



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

Office of Healthcare Inspections

Report No. 11-03655-215

**Community Based Outpatient
Clinic Reviews
Pine Plains (Eastern Dutchess) and
Port Jervis, NY
Allentown and Tobyhanna, PA**

July 6, 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

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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
LCSW	licensed clinical social worker
MH	mental health
NP	nurse practitioner
OIG	Office of Inspector General
OPPE	Ongoing Professional Practice Evaluation
PACT	Patient Aligned Care Team
PCP	primary care provider
VAMC	VA Medical Center
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
VistA	Veterans Health Information Systems and Technology Architecture

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Executive Summary

Purpose: We conducted an inspection of four CBOCs during the weeks of April 2 and 9, 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
3	Hudson Valley HCS	Eastern Dutchess
		Port Jervis
4	Wilkes-Barre VAMC	Allentown
		Tobyhanna

Table 1. Sites Inspected

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

Hudson Valley HCS

- Ensure that the Port Jervis CBOC clinicians document complete foot screenings for diabetic patients in CPRS.
- Ensure that the Eastern Dutchess and Port Jervis CBOC clinicians document a risk level for diabetic patients in CPRS, in accordance with VHA policy.
- Ensure that the Port Jervis CBOC compares relevant practitioner-specific data to the aggregate data of those privileged practitioners who hold the same or comparable privileges.

Wilkes-Barre VAMC

- Ensure that the Allentown and Tobyhanna CBOC clinicians document risk levels for diabetic patients in CPRS, in accordance with VHA policy.
- Ensure that the Allentown and Tobyhanna CBOC clinicians document education of foot care to diabetic patients in CPRS.
- Ensure that the Allentown CBOC establishes 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.
- Ensure that the Allentown CBOC compares relevant practitioner-specific data to the aggregate data of those privileged practitioners who hold the same or comparable privileges.

Comments

The VISN and Facility Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes B–E,

pages 13-20, 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
- HF Follow-up
- C&P
- Environment and Emergency Management

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.

	Eastern Dutchess	Port Jervis	Allentown	Tobyhanna
VISN	3	3	4	4
Parent Facility	Hudson Valley HCS	Hudson Valley HCS	Wilkes-Barre VAMC	Wilkes-Barre VAMC
Type of CBOC	VA	VA	VA	VA
Number of Uniques,³ FY 2011	525	1,933	10,669	546
Number of Visits, FY 2011	2,284	11,564	78,993	1,100
CBOC Size⁴	Small	Mid-size	Very Large	Small
Locality	Rural	Rural	Urban	Rural
Full-time employee equivalents PCP	0.4	2	8.03	0.6
Full-time employee equivalents MH	0	0.3	8	0
Types of Providers	Clinical Pharmacist LCSW NP PCP Optometrist Podiatrist	Clinical Pharmacist LCSW NP PCP Psychiatrist	LCSW NP PCP Psychiatrist Psychologist	PCP
Specialty Care Services Onsite	Yes	Yes	Yes	No
Tele-Health Services	Tele-MH Tele-MOVE! ⁵	Tele-MH Tele-MOVE! ⁵	Tele-MH Tele-MOVE! ⁵ Tele-Retinal Imaging Tele-Surgery	Tele-MH
Ancillary Services Provided Onsite	EKG Laboratory	EKG Laboratory	EKG Laboratory Physical Medicine Radiology	EKG Laboratory

Table 2. CBOC Characteristics

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

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).

⁵ IL 10-2004-014, *The Managing Overweight and/or Obesity for Veterans Everywhere (MOVE!) Program*, October 7, 2004.

Mental Health CBOC Characteristics

Table 3 displays the MH characteristics for each CBOC reviewed.

