo CBOC had no signage identifying the location of fire extinguishers, and the fire extinguishers were recessed in the walls and obscured from view. The National Fire Protection Association Life Safety Code²⁸ requires identification of fire extinguisher locations when they are obscured from view.

Medication Management. We found expired medications in the cardiac response kit at the Tupelo CBOC. While the CBOC had a process for monitoring medications for expiration, the responsible staff did not check the cardiac response kit in the medication room. In accordance with Joint Commission standards,²⁹ expired medications must be removed and stored separately from medications available for administration.

PII. We found that laboratory specimens labeled with PII were not secured at the Dyersburg, Smithville, and Tupelo CBOCs. Specimens with clearly visible PII were transported by a contract courier in unlocked containers to the parent facility for processing. VHA policy³⁰ states the privacy and security of patient information stored in any media must be protected.

Patient Privacy. We found the Smithville and Tupelo CBOCs' examination tables were visible from the hallway when the entry doors were open and were not positioned with the foot of the table facing away from the door. Additionally, privacy curtains were not

²⁶ ADAAG Provision A Guide to the New ADA-ABA Accessibility Guidelines.

²⁷ ADAAG Provision A Guide to the New ADA-ABA Accessibility Guidelines.

²⁸ National Fire Protection Association, Standard for Portable Fire Extinguishers, 10 6.1.3.3.1.

²⁹ The Joint Commission Hospital Accreditation Program Manual 2011, Standard MM 03.01.01.

³⁰ VHA Handbook 1907.01.

installed in the patient examination rooms. VHA policy³¹ requires that patient dignity and privacy must be maintained at all times during the course of a physical examination.

IT Security. We found the IT equipment closet at the Smithville CBOC unsecured and without locking hardware. According to VA policy,³² this locked location contains equipment or information critical to the information infrastructure. A list of authorized personnel must be approved, maintained, and reviewed according to VA policy. Lack of oversight of IT space access could lead to potential loss of secure information.

Recommendation 18. We recommended that a handicap parking space is added at the Dyersburg CBOC.

Recommendation 19. We recommended that access for disabled veterans is improved at the Smithville and Tupelo CBOCs.

Recommendation 20. We recommended that the sink faucet controls in the handicap accessible restrooms at the Smithville CBOC meet ADA Guidelines.

Recommendation 21. We recommended that the Smithville and Tupelo CBOCs have signage that clearly identifies locations of fire extinguishers.

Recommendation 22. We recommended that managers ensure that the process for removing expired medications is adhered to at the Tupelo CBOC.

Recommendation 23. We recommended that the security of PII on laboratory specimens is ensured when they are transported from the Dyersburg, Smithville, and Tupelo CBOCs.

Recommendation 24. We recommended that patient privacy in the examination rooms be ensured at the Smithville and Tupelo CBOCs.

Recommendation 25. We recommended that the Smithville CBOC IT server closet be secured in accordance with VA policy.

Emergency Management

VHA policy requires each CBOC to have a local policy or standard operating procedure defining how medical and MH emergencies are handled.³³ Table 9 shows the areas reviewed for this topic.

³¹ VHA Handbook 1330.01.

³² VA Handbook 6500, *Information Security Program*, September 18, 2007.

³³ VHA Handbook 1006.1.

Noncompliant	Areas Reviewed
	There is a local medical emergency management plan for this CBOC.
	The staff articulated 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 articulated the procedural steps of the MH emergency plan.
Table 9. Emergency Management	

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 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.

CBOC Contract

We conducted reviews of primary and MH care at the Dyersburg, Smithville, and Fort Pierce CBOCs to evaluate the effectiveness of VHA oversight and administration for selected contract provisions relating to quality of care and payment of services. Contracted staff provided MH services at Dyersburg and Fort Pierce with support and oversight provided by VHA MH staff through tele-mental health services. Smithville MH patients were seen by contracted staff at the contractor's Tupelo site. The Smithville CBOC did not utilize tele-mental health at the time of our review but was planning to implement this service in the near future.

