



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

Office of Healthcare Inspections

Report No. 11-03655-214

**Community Based Outpatient
Clinic Reviews
Fort Smith, AR
Lafayette, LA
Denton and Tyler, TX**

July 3, 2012

Washington, DC 20420

Why We Did This Review

The VA Office of Inspector General (OIG) is undertaking a systematic review of the Veterans Health Administration's (VHA's) community based outpatient clinics (CBOCs) to assess whether CBOCs are operated in a manner that provides veterans with consistent, safe, high-quality health care.

The Veterans' Health Care Eligibility Reform Act of 1996 was enacted to equip VA with ways to provide veterans with medically needed care in a more equitable and cost-effective manner. As a result, VHA expanded the Ambulatory and Primary Care Services to include CBOCs located throughout the United States. CBOCs were established to provide more convenient access to care for currently enrolled users and to improve access opportunities within existing resources for eligible veterans not currently served.

Veterans are required to receive one standard of care at all VHA health care facilities. Care at CBOCs needs to be consistent, safe, and of high quality, regardless of model (VA-staffed or contract). CBOCs are expected to comply with all relevant VA policies and procedures, including those related to quality, patient safety, and performance.

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Glossary

ADA	Americans with Disabilities Act
C&P	credentialing and privileging
CBOC	community based outpatient clinic
Consult & TX	consult and treatment
COTR	Contracting Officer's Technical Representative
CPRS	Computerized Patient Record System
DM	Diabetes Mellitus
DX & TX Plan	diagnosis and treatment plan
EKG	electrocardiogram
EOC	environment of care
FPPE	Focused Professional Practice Evaluation
FTE	full-time employee
FY	fiscal year
HCS	Health Care System
HF	heart failure
LCSW	licensed clinical social worker
MedMgt	medication management
MH	mental health
MOVE	Managing Overweight/Obesity for Veterans Everywhere
MST	military sexual trauma
OIG	Office of Inspector General
OPPE	Ongoing Professional Practice Evaluation
PA	physician assistant
PCP	primary care provider
PTSD	post-traumatic stress disorder
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network

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Executive Summary

Purpose: We conducted inspections of four CBOCs during the weeks of March 19 and 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
16	Veterans HCS of the Ozarks	Fort Smith
	Alexandria VA HCS	Lafayette
17	VA North Texas HCS	Denton
		Tyler
Table 1. Sites Inspected		

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

Veterans HCS of the Ozarks

- Ensure that the Fort Smith CBOC clinicians document a risk level for diabetic patients in CPRS in accordance with VHA policy.

Alexandria VA HCS

- Ensure that the Lafayette CBOC clinicians document a risk level for diabetic patients in CPRS in accordance with VHA policy.
- Ensure that the Lafayette CBOC clinicians document education of preventative foot care to diabetic patients in CPRS.
- Ensure that service chief documentation in VetPro reflects documents reviewed and the rationale for privileging or re-privileging at the Lafayette CBOC.

VA North Texas HCS

- Ensure that the Tyler CBOC clinicians document a complete foot screening for diabetic patients in CPRS.
- Ensure that the Denton and Tyler CBOC clinicians document a risk level for diabetic patients in CPRS in accordance with VHA policy.
- Ensure that the Denton and Tyler CBOC clinicians document education of preventative foot care to diabetic patients in CPRS.
- Ensure that a complete contract is maintained to include all contract modifications and extensions.
- Ensure that all contract actions are appropriately authorized, documented, and executed.

Comments

The VISN and Facility Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes B–F, pages 15–23, 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 with 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
- Women’s Health Review
- C&P
- Environment and Emergency Management
- HF Follow-Up
- CBOC Contract

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 Reports Fiscal Year 2012*, September 20, 2011. This report is available at <http://www.va.gov/oig/publications/default.asp>.

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

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 Smith	Lafayette	Denton	Tyler
VISN	16	16	17	17
Parent Facility	Veterans HCS of the Ozarks	Alexandria VA HCS	VA North Texas HCS	VA North Texas HCS
Type of CBOC	VA	VA	Contract	VA
Number of Uniques,³ FY 2011	10,070	7,117	5,751	4,903
Number of Visits, FY 2011	95,916	29,791	15,368	26,233
CBOC Size⁴	Very Large	Large	Large	Mid-Size
Locality	Urban	Urban	Urban	Urban
FTE PCP	8.8	5.9	4	3.5
FTE MH Providers	8	6	1.6	2
Types of Providers	LCSW PA PCP Psychiatrist Psychologist	LCSW PCP Psychiatrist Psychologist	Nurse Practitioner PA PCP Psychologist	Nurse Practitioner PA PCP Psychologist
Specialty Care Services Onsite	No	Yes	No	No
Tele-Health Services	Tele-MH Tele-Retinal Imaging Care Coordination Home Tele-Health	None	Tele-MH Tele-Retinal Imaging	Tele-MH Tele-MOVE Tele-Retinal Imaging
Ancillary Services Provided Onsite	EKG Laboratory Pharmacy Radiology	EKG	EKG Laboratory Radiology	EKG Laboratory

