



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

Office of Healthcare Inspections

Report No. 11-03655-210

**Community Based Outpatient
Clinic Reviews
Fort Dodge and Hutchinson, KS
O'Fallon (St. Charles), MO
Emporia, KS**

June 28, 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.

To Report Suspected Wrongdoing in VA Programs and Operations

Telephone: 1-800-488-8244

E-Mail: vaoighotline@va.gov

(Hotline Information: <http://www.va.gov/oig/contacts/hotline.asp>)

Glossary

ADA	Americans with Disabilities Act
C&P	credentialing and privileging
CBOC	community based outpatient clinic
CPRS	Computerized Patient Record System
DM	Diabetes Mellitus
EKG	electrocardiogram
EOC	environment of care
FPPE	Focused Professional Practice Evaluation
FY	fiscal year
HCS	Health Care System
HF	heart failure
IT	information technology
LCSW	licensed clinical social worker
MH	mental health
NP	nurse practitioner
OIG	Office of Inspector General
OPPE	Ongoing Professional Practice Evaluation
PACT	Preservation-Amputation Care and Treatment
VAMC	VA Medical Center
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network

Table of Contents

	Page
Executive Summary	i
Objectives and Scope	1
Objectives	1
Scope	1
CBOC Characteristics	2
MH Characteristics	3
Results and Recommendations	4
Management of DM–Lower Limb Peripheral Vascular Disease	4
Women’s Health	5
C&P	7
Environment and Emergency Management	9
HF Follow-Up	12
Appendixes	
A. HF Follow-Up Results	14
B. VISN 15 Director Comments	16
C. Robert J. Dole VAMC Acting Director Comments	17
D. St. Louis VAMC Director Comments	22
E. VA Eastern Kansas HCS Acting Director Comments	25
F. OIG Contact and Staff Acknowledgments	28
G. Report Distribution	29

Executive Summary

Purpose: We conducted an inspection of four CBOCs during the weeks of March 12, March 19, and March 26, 2012. 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
15	Robert J. Dole VAMC	Fort Dodge
		Hutchinson
	St. Louis VAMC	St. Charles
	VA Eastern Kansas HCS	Emporia
Table 1. Sites Inspected		

Recommendations: The VISN and Acting/Facility Directors, in conjunction with the respective CBOC managers, should take appropriate actions in accordance with the following recommendations:

Robert J. Dole VAMC

- We recommended that Fort Dodge and Hutchinson CBOC clinicians document a risk level for diabetic patients in CPRS in accordance with VHA policy.
- We recommended that the Fort Dodge and Hutchinson CBOCs establish a process to ensure that patients with normal mammogram results are consistently notified of results within the allotted timeframe and that notification is consistently documented in the medical record.
- We recommended that the Women's Health Liaison at the Fort Dodge and Hutchinson CBOCs consistently collaborates with the Women Veterans Program Manager.
- We recommended that handicap parking is improved at the Fort Dodge CBOC.
- We recommended that access is improved for disabled veterans at the Fort Dodge CBOC.
- We recommended that the panic alarm system is tested and that documentation of the testing is maintained for the Hutchinson CBOC.
- We recommended that the Hutchinson CBOC IT server closet is secured according to IT safety and security standards.
- We recommended that signage is installed at the Hutchinson CBOC to clearly identify the location of fire extinguishers.

- We recommended that managers ensure that staff are trained and knowledgeable on local MH emergency guidelines at the Fort Dodge CBOC.

St. Louis VAMC

- We recommended that the St. Louis VAMC develops and implements a local policy for the PACT program in accordance with VHA policy.
- We recommended that the St. Charles CBOC clinicians document education of foot care to diabetic patients in CPRS.
- We recommended that St. Charles CBOC clinicians document a risk level for diabetic patients in CPRS.
- We recommended that the St. Charles CBOC establishes a process to ensure that patients with normal mammogram results are consistently notified of results within the allotted timeframe and that notification is consistently documented in the medical record.
- We recommended that the Women's Health Liaison at the St. Charles CBOC consistently collaborates with the Women Veterans Program Manager.
- We recommended that the Chief of Office of Information and Technology develop and maintain an access log for the St. Charles CBOC IT closet.
- We recommended that managers develop a local policy for medical and MH emergencies that reflects the current practice and capability at the St. Charles CBOC.

VA Eastern Kansas HCS

- We recommended that the VA Eastern Kansas HCS develops and implements a local policy for the PACT program in accordance with VHA policy.
- We recommended that the Women's Health Liaison at the Emporia CBOC consistently collaborates with the Women Veterans Program Manager.
- We recommended that the VA Eastern Kansas HCS revises local policy to include LCSWs as midlevel providers.
- We recommended that LCSWs who function independently at the Emporia CBOC have scopes of practice that are facility, service, and provider specific.
- We recommended that access is improved for disabled veterans at the Emporia CBOC.