Noncompliant	Areas Reviewed
	(1) Contract provisions relating to payment and quality of care:
	a. Requirements for payment.
	b. Rate and frequency of payment.
Smithville	c. Invoice format.
	d. Performance measures (including incentives/penalties).
	e. Billing the patient or any other third party.
	(2) Technical review of contract modifications and extensions.

Noncompliant	Areas Reviewed (continued)
Dyersburg Smithville	(3) Invoice validation process.
	(4) The Contracting Officer's Technical Representative designation and training.
	(5) Contractor oversight provided by the Contracting Officer's Technical Representative
	(6) Timely access to care (including provisions for traveling veterans).
	a. Visiting patients are not assigned to a provider panel in the Primary Care Management Module.
	b. The facility uses VistA's "Register Once" to register patients who are enrolled at other facilities.
	c. Referral Case Manager assists with coordination of care for traveling veterans.
Table 10. Review of Primary Care and MH Contract Compliance	

VISN 8, West Palm Beach VAMC – Fort Pierce

The Fort Pierce CBOC was compliant with the review areas; therefore, we made no recommendations.

VISN 9, Memphis VAMC – Dyersburg and Smithville

Invoice format. The invoices are not in the format described in the Smithville contract, which requires that monthly invoices include summary enrollment information for the following three categories: (1) total number of enrolled patients from previous month's invoice, (2) new patients enrolled since previous month's invoice, and (3) disenrolled patients since previous month's invoice. This format enables a more effective invoice validation.

Invoice Validation Process. The invoice validation process did not include verifying that a patient had a qualifying visit. The Dyersburg and Smithville contracts require at least one annual visit meeting specific minimum requirements to qualify for payment and that VA verifies prior to paying the monthly invoice. Since VA did not verify this requirement, both contractors were compensated for ineligible patients. The resulting overpayments for these patients were approximately \$6,000 for Dyersburg and \$27,000 for Smithville for the review period of April, May, and June 2011, with annualized overpayments estimated at \$24,000 and \$108,000, respectively.

Recommendation 26. We recommended that the provisions of the contract are enforced specifically adhering to the invoice format in the contract for the Smithville CBOC.

Recommendation 27. We recommended that the Facility Director determines, with the assistance of the Regional Counsel, the extent and collectability of the overpayments made since the inception of the contract for the Dyersburg and Smithville CBOCs.

Recommendation 28. We recommended that contract provisions are enforced to ensure proper payment specifically as they relate to qualifying visits for the Dyersburg and Smithville CBOCs.

HF Follow-Up Results

Areas Reviewed			
CBOC Processes			
Guidance	Facility	Yes	No
The CBOC monitors HF readmission rates.	West Palm Beach VAMC		
	Fort Pierce CBOC	X	
	Bay Pines VA HCS		
	Sebring CBOC	X	
	Memphis VAMC		
	Dyersburg CBOC	X	
	Smithville CBOC	X	
The CBOC has a process to identify enrolled patients that have been admitted to the parent facility with a HF diagnosis.	West Palm Beach VAMC		
	Fort Pierce CBOC	X	
	Bay Pines VA HCS		
	Sebring CBOC	X	
	Memphis VAMC		
	Dyersburg CBOC	X	
	Smithville CBOC	X	
Medical Record Review Results			
Guidance	Facility	Numerator	Denominator
There is documentation in the patients' medical records that communication occurred between the inpatient and CBOC providers regarding the HF admission.	West Palm Beach VAMC		
	Fort Pierce CBOC	1	5
	Bay Pines VA HCS		
	Sebring CBOC	2	2
	Memphis VAMC		
	Dyersburg CBOC	6	6
	Smithville CBOC	4	5
A clinician documented a review of the patients' medications during the first follow-up primary care or cardiology visit.	West Palm Beach VAMC		
	Fort Pierce CBOC	5	5
	Bay Pines VA HCS		
	Sebring CBOC	1	1
	Memphis VAMC		
	Dyersburg CBOC	6	6
	Smithville CBOC	5	5
A clinician documented a review of the patients' weights during the first follow-up primary care or cardiology visit.	West Palm Beach VAMC		
	Fort Pierce CBOC	4	5
	Bay Pines VA HCS		
	Sebring CBOC	1	1
	Memphis VAMC		
	Dyersburg CBOC	6	6
	Smithville CBOC	5	5