Table 2. CBOC Characteristics

³ VA Planning Systems Support Group website, <http://vaww.pssg.med.va.gov/>, accessed April 3, 2012.

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).

MH CBOC Characteristics

Table 3 displays the MH Characteristics for each CBOC reviewed.

	Fort Smith	Lafayette	Denton	Tyler
Provides MH Services	Yes	Yes	Yes	Yes
Number of MH Uniques, FY 2011	2,067	1,982	1,061	899
Number of MH Visits	15,325	10,605	4,999	4,795
General MH Services	DX & TX Plan MedMgt Psychotherapy PTSD MST	DX & TX Plan MedMgt Psychotherapy PTSD MST	DX & TX Plan MedMgt Psychotherapy PTSD MST	DX & TX Plan MedMgt Psychotherapy
Specialty MH Services	Consult & TX Psychotherapy MH Intensive Case Management PTSD Teams MST Clinics Homeless Program Substance Use Disorder	Consult & TX Psychotherapy Psychosocial Rehabilitation Social Skills Training Peer Support PTSD Teams MST Clinics Substance Use Disorder	Consult & TX Psychotherapy	Consult & TX Psychotherapy
Tele-MH	Yes	No	Yes	Yes
MH Referrals	Another VA Facility	Another VA Facility	Another VA Facility	Another VA Facility Fee-Basis

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. 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. 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.
Lafayette Denton Tyler	The CBOC documents education of foot care for patients with a diagnosis of DM. ⁶
Tyler	There is documentation of foot screening in the patient's medical record.
Fort Smith Lafayette Denton Tyler	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 16, Veterans HCS of the Ozarks – Fort Smith

Risk Level Assessment. The Fort Smith CBOC clinicians did not document a risk level for 26 of 26 diabetic patients 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 Smith 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 16, Alexandria VA HCS – Lafayette

Risk Level Assessment. The Lafayette CBOC clinicians did not document a risk level for 27 of 27 diabetic patients in CPRS. VHA policy⁸ requires identification of high-risk patients with a risk level, based upon foot risk factors that would determine appropriate care and/or referral.

Foot Care Education Documentation. The Lafayette CBOC clinicians did not document education of preventative foot care for 18 of 27 diabetic patients in CPRS.

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

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

VISN 17, VA North Texas HCS – Denton and Tyler

Foot Screenings. We did not find a complete foot screening (foot inspection, circulation check, and sensory testing) for 3 of 26 diabetic patients at the Tyler CBOC.

Risk Level Assessment. We found that 25 of 25 medical records at the Denton CBOC and 26 of 26 medical records at the Tyler CBOC did not contain documentation of a risk level for 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.

Foot Care Education Documentation. We found that 18 of 25 medical records at the Denton CBOC and 17 of 26 medical records at the Tyler CBOC did not contain documentation of education of preventative foot care for diabetic patients in CPRS.

Recommendation 4. We recommended that the Tyler CBOC clinicians document a complete foot screening for diabetic patients in CPRS.

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

Recommendation 6. We recommended that the Denton and Tyler CBOC clinicians document education of preventative foot care to diabetic patients in CPRS.

⁸ VHA Directive 2006-050.

⁹ VHA Directive 2006-050.

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.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.

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 Breast Imaging Reporting and Data System code categories. ¹²
	The ordering VHA provider or surrogate was notified of results within a defined timeframe.
Tyler	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 the 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.
	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

We reviewed a total of 63 patients who had a mammogram done on or after June 1, 2010. There were 22 patients who received mammograms at the Fort Smith CBOC, 14 patients at the Lafayette CBOC, 17 patients at the Denton CBOC, and 10 patients at the Tyler CBOC.

¹⁰ American Cancer Society, *Cancer Facts & Figures 2009*.

¹¹ VHA Handbook 1330.01, *Healthcare Services for Women Veterans*, May 21, 2010.

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.

VISN 17, VA North Texas HCS –Tyler

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

This represents a repeat finding from the previous CBOC review.¹⁴ The recommendation for the finding remains open. OIG will follow up on the recommendation until it is closed; therefore, we made no new recommendation.