Comments

The VISN and Facility Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes B–E, pages 16–27, for the full text of the Directors’ comments.) We will follow up on the planned actions until they are completed.



JOHN D. DAIGH, JR., M.D.
Assistant Inspector General for
Healthcare Inspections

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.
- 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

Scope. The review topics discussed in this report include:

- Management of DM–Lower Limb Peripheral Vascular Disease
- Women's Health
- C&P
- Environment and Emergency Management
- HF Follow-up

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.

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.

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 Dodge	Hutchinson	St. Charles	Emporia
VISN	15	15	15	15
Parent Facility	Robert J. Dole VAMC	Robert J. Dole VAMC	St. Louis VAMC	VA Eastern Kansas HCS
Type of CBOC	VA	VA	VA	VA
Number of Uniques,³ FY 2011	1,386	2,001	2,391	213
Number of Visits, FY 2011	4,024	11,168	6,367	534
CBOC Size⁴	Small	Mid-size	Mid-size	Small
Locality	Rural	Rural	Urban	Rural
Full-time Employee Equivalents Primary Care Providers	1.6	2	1.85	0.2
Full-time Employee Equivalents MH Providers	1	1	0	0.2
Types of Providers	LCSW NP	Physician Assistant	NP Primary Care Provider	LCSW NP
Specialty Care Services Onsite	No	No	No	No
Tele-Health Services	Tele-Mental Health Tele-MOVE Tele-Retinal Imaging Tele-Surgery Care Coordination Home Telehealth	Tele-Mental Health Tele-MOVE Tele-Neurology Care Coordination Home Telehealth	None	None
Ancillary Services Provided Onsite	EKG Laboratory	EKG Laboratory	EKG Laboratory	Laboratory

Table 2. CBOC Characteristics

³ <http://vaww.pssg.med.va.gov/>

⁴ Based on the number of unique patients seen as defined by the 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 Dodge	Hutchinson	St. Charles	Emporia
Provides MH Services	Yes	Yes	No	Yes
Number of MH Uniques, FY 2011	160	153	0	21
Number of MH Visits	903	1,073	0	98
General MH Services	Diagnosis & Treatment Plan Psychotherapy	Diagnosis & Treatment Plan Psychotherapy	NA	Psychotherapy Post Traumatic Stress Disorder Teams
Specialty MH Services	Psychotherapy	Psychotherapy	NA	Psychotherapy Post Traumatic Stress Disorder Teams Substance Use Disorder
Tele-Mental Health	Yes	Yes	No	No
MH Referrals	Another VA Facility Fee-Basis	Another VA Facility Fee-Basis	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 PACT 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. 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
St. Charles Emporia	The parent facility has established a PACT program. ⁵
	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.
St. Charles	The CBOC documents education of foot care for patients with a diagnosis of DM. ⁶
	There is documentation of foot screening in the patient's medical record.
Fort Dodge Hutchinson St. Charles	There is documentation of a foot risk score 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 15, Robert J. Dole VAMC – Fort Dodge and Hutchinson

Risk Level Assessment. The Fort Dodge CBOC clinicians did not document a risk level for 4 of 29 diabetic patients in CPRS. The Hutchinson CBOC clinicians did not document a risk level for 8 of 30 in CPRS. VHA policy⁷ requires identification of high-risk patients with a risk level, based upon foot risk factors that would determine appropriate care and/or referral.

Recommendation 1. We recommended that the Fort Dodge and Hutchinson CBOC clinicians document a risk level for diabetic patients in CPRS in accordance with VHA policy.

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

⁶ VA/DoD Clinical Practice Guideline, *Management of Diabetes Mellitus (DM)*, August 2010.

⁷ VHA Directive 2006-050.

VISN 15, St. Louis VAMC – St. Charles

PACT Program. The St. Louis VAMC did not have a PACT program policy that defines staff responsibilities and care algorithms, as required by VHA policy.⁸

Foot Care Education. The St. Charles CBOC clinicians did not document foot care education for 22 of 29 diabetic patients in CPRS.

Risk Level Assessment. The St. Charles CBOC clinicians did not document a risk level for 17 of 29 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 2. We recommended that the St. Louis VAMC develops and implements a local policy for the PACT program in accordance with VHA policy.

Recommendation 3. We recommended that the St. Charles CBOC clinicians document education of foot care to diabetic patients in CPRS.

Recommendation 4. We recommended that St. Charles CBOC clinicians document a risk level for diabetic patients in CPRS.

VISN 15, VA Eastern Kansas HCS – Emporia

PACT Program. The VA Eastern Kansas HCS did not have a PACT program policy that defines staff responsibilities and care algorithms, as required by VHA policy.