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' restricted sodium diet during the first follow-up primary care or cardiology visit.	West Palm Beach VAMC		
	Fort Pierce CBOC	2	5
	Bay Pines VA HCS		
	Sebring CBOC	0	1
	Memphis VAMC		
	Dyersburg CBOC	4	6
	Smithville CBOC	1	5
A clinician documented a review of the patients' fluid intakes during the first follow-up primary care or cardiology visit.	West Palm Beach VAMC		
	Fort Pierce CBOC	1	5
	Bay Pines VA HCS		
	Sebring CBOC	0	1
	Memphis VAMC		
	Dyersburg CBOC	2	6
	Smithville CBOC	1	5
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 their providers.	West Palm Beach VAMC		
	Fort Pierce CBOC	1	5
	Bay Pines VA HCS		
	Sebring CBOC	0	1
	Memphis VAMC		
	Dyersburg CBOC	0	6
	Smithville CBOC	0	5

VISN 8 Director Comments

Department of
Veterans Affairs

Memorandum

Date: April 30, 2012
From: Director, VISN 8 (10N8)
Subject: **CBOC Reviews: Fort Pierce and Sebring, FL**
To: Director, Bay Pines Regional Office of Healthcare
Inspections (54SP)
Director, Management Review Service (VHA 10A4A4)

1. I have reviewed and concur with the findings and recommendations in the report of the CBOC Reviews: Fort Pierce and Sebring, FL.
2. Corrective action plans have been established with planned completion dates, as detailed in the attached report.



Nevin M. Weaver, FACHE
Director, VISN 8

West Palm Beach VAMC Acting Director Comments

Department of
Veterans Affairs

Memorandum

Date: April 23, 2012
From: Acting Director, West Palm Beach VAMC (548/00)
Subject: **CBOC Reviews: Fort Pierce, FL**
To: Director, VISN 8 (10N8)

Thank you for your consultative survey and review conducted at the Fort Pierce CBOC.

We concur with all of the recommendations and appreciate the time and expertise of the OIG Team.



Deepak Mandi, MD
Acting Director, West Palm Beach VAMC

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 Fort Pierce CBOC clinicians document a complete foot screening for diabetic patients in CPRS.

Concur

Target date for completion: August 1, 2012

All CBOC providers were educated on these recommendations informally by the Chief Medical Officer of MedMark when he visited each CBOC and during a video conference that was held on April 2, 2012, at which all CBOC providers were present.

In order to be able to track provider specific data, the foot screening reminder was updated to ensure all components of the foot exam (and specifically the risk assessment) were included. A health factor update will be completed by April 26, 2012, that will ensure the data collected for validation is accurate. Once completed, baseline data will be collected. This will then be communicated at the next Primary Care and CBOC staff meetings with instructions for all staff about how to complete the new reminder. WPB PC will continue to track compliance over a three month period (May, June, and July). Individual results will be communicated via report card data and a compliance report will be submitted at the monthly CBOC external meeting.

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

Concur

Target date for completion: August 1, 2012

The new foot screening reminder outlined in Recommendation 1's action now includes the risk level as a mandatory field. Once the new reminder is activated on or about April 26, 2012, providers will have a consistent way to document the risk assessment. WPB PC will continue to track compliance over a three month period (May, June, and July). Individual results will be communicated via report card data and a compliance report will be submitted at the monthly CBOC external meeting.