	Eastern Dutchess	Port Jervis	Allentown	Tobyhanna
Provides MH Services	No	Yes	Yes	No
Number of MH Uniques, FY 2011	1 ⁶	179	2,679	56
Number of MH Visits	56	1,225	18,791	1456
General MH Services	NA	Diagnosis & Treatment Plan Medication Management	Diagnosis & Treatment Plan Medication Management Psychotherapy Post Traumatic Stress Disorder Military Sexual Trauma	NA
Specialty MH Services	NA	Consult & Treatment	Consult & Treatment Psychotherapy Social Skills Training Peer Support Compensated Work Therapy Post Traumatic Stress Disorder Teams Homeless Program Substance Use Disorder	NA
Tele-MH	Yes	Yes	Yes	Yes
MH Referrals	Another VA Facility	Another VA Facility	Another VA Facility	Another VA Facility

Table 3. MH Characteristics for CBOCs

⁶ Mental Health Services provided through Telemental Health Services.

Results and Recommendations

Management of DM–Lower Limb Peripheral Vascular Disease

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

Noncompliant	Areas Reviewed
	The parent facility has established a Preservation-Amputation Care and Treatment Program. ⁷
	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.
Allentown Tobyhanna	The CBOC documents education of foot care for patients with a diagnosis of DM. ⁸
Port Jervis	There is documentation of foot screening in the patient's medical record.
Eastern Dutchess Port Jervis Allentown Tobyhanna	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 3, Hudson Valley HCS – Eastern Dutchess and Port Jervis

Foot Screenings. We did not find a complete foot screening (foot inspection, circulation check, and sensory testing) for 7 of 27 diabetic patients at Port Jervis CBOC.

Risk Level Assessment. The Eastern Dutchess CBOC clinicians did not document a risk level for 7 of 29 diabetic patients in CPRS. The Port Jervis CBOC clinicians did not document a risk level for 16 of 27 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.

⁷ VHA Directive 2006-050, *Preservation Amputation Care and Treatment (PACT) Program*, September 14, 2006.

⁸ VA/DoD Clinical Practice Guideline, *Management of Diabetes Mellitus (DM)*, August 2010.

⁹ VHA Directive 2006-050.

Recommendation 1. We recommended that the Port Jervis CBOC clinicians document complete foot screenings for diabetic patients in CPRS.

Recommendation 2. We recommended that the Eastern Dutchess and Port Jervis CBOC clinicians document risk levels for diabetic patients in CPRS, in accordance with VHA policy.

VISN 4, Wilkes-Barre VAMC – Allentown and Tobyhanna

Risk Level Assessment. The Allentown CBOC clinicians did not document the foot-risk levels for 25 of 28 diabetic patients in CPRS. The Tobyhanna CBOC clinicians did not document a risk level for all 29 diabetic patients in CPRS. VHA policy¹⁰ requires identification of high-risk patients with a risk level, based upon foot risk factors that would determine appropriate care and/or referral.

Foot Wear Education Documentation. The Allentown CBOC clinicians did not document education of preventative foot wear for 6 of 28 diabetic patients in CPRS. The Tobyhanna CBOC clinicians did not document education of preventative foot wear for 25 of 29 diabetic patients in CPRS.

Recommendation 3. We recommended that the Allentown and Tobyhanna CBOC clinicians document risk levels for diabetic patients in CPRS, in accordance with VHA policy.

Recommendation 4. We recommended that the Allentown and Tobyhanna CBOC clinicians document education of foot care to diabetic patients in CPRS.

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.¹¹ Each VHA facility must ensure that eligible women veterans have access to comprehensive medical care, including care for gender-specific conditions.¹² 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.

¹⁰ VHA Directive 2006-050, *Preservation-Amputation Care and Treatment (PACT) Program*, September 14, 2006.

¹¹ American Cancer Society, *Cancer Facts & Figures 2009*.

¹² 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.
Allentown	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 VistA.
	All screening and diagnostic mammograms were initiated via an order placed into the VistA 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 the medical records of 7 patients at the Port Jervis CBOC, and 18 patients at the Allentown CBOC who had mammograms done on or after June 1, 2001. There were no patients identified at the Eastern Dutchess CBOC or at the Tobyhanna CBOC that met the criteria for the record review.