Recommendation 5. We recommended that the VA Eastern Kansas HCS develops and implements a local policy for the PACT program in accordance with VHA policy.

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.¹⁰ Each VHA facility must ensure that eligible women veterans have access to comprehensive medical care, including care for gender-specific conditions.¹¹ Timely screening, diagnosis, notification, interdisciplinary treatment planning, and treatment are essential to early detection, appropriate management, and optimal patient outcomes. Table 5 shows the areas reviewed for this topic. The facilities identified as noncompliant needed improvement. Details regarding the findings follow the table.

⁸ VHA Directive 2006-050.

⁹ VHA Directive 2006-050.

¹⁰ American Cancer Society, Cancer Facts & Figures 2009.

¹¹ 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. ¹²
	The ordering VHA provider or surrogate was notified of results within a defined timeframe.
Fort Dodge Hutchinson St. Charles	Patients were notified of results within a defined timeframe.
	The facility has an established process for tracking results of mammograms performed off-site.
	Fee Basis mammography reports are scanned into Veterans Health Information Systems and Technology Architecture.
	All screening and diagnostic mammograms were initiated via an order placed into the Veterans Health Information Systems and Technology Architecture radiology package. ¹³
	Each CBOC has an appointed Women's Health Liaison.
Fort Dodge Hutchinson St. Charles Emporia	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 5. Mammography

There were a total of 11 patients who had mammograms done on or after June 1, 2010. There were three patients who received mammograms at the Fort Dodge CBOC and eight patients at the Hutchinson CBOC.

VISN 15, Robert J. Dole – Fort Dodge and Hutchinson

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

Women's Health Liaison. We found no evidence that the Women's Health Liaison at the Fort Dodge and Hutchinson CBOCs consistently collaborated with the parent facility's Women Veterans Program Manager.

Recommendation 6. We recommended that the Fort Dodge and Hutchison CBOCs establish a process to ensure that patients with normal mammogram results are

¹² 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.

¹³ VHA Handbook 1330.01.

consistently notified of results within the allotted timeframe and that notification is consistently documented in the medical record.

Recommendation 7. We recommended that the Women's Health Liaison at the Fort Dodge and Hutchinson CBOCs consistently collaborates with the Women Veterans Program Manager.

VISN 15, St. Louis VAMC – St. Charles

There were a total of 10 patients who had mammograms done on or after June 1, 2010, at the St. Charles CBOC.

Patient Notification of Normal Mammography Results. We reviewed medical records of patients at the St. Charles CBOC who had normal mammography results and determined that 3 of 10 patients were not notified within the required timeframe of 14 days.

Women's Health Liaison. We found no evidence that the Women's Health Liaison at the St. Charles CBOC consistently collaborated with the parent facility's Women Veterans Program Manager.

Recommendation 8. We recommended St. Charles CBOC establishes a process to ensure that patients with normal mammogram results are consistently notified of results within the allotted timeframe and that notification is consistently documented in the medical record.

Recommendation 9. We recommended that that the Women's Health Liaison at the St. Charles CBOC consistently collaborates with the Women Veterans Program Manager.

VISN 15, VA Eastern Kansas HCS – Emporia

The women veterans at the Emporia CBOC did not meet the criteria for this review.

Women's Health Liaison. We found no evidence that the Women's Health Liaison at the Emporia CBOC consistently collaborated with the parent facility's Women Veterans Program Manager.

Recommendation 10. We recommended that the Women's Health Liaison at the Emporia CBOC consistently collaborates with the Women Veterans Program Manager.

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.¹⁴ Table 6 shows the areas reviewed for this topic. The facilities identified as noncompliant needed improvement. Details regarding the findings 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.
	(3) New Provider:
	a. Efforts were made to obtain verification of clinical privileges currently or most recently held at other institutions.
	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. ¹⁵
	(8) The determination to continue current privileges were based in part on results of OPPE activities.

¹⁴ VHA Handbook 1100.19.

¹⁵ VHA Handbook 1100.19.

Noncompliant	Areas Reviewed (continued)
	(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.
Emporia	(11) Scopes of practice were facility specific.
Table 6. C&P	

VISN 15, Eastern Kansas HCS – Emporia

Scope of Practice. The LCSW who provided independent MH services at the CBOC did not have a scope of practice. Local policy requires that midlevel providers who function independently have defined scopes of practice; however, the policy does not specifically include social workers. The LCSW did have a functional statement, but it did not include service or provider-specific standards of practice.

Recommendation 11. We recommended that the VA Eastern Kansas HCS revises the local policy to include LCSWs who function as midlevel providers.