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.¹⁵ 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.

¹⁴ *Community Based Outpatient Clinic Reviews: San Antonio (North Central Federal Clinic) and Uvalde, TX; Tyler, TX, Alamogordo and Artesia, NM; Bellemont and Kingman, AZ; Report No. 11-01406-288, September 26, 2011.*

¹⁵ VHA Handbook 1100.19.

Noncompliant	Areas Reviewed (continued)
	(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.
Lafayette	(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. ¹⁶
	(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 specific.
Table 6. C&P	

VISN 16, Alexandria VA HCS – Lafayette

Documentation of Privileging Decisions. We reviewed three licensed independent practitioners at the Lafayette CBOC and did not find documentation in the service chief’s comments in VetPro that reflected the documents utilized to arrive at the decision to grant clinical privileges to one provider. According to VHA policy,¹⁷ the list of documents reviewed and the rationale for conclusions reached by the service chief must be documented.

Recommendation 7. We recommended that service chief documentation in VetPro reflects documents reviewed and the rationale for privileging or re-privileging at the Lafayette CBOC.

¹⁶ VHA Handbook 1100.19.

¹⁷ VHA Handbook 1100.19.

Environment and Emergency Management

EOC

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

Noncompliant	Areas Reviewed
	There is handicap parking, which meets the ADA requirements.
	The CBOC entrance ramp meets ADA requirements.
	The entrance door to the CBOC meets ADA requirements.
	The CBOC restrooms meet ADA requirements.
	The CBOC is well maintained (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.
	There is an alarm system or panic button installed in high-risk areas as identified by the vulnerability risk assessment.
	Privacy is maintained.
	Information technology 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.
	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	

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

Emergency Management

VHA policy requires each CBOC to have a local policy or standard operating procedure defining how medical emergencies, including MH, are handled.¹⁸ Table 8 shows the areas reviewed for this topic.

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 8. 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 care performed at the Denton CBOC to evaluate the effectiveness of VHA oversight and administration for selected contract provisions relating to quality of care and payment of services. MH services including individual, group therapy, and tele-MH are provided by VA at the Denton CBOC. Each CBOC engagement included: (1) a review of the contract, (2) analysis of patient care encounter data, (3) corroboration of information with VHA data sources, (4) site visits, and (5) interviews with VHA and contractor staff. Our review focused on documents and records for 3rd Quarter, FY 2011. Table 9 shows areas of non-compliance.

¹⁸ VHA Handbook 1006.1.

Noncompliant	Areas Reviewed
	(1) Contract provisions relating to payment and quality of care:
	a. Requirements for payment.
	b. Rate and frequency of payment.
	c. Invoice format.
	d. Performance measures (including incentives/penalties).
	e. Billing the patient or any other third party.
Denton	(2) Technical review of contract modifications and extensions.
	(3) Invoice validation process.
	(4) The COTR designation and training.
	(5) Contractor oversight provided by the COTR.
	(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 the Veterans Health Information Systems and Technology Architecture’s “Register Once” to register patients who are enrolled at other facilities.
	c. Referral Case Manager assists with coordination of care for traveling veterans.
<p align="center">Table 9. Review of Primary Care Contract Compliance</p>	

VISN 17, VA North Texas HCS – Denton

Technical Review. The contract file was incomplete, and a contract modification inappropriately changed the period of performance.

The contract file was missing two contract modifications (2 and 4), and the Contracting Office was unable to provide copies. Electronic notes in the Electronic Contract Management System described modification (2) as adding an information security clause and for modification (4) that the funding type was changing to the use of purchase orders. It did not appear that the contractor was aware of or signed these modifications. There were no specifics or explanations of responsibilities in these notes.

Additionally, the contract modification inappropriately cited Federal Acquisition Regulation 52.243-1 clause to change the period of performance. This clause allows changes to the scope of the contract, such as description of services, but is not appropriate for changing the period of performance, which affects the cost of the contract. The contracting officer should have exercised Federal Acquisition Regulation 52.217-9, *Option to Extend the Term of the Contract*, to add 3 months to the contract year to align it with VA’s FY end of September 30.

Recommendation 8. We recommended that the Facility Director ensure that a complete contract is maintained to include all contract modifications and extensions.

Recommendation 9. We recommended that the Contracting Officer ensure that all contract actions are appropriately authorized, documented, and executed.