VISN 4, Wilkes-Barre VAMC – Allentown

There were 18 patients who had mammograms done on or after June 1, 2010, at the Allentown CBOC.

Patient Notification of Normal Mammography Results. We reviewed medical records of patients at the Allentown CBOC who had normal mammography results and determined that 7 of 18 patients were not notified within the required timeframe of 14 days.

Recommendation 5. We recommended that the Allentown CBOC establishes 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.

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.

¹³ VHA Handbook 1330.01.

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

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.
	(9) The OPPE and reappraisal process included consideration of such factors as clinical pertinence reviews and/or performance measure compliance.

¹⁵ VHA Handbook 1100.19 *Credentialing and Privileging*, November 14, 2008.

Noncompliant	Areas Reviewed (continued)
Port Jervis Allentown	(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 3, Hudson Valley HCS – Port Jervis

OPPE. We did not find evidence of relevant aggregated practitioner-specific data for one of two providers reviewed at the Port Jervis CBOC. VHA policy¹⁶ requires that relevant practitioner-specific data needs to be compared to the aggregate data of those privileged practitioners that hold the same or comparable privileges.

Recommendation 6. We recommended that the Port Jervis CBOC compares relevant practitioner-specific data to the aggregate data of those privileged practitioners who hold the same or comparable privileges.

VISN 4, Wilkes-Barre VAMC – Allentown

OPPE. We did not find evidence of relevant aggregated practitioner-specific data for two of three providers reviewed at the Allentown CBOC. VHA policy¹⁷ requires that relevant practitioner-specific data needs to be compared to the aggregate data of those privileged practitioners that hold the same or comparable privileges.

Recommendation 7. We recommended that the Allentown CBOC compares relevant practitioner-specific data to the aggregate data of those privileged practitioners who hold the same or comparable privileges.

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.

¹⁶ VHA Handbook 1100.19, *Credentialing and Privileging*, November 14, 2008.

¹⁷ VHA Handbook 1100.19.

Noncompliant	Areas Reviewed (continued)
	The CBOC is well maintained (e.g., ceiling tiles clean and in good repair, walls without holes).
	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.
	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 $\frac{3}{4}$ 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	

¹⁸ VHA Handbook 1006.1, *Planning and Activating Community-Outpatient Based Clinics*, May 19, 2004.

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.

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.	Hudson Valley HCS		
	Eastern Dutchess		X
	Port Jervis		X
	Wilkes-Barre VAMC		
	Allentown	X	
	Tobyhanna	X	
The CBOC has a process to identify enrolled patients that have been admitted to the parent facility with a HF diagnosis.	Hudson Valley HCS		
	Eastern Dutchess	X	
	Port Jervis	X	
	Wilkes-Barre VAMC		
	Allentown	X	
	Tobyhanna	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.	Hudson Valley HCS		
	Eastern Dutchess	N/A*	N/A
	Port Jervis	2	2
	Wilkes-Barre VAMC		
	Allentown	0	5
	Tobyhanna	0	2
A clinician documented a review of the patients' medications during the first follow-up primary care or cardiology visit.	Hudson Valley HCS		
	Eastern Dutchess	N/A	N/A
	Port Jervis	2	2
	Wilkes-Barre VAMC		
	Allentown	5	5
	Tobyhanna	1	1
A clinician documented a review of the patients' weights during the first follow-up primary care or cardiology visit.	Hudson Valley HCS		
	Eastern Dutchess	N/A	N/A
	Port Jervis	2	2
	Wilkes-Barre VAMC		
	Allentown	2	5
	Tobyhanna	0	1

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.	Hudson Valley HCS		
	Eastern Dutchess	N/A	N/A
	Port Jervis	2	2
	Wilkes-Barre VAMC		
	Allentown	2	5
	Tobyhanna	0	1
A clinician documented a review of the patients' fluid intakes during the first follow-up primary care or cardiology visit.	Hudson Valley HCS		
	Eastern Dutchess	N/A	N/A
	Port Jervis	0	2
	Wilkes-Barre VAMC		
	Allentown	1	5
	Tobyhanna	0	1
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.	Hudson Valley HCS		
	Eastern Dutchess	N/A	N/A
	Port Jervis	1	2
	Wilkes-Barre VAMC		
	Allentown	3	5
	Tobyhanna	0	1