Recommendation 12. We recommended that LCSWs who function as midlevel providers at the Emporia CBOC have scopes of practice that are facility, service, and provider specific.

Environment and Emergency Management

EOC

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, infection control, and general maintenance. Table 7 shows the areas reviewed for this topic.

Noncompliant	Areas Reviewed
Fort Dodge	There is handicap parking, which meets the ADA requirements.
Emporia	The CBOC entrance ramp meets ADA requirements.
Fort Dodge	The entrance door to the CBOC meets ADA requirements.
	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.
	The CBOC has a process to identify expired medications.
	Medications are secured from unauthorized access.
Hutchinson	There is an alarm system or panic button installed in high-risk areas as identified by the vulnerability risk assessment.
	Privacy is maintained.

Noncompliant	Areas Reviewed (continued)
Hutchinson St. Charles	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.
	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.
Hutchinson	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 7. EOC	

VISN 15, Robert J. Dole VAMC – Fort Dodge and Hutchinson

Handicap Parking. There was one handicap parking space at the Fort Dodge CBOC. Although the parking space had a handicap symbol posted, it also had a corresponding “No Parking” sign.

Physical Access. To enter the Fort Dodge CBOC, patients proceed through two doors. The first entrance door handle requires a tight grasp to open, and the second door was heavy requiring more than 5 pounds of force to open. Although a doorbell is installed at the first entrance door to notify staff when a patient needs assistance entering the CBOC, it was not operational at the time of our onsite review. The ADA requires that facility doors be equipped with handles that are easy to grasp with one hand and do not require tight grasping, pinching, or twisting of the wrist to operate and does not exceed 5 pounds of force to push or pull open.

Panic Alarms. The Hutchinson CBOC had installed panic alarms to notify staff of an emergency, but there was no documentation that the alarms had been tested to ensure proper performance. Local policy¹⁶ requires all equipment to be tested and that testing documentation be maintained.

IT Security. At the Hutchinson CBOC, we inspected the IT closet and found it was unlocked. According to VA policy,¹⁷ a location that contains equipment or information critical to the information infrastructure must be locked.

Fire Extinguishers. The Hutchinson CBOC had no signage identifying the location of fire extinguishers. All fire extinguishers were recessed in the wall and obscured from

¹⁶ Robert J. Dole Medical Center Circular OC-10-12, *Electrical Safety and Preventive Maintenance Program*, September 7, 2010.

¹⁷ VA Handbook 6500, *Information Security Program*, August 4, 2006.

view. The National Fire Protection Association Life Safety Code requires identification of fire extinguisher locations when they are obscured from view.¹⁸

Recommendation 13. We recommended that handicap parking is improved at the Fort Dodge CBOC.

Recommendation 14. We recommended that access is improved for disabled veterans at the Fort Dodge CBOC.

Recommendation 15. We recommended that the panic alarm system is tested and that documentation of testing be maintained for the Hutchinson CBOC.

Recommendation 16. We recommended that the Hutchinson CBOC IT server closet is secured according to IT safety and security standards.

Recommendation 17. We recommended that signage is installed at the Hutchinson CBOC to clearly identify the location of fire extinguishers.

VISN 15, St. Louis VAMC – St. Charles

IT Security. At the St. Charles CBOC, we inspected the IT closet and determined there was no log to track access to this area. According to VA policy,¹⁹ an access log must be maintained that includes name and organization of the person visiting, signature of the visitor, form of identification, date of access, time of entry and departure, purpose of visit, and name and organization of person visited. Lack of oversight for IT space access could lead to potential loss of secure information.

Recommendation 18. We recommended that the Chief of Office of Information and Technology develop and maintain an access log for the St. Charles CBOC IT closet.

VISN 15, VA Eastern Kansas HCS – Emporia

Physical Access. The entrance to the Emporia CBOC is located on the lower level of the building and stairs are required to access the CBOC. A wheelchair lift was present; however, the lift was inoperable on the day of our review. The ADA requires that vertical access (ramp or lift) is required for professional offices of health care providers.

Recommendation 19. We recommended that access is improved for disabled veterans at the Emporia CBOC.

¹⁸ National Fire Protection Association, Standard for Portable Fire Extinguishers, 10 6.1.3.3.1.

¹⁹ VA Handbook 6500, *Information Security Program*, August 4, 2006.

Emergency Management

VHA policy requires each CBOC to have a local policy or standard operating procedure defining how medical emergencies, including MH, are handled.²⁰ 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
St. Charles	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.
St. Charles	There is a local MH emergency management plan for this CBOC.
Fort Dodge	The staff articulated the procedural steps of the MH emergency plan.