Recommendation 6. We recommended that providers at the Fort Pierce CBOC document a justification for the use of STFB care in CPRS.

Concur

Target date for completion: August 1, 2012

All CBOC providers were educated on these recommendations informally by the Chief Medical Officer of MedMark when he visited each CBOC and during a video conference that was held on April 2, 2012 at which all CBOC providers were present.

The Fee Manager and her staff already review all requests for appropriate justification. Primary Care management will be alerted when any STFB request is without appropriate justification. The consult will be returned to the ordering provider for additional documentation. WPB PC will continue to track short term fee basis test compliance over a three month period (May, June, and July). Individual results will be communicated via report card data and a compliance report will be submitted at the monthly CBOC external meeting.

Recommendation 9. We recommended that the Fort Pierce CBOC establish a process to ensure that patients with normal mammography results are notified of results within the allotted timeframe and that notification is documented in the medical record.

Concur

Target date for completion: August 1, 2012

All CBOC providers were educated on these recommendations informally by the Chief Medical Officer of MedMark when he visited each CBOC and during a video conference that was held on April 2, 2012 at which all CBOC providers were present.

All mammograms performed during the month of March 2012 were reviewed. Five of five results were communicated timely (100 percent). WPB will continue to review this data monthly for three more months and provide results to the CBOCs to ensure compliance. Individual results will be communicated via report card data and a compliance report will be submitted at the monthly CBOC external meeting.

Recommendation 15. We recommended that annual fire safety inspections are completed at the Fort Pierce CBOC.

Concur

Target date for completion: August 1, 2012

Starting with Fort Pierce in July 2012, the WPB Safety Officer will conduct the next semi-annual life safety survey to include all aspects of an annual fire safety inspection for all contracted CBOCs.

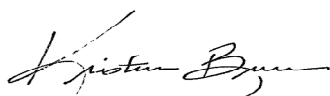
Bay Pines VA HCS Interim Director Comments

Department of
Veterans Affairs

Memorandum

Date: April 25, 2012
From: Interim Director, Bay Pines VA HCS (516/00)
Subject: **CBOC Reviews: Sebring, FL**
To: Director, VISN 8 (10N8)

1. The recommendations made during the Office of Inspector General Community Based Outpatient Clinic Review conducted February 15, 2012, at the Sebring CBOC, have been reviewed, and our comments and implementation plan are noted below. I appreciate the OIG's comprehensive review and efforts to ensure high quality care to our Veterans.
2. If you have any questions or require additional information, please contact Joanna Eastman-Gaudreau, Risk Manager, at (727)-398-9317.



Kristine M. Brown
Interim Director, Bay Pines VA HCS

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 Sebring CBOC clinicians document a risk level for diabetic patients in CPRS in accordance with VHA policy.

Concur

Target date for completion: April 26, 2012

The requirement for documenting the risk assessment level (level 0-3) for diabetic patients has been added to the diabetic foot reminder as a mandatory component. The updated reminder has been designed so that a clinician cannot exit the reminder without selecting the appropriate risk assessment level. The updated reminder was released throughout the Healthcare System, including all CBOCs, on April 26, 2012. Training has been completed with the CBOC Sebring clinicians to facilitate the implementation of this update. Training is ongoing throughout the HCS and the other CBOCs.

Recommendation 7. We recommended that the patients at the Sebring CBOC are sent written notification when a STFB consult is approved.

Concur

Target date for completion: Completed

We concur with this recommendation as this is our standard practice to give patients written authorization (form 10-7079) as well as a letter when a STFB consult is approved. However, in this instance, this particular case was an anomaly because the radiology procedure provided as fee basis was an emergency as deemed by the Primary Care physician. The radiology procedure was performed immediately after a Primary Care appointment when the patient walked across the street to complete the radiology test.