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

VISN 3 Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: 6/8/2012

From: Director, VISN 3 (10N3)

Subject: **CBOC Reviews: Pine Plains (Eastern Dutchess) and Port Jervis, NY**

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

1. I have reviewed and concur with the **CBOC Reviews: Pine Plains (Eastern Dutchess) and Port Jervis, NY** and the VA Hudson Valley Health Care System response. Thank you for this opportunity to review our processes to ensure that we continue to provide exceptional care to our Veterans.
2. If you have any questions regarding the information provided, please contact Pam Wright, RN MSN, Quality Management Officer, at 718-741-4143.



Michael A. Sabo, FACHE
Network Director

Hudson Valley HCS Director Comments

**Department of
Veterans Affairs Memorandum**

Date: June 8, 2012
From: Director, Hudson Valley HCS (620/00)
Subject: **CBOC Reviews: Pine Plains (Eastern Dutchess)
and Port Jervis, NY**
To: Director, VISN 3 (10N3)

I want to express my appreciation to the Office of Inspector General (OIG) Survey Team for their professional and comprehensive review of our Community Based Outpatient Clinics conducted on April 11 and April 12, 2012.

I have reviewed the findings in the draft report for the VA Hudson Valley Health Care System and concur with the findings and recommendations.

I appreciate the opportunity for this review as an important part of the continuing process to improve the care to our veterans.

(original signed by:)
Gerald F. Culliton Director, VA Hudson Valley Health Care System



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 Port Jervis CBOC clinicians document complete foot screenings for diabetic patients in CPRS.

Concur

Target date for completion: June 2012

Clinical reminder for Diabetic Foot Exam has been adjusted so that a provider can either complete the exam or report that it has been done previously with an exact date as well as the outcome of the exam, i.e. Risk level. The reminder can no longer be turned off without this information. Staff performing the exams will check "Due" as well as "Active" Reminders when performing exams. Two charts from each CBOC and main campus (total 18 charts) are monitored for compliance and reported to the Outpatient Services Committee on a Quarterly basis.

As of May 2012: documentation of complete foot screenings for diabetic patients in CPRS is 18/18 or 100%.

Recommendation 2. We recommended that the Eastern Dutchess and Port Jervis CBOC clinicians document risk levels for diabetic patients in CPRS, in accordance with VHA policy.

Concur

Target date for completion will be June 2012.

Clinical reminder for Diabetic Foot Exam has been adjusted so that a provider can either complete the exam or report that it has been done previously with an exact date as well as the outcome of the exam, i.e. Risk level. The reminder can no longer be turned off without this information. Staff performing the exams will check "Due" as well as "Active" Reminders when performing exams. Two charts from each CBOC and main campus (total 18 charts) are monitored for compliance and reported to the Outpatient Services Committee on a quarterly basis monthly basis.

As of May 2012: documentation of risk levels for diabetic patients in CPRS is 18/18 or 100%.

Recommendation 6. We recommended that the Port Jervis CBOC compares relevant practitioner-specific data to the aggregate data of those privileged practitioners who hold the same or comparable privileges.

Concur

Target date for completion will be June 2012.

OPPE components have been developed that will provide data elements for comparative purposes quarterly.

Data will be distributed to the pertinent programs by the Women Veteran's Program Manager for OPPE files and for comparative purposes on a quarterly basis.

VISN 4 Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: June 6, 2012
From: Director, VISN 4 (10N4)
Subject: **CBOC Reviews: Allentown and Tobyhanna, PA**
To: Director, 54BA Healthcare Inspections Division (54BA)
Director, Management Review Service (VHA 10A4A4)

1. I have reviewed the responses provided by the Wilkes-Barre VA Medical Center and I am submitting it to your office as requested. I concur with all responses.