Table 8. Emergency Management

VISN 15, Robert J. Dole VAMC – Fort Dodge

Local Standard Operating Procedure. The Fort Dodge CBOC had implemented local policies to instruct staff on how they were to respond if a patient presented with a MH emergency; however, CBOC staff did not articulate responses during our interviews that accurately reflected the local MH emergency guidelines.

Recommendation 20. We recommended that managers ensure that staff are trained and knowledgeable of local MH emergency guidelines at the Fort Dodge CBOC.

VISN 15, St. Louis VAMC – St. Charles

Local Standard Operating Procedure. The St. Charles CBOC did not have a local policy or standard operating procedure to instruct staff on how they were to respond if patients presented with medical and MH emergencies.

Recommendation 21. We recommended that managers develop a local policy for medical and MH emergencies that reflects the current practice and capability at the St. Charles CBOC.

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.

²⁰ VHA Handbook 1006.1.

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.

HF Follow-Up Results

Areas Reviewed			
CBOC Processes			
<i>Guidance</i>	<i>Facility</i>	<i>Yes</i>	<i>No</i>
The CBOC monitors HF readmission rates.	Robert J. Dole VAMC		
	Fort Dodge		X
	Hutchinson		X
	St. Louis VAMC		
	St. Charles		X
	VA Eastern Kansas HCS		
	Emporia	X	
The CBOC has a process to identify enrolled patients that have been admitted to the parent facility with a HF diagnosis.	Robert J. Dole VAMC		
	Fort Dodge		X
	Hutchinson		X
	St. Louis VAMC		
	St. Charles	X	
	VA Eastern Kansas HCS		
	Emporia		X
Medical Record Review Results			
<i>Guidance</i>	<i>Facility</i>	<i>Numerator</i>	<i>Denominator</i>
There is documentation in the patients' medical records that communication occurred between the inpatient and CBOC providers regarding the HF admission.	Robert J. Dole VAMC		
	Fort Dodge	0	1
	Hutchinson	0	2
	St. Louis VAMC		
	St. Charles	3	11
	VA Eastern Kansas HCS		
	Emporia	NA*	NA
A clinician documented a review of the patients' medications during the first follow-up primary care or cardiology visit.	Robert J. Dole VAMC		
	Fort Dodge	1	1
	Hutchinson	2	2
	St. Louis VAMC		
	St. Charles	8	8
	VA Eastern Kansas HCS		
	Emporia	NA	NA
A clinician documented a review of the patients' weights during the first follow-up primary care or cardiology visit.	Robert J. Dole VAMC		
	Fort Dodge	0	1
	Hutchinson	0	2
	St. Louis VAMC		
	St. Charles	1	8
	VA Eastern Kansas HCS		
	Emporia	NA	NA

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.	Robert J. Dole VAMC		
	Fort Dodge	0	1
	Hutchinson	0	2
	St. Louis VAMC		
	St. Charles	4	8
	VA Eastern Kansas HCS		
	Emporia	NA	NA
A clinician documented a review of the patients' fluid intakes during the first follow-up primary care or cardiology visit.	Robert J Dole VAMC		
	Fort Dodge	0	1
	Hutchinson	0	2
	St. Louis VAMC		
	St. Charles	1	8
	VA Eastern Kansas HCS		
	Emporia	NA	NA
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.	Robert J. Dole VAMC		
	Fort Dodge	0	1
	Hutchinson	0	2
	St. Louis VAMC		
	St. Charles	1	8
	VA Eastern Kansas HCS		
	Emporia	NA	NA

*There were no patients at the Emporia CBOC that met the criteria for this informational topic review.

VISN 15 Director Comments

Department of
Veterans Affairs

Memorandum

Date: June 5, 2012

From: Director, VISN 15 (10N15)

Subject: **CBOC Reviews: Fort Dodge and Hutchinson, KS;
St. Charles, MO; and Emporia, KS**

To: Director, 54KC Healthcare Inspections Division (54KC)
Director, Management Review Service (VHA 10A4A4)

Thank you for this opportunity of review for the Fort Dodge, Hutchinson, St. Charles, and Emporia CBOCs.

I concur with the recommendations within this report and appreciate the opportunity towards discovering improvements for our patient care.


WILLIAM P. PATTERSON, MD, MSS
Network Director
VA Heartland Network (VISN 15)

Robert J. Dole VAMC Acting Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: June 5, 2012
From: Acting Director, Robert J. Dole VAMC (589A7/00)
Subject: **CBOC Reviews: Fort Dodge and Hutchinson, KS**
To: Director, VISN 15 (10N15)

1. The Director and Leadership has reviewed the draft inspection report of the Community Based Outpatient Clinic Reviews of Fort Dodge & Hutchinson, KS, conducted by the Office of Inspector General (OIG).
2. We concur with the recommendations of the OIG and appreciate the opportunity to make improvements in our patient care. Our response to the recommendations is attached.