Recommendation 8. We recommended that the ordering practitioners or surrogate practitioners at the Sebring CBOC communicate STFB results to patients within 14 days from the date results were available to the provider.

Concur

Target date for completion: November 2, 2012

We have revamped VAHCS 516-11-11-069, which states that results will be communicated to patients within 14 days from date results are available to the provider. This also pertains to tests conducted via Fee Basis consults. Providers have been advised of this requirement and templates are available for sending notification letters electronically. We began monthly random chart reviews in January 2012 and are reporting compliance to the Chief of Staff's office. Additional training of providers will be conducted. Additionally, we will develop an Action Plan that targets fee basis test results specifically to ensure that internal providers receive the Fee test results and are able to notify patients within the 14-day window.

Recommendation 16. We recommended that the Sebring CBOC ensures patient privacy in the examination rooms.

Concur

Target date for completion: May 31, 2012

A review of the exam rooms was conducted on April 24, 2012. Three exam rooms were in need of privacy curtains and one exam room had the table pointed towards the entrance door. The exam table has been re-positioned to provide maximum patient privacy. Because the clinic is scheduled to move within the upcoming year, three panel privacy screens with wheels have been ordered for each examination room to ensure patient privacy is maintained. Staff are instructed regularly on the importance to maintain patient privacy. The Clinic Charge Nurse and Nurse Manager randomly round to ensure patient privacy is maintained at all times in the clinic.

Recommendation 17. We recommended that a hazard assessment be conducted at the Sebring CBOC to determine if an eyewash station is warranted.

Concur

Target date for completion: May 31, 2012

A hazard risk assessment was conducted by BPVAHCS Industrial Hygienist on April 24, 2012. As a result of this assessment, an American National Standards Institute approved portable eyewash station for the Sebring CBOC blood draw and urine collection area (Room 133) has been ordered. Once the eyewash station has been received into the CBOC, arrangements will be coordinated for the set-up of the equipment and the staff will be trained.

VISN 9 Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: May 2, 2012
From: Director, VISN 9 (10N9)
Subject: **CBOC Reviews: Dyersburg, TN and Smithville, MS**
To: Director, Bay Pines Regional Office of Healthcare
Inspections (54SP)
Director, Management Review Service (VHA 10A4A4)

1. Please see the attached response to the VA Office of the Inspector General (OIG) CBOC Reviews: Dyersburg, TN and Smithville, MS.
2. I concur with all recommendations.
3. Contact Tammy Williams, VISN 9 CRR Coordinator if you have any questions or need additional information.

//s//

John Dandridge, Jr.
Director, VA Mid South Healthcare Network

Memphis VAMC Director Comments

Department of
Veterans Affairs

Memorandum

Date: April 19, 2012
From: Director, Memphis VAMC (614/00)
Subject: **CBOC Reviews: Dyersburg, TN and Smithville, MS**
To: Director, VISN 9 (10N9)

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


JAMES L. ROBINSON, III, Psy.D

Medical Center Director

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 4. We recommended that Dyersburg and Smithville CBOC clinicians document education of foot care to diabetic patients in CPRS.

Concur

Target date for completion: Completed March 7, 2012

The CPRS Clinical Reminder Template was revised to include the documentation of education of foot care to diabetic patients. The Assistant ACOS for Ambulatory Care provided training to the CBOCs in a video-conference training session on February 27, 2012, as well as in-person training sessions on site at Dyersburg on February 14, 2012, and at Smithville and Tupelo on March 7, 2012. The Assistant ACOS for Ambulatory Care will monitor patient records for 4 months to ensure this action is completed by the CBOC staff. The target goal for this monitoring will be a 95 percent completion rate.

Recommendation 5. We recommended that Dyersburg and Smithville CBOC clinicians document a risk level for diabetic patients in CPRS in accordance with VHA policy.