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.	Veterans HCS of the Ozarks		
	Fort Smith CBOC	X	
	Alexandria VA HCS		
	Lafayette CBOC		X
	VA North Texas HCS		
	Denton CBOC		X
	Tyler CBOC	X	
The CBOC has a process to identify enrolled patients that have been admitted to the parent facility with a HF diagnosis.	Veterans HCS of the Ozarks		
	Fort Smith CBOC	X	
	Alexandria VA HCS		
	Lafayette CBOC		X
	VA North Texas HCS		
	Denton CBOC	X	
	Tyler CBOC	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.	Veterans HCS of the Ozarks		
	Fort Smith CBOC	4	6
	Alexandria VA HCS		
	Lafayette CBOC	1	3
	VA North Texas HCS		
	Denton CBOC	5	9
	Tyler CBOC	4	6
A clinician documented a review of the patients' medications during the first follow-up primary care or cardiology visit.	Veterans HCS of the Ozarks		
	Fort Smith CBOC	6	6
	Alexandria VA HCS		
	Lafayette CBOC	3	3
	VA North Texas HCS		
	Denton CBOC	5	5
	Tyler CBOC	5	5
A clinician documented a review of the patients' weights during the first follow-up primary care or cardiology visit.	Veterans HCS of the Ozarks		
	Fort Smith CBOC	6	6
	Alexandria VA HCS		
	Lafayette CBOC	1	3
	VA North Texas HCS		
	Denton CBOC	5	5
	Tyler CBOC	4	4

HF Follow-Up Results (continued)

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.	Veterans HCS of the Ozarks		
	Fort Smith CBOC	6	6
	Alexandria VA HCS		
	Lafayette CBOC	2	3
	VA North Texas HCS		
	Denton CBOC	3	5
	Tyler CBOC	0	4
A clinician documented a review of the patients' fluid intakes during the first follow-up primary care or cardiology visit.	Veterans HCS of the Ozarks		
	Fort Smith CBOC	2	6
	Alexandria VA HCS		
	Lafayette CBOC	0	3
	VA North Texas HCS		
	Denton CBOC	2	5
	Tyler CBOC	0	4
A clinician educated the patient, during the first follow-up primary care or cardiology visit, on key components that would trigger the patients to notify the provider.	Veterans HCS of the Ozarks		
	Fort Smith CBOC	5	6
	Alexandria VA HCS		
	Lafayette CBOC	1	3
	VA North Texas HCS		
	Denton CBOC	4	5
	Tyler CBOC	1	4

VISN 16 Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: June 18, 2012

From: Director, South Central VA Health Care Network (10N16)

Subject: **CBOC Reviews: Fort Smith, AR and Lafayette, LA**

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

Director, Management Review Service (VHA 10A4A4)

1. The South Central VA Health Care Network submits the attached responses to the draft report for the CBOCs in Fort Smith, AR and Lafayette, LA.
2. If you have any questions regarding the information or require additional information, please contact Reba Moore at 601-206-7022.

(original signed by:)

Rica Lewis-Payton, MHA, FACHE

Director, South Central VA Health Care Network (10N16)

Veterans HCS of the Ozarks Director Comments

Department of
Veterans Affairs

Memorandum

Date: June 5, 2012
From: Director, Veterans HCS of the Ozarks (564/00)
Subject: **CBOC Review: Fort Smith, AR**
To: Director, South Central VA Health Care Network (10N16)

Attached is the Veterans Health Care System of the Ozarks response to the March CBOC Draft Report. If you have any questions please contact Loretta Allen at 479-587-5858.



(original signed by)
Mark A Enderle, MD
Director, Veterans HCS of the Ozarks (564/00)

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

Concur

Target Date for completion: July 31, 2012

Facility Response: The following changes were made to the Diabetic/High Risk Foot Exam template prior to the arrival of the OIG team to Ft. Smith CBOC: the clinical reminder was changed from DIABETIC/HIGH RISK FOOT EXAM to HIGH RISK DIAGNOSIS FOOT EXAM, the RELATIVE RISK for FUTURE AMPUTATION assessment was added to the clinical reminder on March 19, 2012. An option to view the applicable ICD-9 and CPT-4 codes was added for information.

Further actions implemented: the results of the foot exam and the relative risk are reviewed with the patient/caregiver, education was completed with the Providers by March 30, 2012, Clinical Reminder Due Reports will be monitored monthly and reported to the Quality Improvement Team (QIT) for compliance.

Alexandria VA HCS Director Comments

Department of
Veterans Affairs

Memorandum

Date: June 1, 2012

From: Director, Alexandria VA HCS (502/00)

Subject: **CBOC Review: Lafayette, LA**

To: Director, South Central VA Health Care Network (10N16)

1. Our responses addressing each recommendation are included in this draft report.
2. If you have any questions, please contact Portia McDaniel, RN, BSN, Chief, Performance Improvement, at (318) 466-2370.