(original signed by:)
Vicki G. Bondie, MBA
Acting Medical Center Director

Comments to Office of Inspector General's Report

The following Acting 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 Fort Dodge and Hutchinson CBOC clinicians document a risk level for diabetic patients in CPRS in accordance with VHA policy.

Concur

Target date for completion: April 9, 2012

Completed

A revised Diabetic Foot Exam reminder was implemented to address documentation of risk level as follows:

Risk Level 0 (Normal Risk)

Risk Level 1 (Low Risk)

Risk Level 2 (Moderate Risk)

Risk Level 3 (High Risk)

Recommendation 6. We recommended that the Fort Dodge and Hutchison CBOCs establish a process to ensure that patients with normal mammogram results are consistently notified of results within the allotted timeframe and that notification is consistently documented in the medical record.

Concur

Target date for completion: May 3, 2012

Completed

During Primary Care Provider meeting on May 3, 2012, all primary care providers received training on proper procedure for notifying patients of normal mammogram results within 14 days of the procedure, as well as documentation of this communication in CPRS. It was reiterated that communication of mammogram results to the patient by the vendor does not take the place of notification of patients by their Primary Care team.

The following process is being followed:

1. Radiology department scans mammogram report into Veterans Health Information System and Technology Architecture imaging and radiology package.

2. Radiology department places in note in CPRS for co-signature by provider and WVPM (Women's Veteran's Program Manager), alerting them that the mammogram report is available in CPRS.
3. Provider notifies patient within 14 days of negative results either by letter or by phone, and documents this in CPRS.
4. WVPM tracks the process. If patient has not been notified by day 5, she reminds provider to address communication of mammogram results and documentation of the same in CPRS.

Recommendation 7. We recommended that the Women's Health Liaison at the Fort Dodge and Hutchinson CBOCs consistently collaborates with the Women Veterans Program Manager.

Concur

Target date for completion: June 14, 2012

The Women Veteran Advisory Committee has provided teleconferencing with the CBOC for the last 2 years. However CBOC Women's Health liaisons have been unable to attend on a regular basis in the past due to scheduling conflicts.

Effective June 14, 2012, the Women's Advisory committee will meet on the 2nd Thursday of each month from 3-4 p.m.

CBOC Coordinator and Medical Administrative Service Coordinator will ensure that the CBOC Women Veteran Liaisons have time blocked from their schedule to enable them to participate in these meetings regularly. Their attendance will be reflected in the meeting minutes.

Recommendation 13. We recommended that handicap parking is improved at the Fort Dodge CBOC.

Concur

Target date for completion: Ongoing

A "No Parking" sign that was in place at Fort Dodge to prevent parking and to use it as unloading only was replaced. The current signage has been placed that reads "No Parking Loading Zone".

The current Fort Dodge CBOC building is a temporary permanent location because of air quality issues in the previous permanent location in Fort Dodge. The permanent location had no handicap issues. In March of 2012, a request was submitted to the VISN then to the VA Central Office to complete an Out of Cycle permanent relocation prior to FY 2014. This request remains pending.

Recommendation 14. We recommended that access is improved for disabled veterans at the Fort Dodge CBOC.

Concur

Target date for completion: Ongoing

A new doorbell is in place that Veterans may ring for CBOC staff to assist them into the building.

The current Fort Dodge CBOC building is a temporary location because of air quality issues in the previous permanent location in Fort Dodge. The permanent location had no handicap issues. In March of 2012, a request was submitted to the VISN then to the VA Central Office to complete an Out of Cycle permanent relocation prior to FY 2014. This request remains pending.

A notification has been submitted to the Contracting Officer notifying him of the following item that needs correction:

- The first entrance door handle requires a tight grasp to open and the second door was heavy requiring more than 5 pounds of force. The ADA requires that facility doors be equipped with handles that are easy to grasp with one hand and do not require tight grasping, pinching, or twisting of the wrist to operate and does not exceed 5 pounds of force to push or pull open.

Further information will be forthcoming from the Contracting Officer in Leavenworth regarding completion of the items.

Recommendation 15. We recommended that the panic alarm system is tested and that documentation of testing be maintained for the Hutchinson CBOC.

Concur

Target date for completion: May 3, 2012

Completed

Panic Alarms were tested in the Hutchinson CBOC on May 30, 2012. Documentation sheets were developed and given to each CBOC to place in the "red book" (monitoring logs/policy). CBOC will check panic alarm system on a monthly basis. Yearly logs will be forwarded to the CBOC coordinator.

Recommendation 16. We recommended that the Hutchinson CBOC IT server closet is secured according to IT safety and security standards.