Concur

Target date for completion: Completed March 7, 2012

The CPRS Clinical Reminder Template was revised to include the documentation of education of risk level for diabetic patients. The Assistant ACOS for Ambulatory Care provided training to the CBOCs in a video-conference training session on February 27, 2012, as well as in-person training sessions on site at Dyersburg on February 14, 2012, and at Smithville and Tupelo on March 7, 2012. The Assistant ACOS for Ambulatory Care will monitor patient records for 4 months to ensure this action is completed by the CBOC staff. The target goal for this monitoring will be a 95 percent completion rate.

Recommendation 10. We recommended that the managers at the Smithville CBOC ensure that all mammogram results are documented using the BI-RADS code categories.

Concur

Target date for completion: Completed February 27, 2012

The Memphis VA Women's Health Coordinator developed the process to ensure all mammogram reports have documented BI-RADS score. The CBOC staff members were trained by the Women's Health Coordinator on the new processes at a video-conference training session on February 27, 2012. The Women's Health Coordinator will monitor patient records for 4 months to ensure this action is completed by the CBOC staff. The target goal for this monitoring will be a 95 percent completion rate.

Recommendation 11. We recommended that the Smithville 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: Completed February 27, 2012

The Memphis VA Women's Health Coordinator developed the process to ensure that all Veterans are notified of their normal and abnormal mammogram results in accordance with the timeframes outlined in VA Handbook 1330.01. The CBOC staff members were trained by the Women's Health Coordinator on the new processes at a video-conference training session on February 27, 2012. The Women's Health Coordinator will monitor patient records for 4 months to ensure this action is completed by the CBOC staff. The target goal for this monitoring will be a 95 percent completion rate.

Recommendation 12. We recommended that managers ensure that fee basis mammography results are received and scanned into CPRS at the Smithville CBOC.

Concur

Target date for completion: Completed February 27, 2012

The Memphis VA Women's Health Coordinator developed the process to ensure that all mammogram reports are forwarded to Memphis VAMC and scanned into CPRS. The CBOC staff members were trained by the Women's Health Coordinator on the new processes at a video-conference training session on February 27, 2012. The Women's Health Coordinator will monitor patient records for 4 months to ensure this action is completed by the CBOC staff. The target goal for this monitoring will be a 95 percent completion rate.

Recommendation 13. We recommended that the Dyersburg and Smithville CBOCs 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: Completed February 27, 2012

The Memphis VA Women's Health Coordinator developed the process to ensure all fee based mammograms have an order entered into CPRS and the mammogram reports linked to the order. The CBOC staff members were trained by the Women's Health Coordinator on the new processes at a video-conference training session on February 27, 2012. The Women's Health Coordinator will monitor patient records for 4 months to ensure this action is completed by the CBOC staff. The target goal for this monitoring will be a 95 percent completion rate.

Recommendation 14. We recommended that FPPEs be initiated for all physicians who have been newly hired at the Dyersburg CBOC.

Concur

Target date for completion: Completed February 27, 2012

Memphis VA Medical Center Ambulatory Care Leadership completed the missed FPPE and will ensure the timely completion of the FPPEs in the future. There is a reminder process in place from the Medical Staff Office to all Clinical Services Chiefs of the FPPEs up for completion. This issue was discussed with the CBOCs at the February 27, 2012, video-conference training. The Assistant ACOS for Ambulatory Care will monitor employee documentation for 4 months to make sure this is completed on 100 percent of new providers.

Recommendation 18. We recommended that a handicap parking space is added at the Dyersburg CBOC.

Concur

Target date for completion: May 31, 2012

An additional handicap parking space will be added to the Dyersburg CBOC by May 31, 2012, resulting in two handicap parking spaces.

Recommendation 19. We recommended that access for disabled veterans is improved at the Smithville and Tupelo CBOCs.

Concur

Target date for completion: Completed February 10, 2012

The Smithville CBOC Maintenance staff corrected the deficiency related to the doors at both Smithville and Tupelo clinics on February 10, 2012, to meet the ADA Accessible Guidelines that require less than 5-pound force to push or pull open.