Gracie Specks, MS, MBA
Director, Alexandria VA HCS (502/00)

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

Concur

Target date for completion: July 31, 2012

Facility Response: Risk Categories will be added to the Diabetic Foot Exam in provider's documentation of clinic visit. Template Change Request is on the agenda for approval at the next Medical Record Committee on 6/5/12.

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

Concur

Target date for completion: July 31, 2012

Facility Response: A Clinical Reminder that is generated by ICD-9 codes for diabetes will trigger the Nurse and Provider to complete the Diabetic Education Template. Template Change Request is on the agenda for approval at the next Medical Record Committee on 7/10/12.

Recommendation 7. We recommended that service chief documentation in VetPro reflects documents reviewed and the rationale for privileging or re-privileging at the Lafayette CBOC.

Concur

Target date for completion: June 1, 2012

Facility Response: Acting Service Chief failed to document comments in one provider's VetPro regarding their review of OPPE data and rationale for re-appointment. However, this information was presented by the Service Chief during the C&P/PSB Meeting and documented in the minutes. A reminder to all Service Chiefs regarding this process will be provided at the next C&P Meeting (6/1/12), reinforcing the Service Chief's requirement to reflect documents reviewed and the rationale for privileging or re-privileging in the future.

VISN 17 Director Comments

Department of
Veterans Affairs

Memorandum

Date: June 11, 2012

From: Director, VA Heart of Texas Health Care Network (10N17)

Subject: **CBOC Reviews: Denton and Tyler, TX**

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

1. Thank you for allowing me to respond to this Community Based Outpatient Clinic (CBOC) Review of Denton, TX and Tyler, TX facilities.
2. I concur with the recommendations and have ensured that action plans with target dates for completion were developed.
3. If you have further questions regarding this CBOC review, please contact Judy Finley, Quality Management Officer at 817-385-3761 or Denise B. Elliott, VISN 17 HSS at 817-385-3734.



(original signed by:)

Lawrence A. Biro

Director, VA Heart of Texas Health Care Network (10N17)

Acting VA North Texas HCS Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: June 7, 2012
From: Director, VA North Texas HCS (549/00)
Subject: **CBOC Reviews: Denton and Tyler, TX**
To: VA Heart of Texas Health Care Network (10N17)

1. We appreciate the opportunity to review the draft report of the Community Based Outpatient Clinic Reviews: Denton and Tyler, TX for the VA North Texas Health Care System.
2. Attached you will find actions for each finding. Two recommendations have already been implemented.
3. We would like to extend our appreciation to the entire Office of Inspector General Team who was consultative, professional and provided excellent feedback to our staff. We appreciate the thorough review and the opportunity to further improve the quality care we provide to our veterans every day.



(original signed by:)
Peter Dancy, FACHE
Acting Director, VA North Texas HCS (549/00)

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 4. We recommended that the Tyler CBOC clinicians document a complete foot screening for diabetic patients in CPRS.

Concur

Target date for completion: September 1, 2012

Facility Response: Clinicians will be educated in the requirements to document complete foot screening for diabetic patients in CPRS. The Medical Director of the CBOC will conduct monthly audits to verify compliance.

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

Concur

Target date for completion: September 1, 2012

Facility Response: Clinicians will be educated in the requirements to document risk levels for diabetic patients in CPRS. An update to existing templates is being submitted to encourage appropriate documentation. Monthly audits to verify compliance will be completed.

Recommendation 6. We recommended that the Denton and Tyler CBOC clinicians document education of preventative foot care to diabetic patients in CPRS.

Concur

Target date for completion: September 1, 2012

Facility Response: Clinicians will be educated in the requirements to document preventative foot care education to diabetic patients in CPRS. An update to existing templates is being submitted to encourage appropriate documentation. Monthly audits to verify compliance will be completed.

Recommendation 8. We recommended that the Facility Director ensure that a complete contract is maintained to include all contract modifications and extensions.

Concur

Target date for completion: June 1, 2012

Facility Response: The Facility will maintain copies of all contract modifications and extensions.

Recommendation 9. We recommended that the Contracting Officer ensure that all contract actions are appropriately authorized, documented, and executed.

Concur

Target date for completion: June 1, 2012

Facility Response: The Contracting Officer has uploaded documents into Electronic Contract Management System and will continue to maintain and ensure all future modifications and awards are appropriately authorized, documented, and executed.

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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