Concur

Target date for completion: March, 2012

Completed

The IT staff visited the Hutchinson CBOC the same day that the closet was found unlocked. The strike plate for the IT closet door in Hutchinson has been readjusted. IT staff had an automatic closure unit with lock installed. The dead bolt function is manually key activated. All IT staff was reminded of the importance of double checking the door to see that it is secure before leaving the CBOC. The IT staff has visited Hutchinson since that time and the door was locked upon arrival and double-checked upon departure.

Recommendation 17. We recommended that signage is installed at the Hutchinson CBOC to clearly identify the location of fire extinguishers.

Concur

Target date for completion: March 30, 2012

Completed

Safety personnel visited the CBOC and posted the signage at the Hutchinson CBOC above the fire extinguishers to clearly identify their location.

Recommendation 20. We recommended that managers ensure that staff are trained and knowledgeable of local MH emergency guidelines at the Fort Dodge CBOC.

Concur

Target date for completion: June 15, 2012

On March 8, 2012, Primary Care Director reviewed the policy "Scope and Conduct of practice in the CBOC" with all CBOC staff. This policy includes local MH emergency guidelines for all the CBOCs, including Fort Dodge CBOC.

To ensure staff understanding of these guidelines, a questionnaire was developed (that includes questions regarding the local MH emergency guidelines for the CBOCs) and distributed to CBOC staff on March 19th.

Staff is currently in the process of completing the questionnaire, and will return these to the CBOC coordinator for documentation of understanding the scope and conduct of practice for the CBOCs by June 15, 2012.

St. Louis VAMC Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: June 5, 2012
From: Director, St. Louis VAMC (657/00)
Subject: **CBOC Reviews: St. Charles, MO**
To: Director, VISN 15 (10N15)

1. I have reviewed and concur with the findings and recommendations in the report.
2. Appropriate actions have been developed to address the recommendations. The actions are detailed in the attached response.

(original signed by:)
RimaAnn O. Nelson RN MPH/HSA
Director, STLVAMC (657/00)

Comments to Office of Inspector General's Report

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

OIG Recommendations

Recommendation 2. We recommended that the St. Louis VAMC develops and implements a local policy for the PACT program in accordance with VHA policy.

Concur

Target date for completion: June 1, 2012

Chief of Surgery developed and implemented Medical Center Memorandum 112-01 "Prevention Amputation Veterans Everywhere (PAVE)" policy that is in compliance with VHA directive 2006-050 "Prevention-Amputation Care and Treatment (PACT) Program."

Recommendation 3. We recommended that the St. Charles CBOC clinicians document education of foot care to diabetic patients in CPRS.

Concur

Target date for completion: May 1, 2012

Acting Associate Chief of Staff for Primary Care ensures each clinician at St. Charles CBOC has copies of foot care education and understands the requirement of documentation in CPRS. Compliance will be monitored and reported at monthly Primary Care Service Staff Meeting.

Recommendation 4. We recommended that St. Charles CBOC clinicians document a risk level for diabetic patients in CPRS.

Concur

Target date for completion: May 1, 2012

The Medical Center revised and implemented a revised clinical reminder to document a risk level for diabetic patients in March 2011. Clinical reminder reports are utilized to track and monitor compliance with completion of clinical reminder.

Recommendation 8. We recommended that the St. Charles CBOC establishes a process to ensure that patients with normal mammogram results are consistently notified of results within the allotted timeframe and that notification is consistently documented in the medical record.

Concur

Target date for completion: May 22, 2012

Chief, Diagnostic Imaging has implemented the Mammography Reporting System (MRS) to track and monitor communication of mammography results. The Mammography Technologist documents result findings in CPRS utilizing the Women's Clinic Reporting Template. Diagnostic Imaging performs weekly validation of CPRS medical record documentation for each patient in the MRS.

Recommendation 9. We recommended that the Women's Health Liaison at the St. Charles CBOC consistently collaborates with the Women Veterans Program Manager.

Concur

Target date for completion: July 2, 2012

St. Louis Women Veterans Program Manager position has been selected and will enter on duty June 2012. During the vacancy, duties were assigned to other staff that resulted in some fragmentation in the coordination and collaboration with CBOC.

Recommendation 18. We recommended that the Chief of Office of Information and Technology develop and maintain an access log for the St. Charles CBOC IT closet.

Concur

Target date for completion: March 29, 2012

Chief of Office of Information and Technology developed, implemented, and will monitor a standardized tool to monitor access for the St. Charles CBOC IT closet.

Recommendation 21. We recommended that managers develop a local policy for medical and MH emergencies that reflects the current practice and capability at the St. Charles CBOC.

Concur

Target date for completion: June 1, 2012

Medical Center Memorandum 11-13 has been modified to include current practice at the St. Charles CBOC staff for medical and MH emergencies.