2. If you have any questions or require additional information, please contact Barbara Forsha, VISN 4 Quality Management Officer at 412-822-3290.



Michael E. Moreland, FACHE

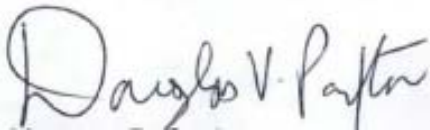
Wilkes-Barre VAMC Director Comments

Department of
Veterans Affairs

Memorandum

Date: June 6, 2012
From: Director, Wilkes-Barre VAMC (693/00)
Subject: **CBOC Reviews: Allentown and Tobyhanna, PA**
To: Director, VISN 4 (10N4)

1. VA Medical Center, Wilkes-Barre, Pennsylvania appreciates the professional way the Office of Inspector General (OIG), Office of Healthcare Inspections visit was conducted by all OIG team members, as well as the many positive findings and compliments cited by team members during the visit. Wilkes-Barre VAMC comments about the OIG's Draft Report follow.
2. Questions may be directed to Ms. Donna Youngblood, R.N, Interim Quality Manager, at 570-824-3521, extension 4979.



for Margaret B. Caplan

Comments to Office of Inspector General's Report

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

OIG Recommendations

Recommendation 3. We recommended that the Allentown and Tobyhanna CBOC clinicians document risk levels for diabetic patients in CPRS, in accordance with VHA policy.

Concur

Target date for completion: 6/29/2012

Allentown and Tobyhanna CBOCs will utilize a clinical reminder that addresses the following four (4) elements:

1. Foot screening including foot inspection, palpation/circulation, and sensory evaluations using a monofilament.
2. A risk assessment level.
3. High-risk patients receiving appropriate footwear and/or orthotics.
4. Foot care education.

All results of the clinical reminder will be documented in the patient's electronic medical record. Primary Care Administration for both the Tobyhanna and Allentown CBOCs will monitor reminder report and the PACT team will ensure all clinical reminders are addressed.

Monitor (monthly):

Numerator = # of charts with risk level documented

Denominator = # of diabetic patients

Recommendation 4. We recommended that the Allentown and Tobyhanna CBOC clinicians document education of foot care to diabetic patients in CPRS.

Concur

Target date for completion: 6/29/2012

Allentown and Tobyhanna CBOCs will utilize a clinical reminder that addresses the following four (4) elements:

1. Foot screening including foot inspection, palpation/circulation, and sensory evaluations using a monofilament.
2. A risk assessment level.

3. High-risk patients receiving appropriate footwear and/or orthotics.
4. Foot care education.

The results of the clinical reminder will be documented in the patient's electronic medical record. Primary Care Administration for both the Tobyhanna and Allentown CBOCs will print all reminders and the PACT team nurse/Medical Administration Service will assure all clinical reminders are addressed.

Monitor (monthly):

Numerator = # of charts with foot care education documented

Denominator = # of diabetic patients

Recommendation 5. We recommended that the Allentown CBOC establishes 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: 6/29/2012

Allentown CBOC providers will ensure Veterans, who have undergone mammography with normal results reported, are notified by letter within 14 days. The process is a collective effort by the PACT teams to review findings, send notification letters and monitor for compliance. The normal mammography letter sent to the patient can be viewed in CPRS under "Notes" for verification of patient notification.

Monitor:

Numerator = # of patients notified by letter within 14 days

Denominator = # of patients with normal mammography results

Recommendation 7. We recommended that the Allentown CBOC compares relevant practitioner-specific data to the aggregate data of those privileged practitioners who hold the same or comparable privileges.

Concur

Target date for completion: 6/29/2012

Individual provider performance will be compared to an aggregate of similarly privileged providers except when there are an insufficient number of providers for a meaningful aggregate data set to be developed.

Monitor: The Credentialing and Privileging Committee minutes will reflect the clinical services using aggregate data for provider comparisons.

OIG Contact and Staff Acknowledgments

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