Recommendation 20. We recommended that the sink faucet controls in the handicap accessible restrooms at the Smithville CBOC meet ADA Guidelines.

Concur

Target date for completion: Completed April 18, 2012

The Smithville CBOC Maintenance staff corrected the deficiency related to the faucet knobs by replacing the two patient restroom faucet knobs at Smithville Clinic on April 18, 2012.

Recommendation 21. We recommended that the Smithville and Tupelo CBOCs have signage that clearly identifies locations of fire extinguishers.

Concur

Target date for completion: Completed March 30, 2012

The Smithville CBOC ordered signs immediately following the OIG inspection. Installation was completed in both clinics on March 30, 2012.

Recommendation 22. We recommended that managers ensure that the process for removing expired medications is adhered to at the Tupelo CBOC.

Concur

Target date for completion: Completed February 3, 2012

Effective February 3, 2012, the Tupelo Nurse Manager is now conducting random audits on a monthly basis, to assure that all medications are within date. Medications are replaced one month before expiration. A list of medication expiration dates is also attached to the outside of the cardiac response kit identified in the inspection. Performance of this essential job function has been tied to the performance evaluation and salary administration plan. The Environment of Care Committee will monitor patient records for 6 months to ensure this action is completed by the CBOC staff. The target goal for this monitoring will be a 100 percent completion rate.

Recommendation 23. We recommended that the security of PII on laboratory specimens is ensured when they are transported from the Dyersburg, Smithville, and Tupelo CBOCs.

Concur

Target date for completion: May 31, 2012

Effective February 14, 2012, all CBOCs were instructed to place the manifest that accompanies the laboratory specimens into a VHA Internal Privacy ACT/HIPPA envelope for transport. The Courier Service was instructed to transport this envelope with the specimens to the main laboratory and deliver it to a phlebotomist. The laboratory will purchase coolers that can be locked to meet this security requirement by May 31, 2012.

Recommendation 24. We recommended that patient privacy in the examination rooms be ensured at the Smithville and Tupelo CBOCs.

Concur

Target date for completion: May 31, 2012

Privacy screens were available at each clinic, but not in every room. The space limitations in the temporary modular facility at Smithville do not permit positioning of the exam tables with the foot away from the door. A vendor has been found for privacy curtains that can be installed on the wall rather than from the ceiling. These will be installed by May 31, 2012.

Recommendation 25. We recommended that the Smithville CBOC IT server closet be secured in accordance with VA policy.

Concur

Target date for completion: February 10, 2012

Locking hardware was installed on the IT closet and room access logs were implemented on February 10, 2012.

Recommendation 26. We recommended that the provisions of the contract are enforced specifically adhering to the invoice format in the contract for the Smithville CBOC.

Concur

Target date for completion: May 31, 2012

The CBOC Administrator will ensure that the invoice requirement of the contract is modified to only include the information required to verify and certify the invoice.

Recommendation 27. We recommended that the Facility Director determines, with the assistance of the Regional Counsel, the extent and collectability of the overpayments made since the inception of the contract for the Dyersburg and Smithville CBOCs.

Concur

Target date for completion: May 31, 2012

The CBOC Administrator will prepare a summary of the issue and provide it to the Regional Counsel for consideration of the extent and collectability of the overpayments made since the inception of the contracts.

Recommendation 28. We recommended that contract provisions are enforced to ensure proper payment specifically as they relate to qualifying visits for the Dyersburg and Smithville CBOCs.

Concur

Target date for completion: Completed March 2012

The Business Office Leadership worked with the IT staff to revise the VistA Routine to ensure the Memphis VA Medical Center made proper payments related to qualifying visits for the CBOCs. The appropriate CPT code based on the contract criteria are now applied to the invoices from the CBOCs. This has resulted in appropriate payments being made starting in March 2012.

OIG Contact and Staff Acknowledgments

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