VA Eastern Kansas HCS Acting Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: June 4, 2012
From: Acting Director, VA Eastern Kansas HCS (589A5/A6/00)
Subject: **CBOC Reviews: Emporia, KS**
To: Director, VISN 15 (10N15)

I have reviewed the issues outlined in the draft report and concur with the recommendations. My response to the recommendations is attached. I appreciate the Office of Inspector General's comprehensive review and efforts to ensure high quality of care to our Veterans.

If you have any questions or require additional information please contact Mary Weier, Chief of Quality Management at 913-682-2000 ext. 52146.

(original signed by:)

John M. Moon
Eastern Kansas Health Care System

Comments to Office of Inspector General's Report

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

OIG Recommendations

Recommendation 5. We recommended that the VA Eastern Kansas HCS develops and implements a local policy for the PACT program in accordance with VHA policy.

Concur

Target date for completion: June 29, 2012

Eastern Kansas is developing a facility standard operating procedure for the management of Veterans at risk for amputations in accordance with VHA policy.

Recommendation 10. We recommended that the Women's Health Liaison at the Emporia CBOC consistently collaborates with the Women Veterans Program Manager.

Concur

Target date for completion: Completed

Women Veteran Liaisons had been identified at all Eastern Kansas Health Care System (EKHCS) CBOCs, including Emporia. EKHCS Women Veterans Program Manager's (WVPM) Women Veterans Liaison Email Group has been used to facilitate communication between Liaisons and WVPM regarding any pertinent women veterans' program information and/or specific patient or CBOC concerns. As an Environmental Rounds team member, the WVPM visits with CBOC Women Veteran Liaisons at their CBOC twice a year during scheduled rounds.

All identified Liaisons now receive an appointment letter signed by the Director for EKHCS. Additionally the WVPM has created a monthly Women Veterans Liaison Work Group conference call through VA Veterans Affairs Nationwide Teleconferencing System's line where all identified Liaisons participate directly in the monthly call which has already met. If a CBOC Liaison is unable to attend the monthly call, the WVPM has created a checklist template which the Liaison will be asked to complete and send via email to the WVPM, who will follow up with a phone call to the Liaison to discuss any issues or concerns.

Recommendation 11. We recommended that the VA Eastern Kansas HCS revises the local policy to include LCSWs who function as midlevel providers.

Concur

Target date for completion: Sept. 1, 2012

Social Work Service will work with Human Resources to evaluate the current policy and revise the policy as indicated. We will benchmark the policies with other HCS in order to be consistent when naming Advanced Licenses Staff as midlevels.

Recommendation 12. We recommended that LCSWs who function independently as midlevel providers at the Emporia CBOC have scopes of practice that are facility, service, and provider specific.

Concur

Target date for completion: Completed

Social Work Service has revised the Scope of Practice for all the CBOCs. We indicated the level of licensure desired, the designation of the CBOC, and the expectations of the clinician.

Recommendation 19. We recommended that access is improved for disabled veterans at the Emporia CBOC.

Concur

Target date for completion: Completed

Facility worked with building owner to service/repair wheelchair lift. Lift has been repaired.

OIG Contact and Staff Acknowledgments

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

Contributors	Dorothy Duncan, RN, MHA, Project Leader James Seitz, RN, MBA, Team Leader Larry Selzler, MSPT Jennifer Whitehead, Program Support Assistant Shirley Carlile, BA Lin Clegg, PhD Marnette Dhooghe, MS
---------------------	---

Report Distribution

VA Distribution

Office of the Secretary
Veterans Health Administration
Assistant Secretaries
General Counsel
Director, VISN 15 (10N15)
Acting Director, Robert J. Dole VAMC (589A7/00)
Director, St. Louis VAMC (657/00)
Acting Director, VA Eastern Kansas HCS (589A5/A6/00)

Non-VA Distribution

House Committee on Veterans' Affairs
House Appropriations Subcommittee on Military Construction, Veterans Affairs, and
Related Agencies
House Committee on Oversight and Government Reform
Senate Committee on Veterans' Affairs
Senate Appropriations Subcommittee on Military Construction, Veterans Affairs, and
Related Agencies
Senate Committee on Homeland Security and Governmental Affairs
National Veterans Service Organizations
Government Accountability Office
Office of Management and Budget
U.S. Senate: Roy Blunt, Richard J. Durbin, Mark Kirk, Claire McCaskill,
Jerry Moran, Pat Roberts
U.S. House of Representatives: Todd Akin, Russ Carnahan, William "Lacy" Clay Jr.,
Jerry Costello, Jo Ann Emerson, Sam Graves, Tim Huelskamp, Lynn Jenkins, Blaine
Luetkemeyer, Mike Pompeo, John Shimkus, Kevin Yoder