



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

Office of Healthcare Inspections

Report No. 12-00572-237

**Community Based Outpatient
Clinic Reviews
La Grande and Klamath Falls, OR
Bellevue (King County) and
Mount Vernon, WA
North Bend, OR**

August 2, 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 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
BI-RADS	Breast Imaging Reporting and Data System
C&P	credentialing and privileging
CBOC	community based outpatient clinic
COTR	Contracting Officer's Technical Representative
CPRS	Computerized Patient Record System
DM	Diabetes Mellitus
Dx & TX Plan	Diagnosis & Treatment Plan
EKG	electrocardiogram
EOC	environment of care
FPPE	Focused Professional Practice Evaluation
FY	fiscal year
HCS	Health Care System
HF	heart failure
JC	Joint Commission
LCSW	licensed clinical social worker
MedMgt	medication management
MEC	Medical Executive Committee
MH	mental health
NP	nurse practitioner
OIG	Office of Inspector General
OPPE	Ongoing Professional Practice Evaluation
PACT	Preservation-Amputation Care and Treatment
PCP	primary care provider
PSB	Professional Standards Board
PTSD	Post-Traumatic Stress Disorder
Qtr	Quarter
SOP	Standard Operating Procedure
SORCC	Southern Oregon Rehabilitation Center and Clinics
TX	treatment
VAMC	VA Medical Center
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
Vista	Veterans Health Information Systems and Technology Architecture

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Executive Summary

Purpose: We conducted an inspection of five CBOCs during the week of April 16, 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
20	Jonathan M. Wainwright Memorial VAMC	La Grande CBOC
	Southern Oregon Rehabilitation Center and Clinics	Klamath Falls CBOC
	VA Puget Sound HCS	King County CBOC Mount Vernon CBOC
	VA Roseburg HCS	North Bend CBOC
Table 1. Sites Inspected		

Note: King County CBOC includes medical record information from three clinic locations, Bellevue as well as satellite clinics located in Federal Way and Seattle. The physical inspection was conducted at the CBOC located in Bellevue.

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

Jonathan M. Wainwright Memorial VAMC

- Establish a PACT Program in accordance with VHA policy.
- Ensure that La Grande CBOC clinicians document education of foot care to diabetic patients in CPRS.
- Ensure that La Grande CBOC clinicians document a risk level for diabetic patients in CPRS in accordance with VHA policy.
- Establish a process to ensure that patients with normal mammograms are notified of results within the allotted timeframe and that notification is documented in the medical record at the La Grande CBOC.
- Ensure that fee basis mammography results are received and scanned into the Radiology Package in CPRS at the La Grande CBOC.
- Ensure that managers at the La Grande CBOC establish a process to ensure CPRS mammogram radiology orders are entered for all fee basis and/or contract mammograms and that all breast imaging and mammography results are linked to the appropriate radiology mammogram or breast study order.

- Ensure that the MEC reviews privileging recommendations from the Service Chief and Credentialing Committee and documents its final decision and the rationale for its conclusion.
- Ensure that managers monitor and collect measurable data for hand hygiene at the La Grande CBOC.
- Ensure that fire safety inspections are conducted annually at the La Grande CBOC.
- Ensure that two patient identifiers are used when providing care, treatment, and services at the La Grande CBOC.

SORCC

- Ensure that Klamath Falls CBOC clinicians document education of foot care to diabetic patients in CPRS.
- Ensure that Klamath Falls CBOC clinicians document a risk level for diabetic patients in CPRS in accordance with VHA policy.
- Ensure that all mammogram results are documented using the BI-RADS code categories at the Klamath Falls CBOC.
- Establish a process to ensure that patients with normal mammograms are notified of results within the allotted timeframe and that notification is documented in the medical record at the Klamath Falls CBOC.
- Establish a process to ensure CPRS mammogram radiology orders are entered for all fee basis and/or contract mammograms and that all breast imaging and mammography results are linked to the appropriate radiology mammogram or breast study order at the Klamath Falls CBOC.
- Ensure that the PSB submit actions and recommendations for privileging and reprivileging to the MEC and that meeting minutes reflect documents reviewed and the rationale for privileging at the Klamath Falls CBOC.
- Ensure that adequate competency data is maintained in all providers' profiles at the Klamath Falls CBOC.
- Ensure that aggregated data is utilized during the providers' reprivileging processes at the Klamath Falls CBOC.

VA Puget Sound HCS

- Ensure that King County and Mount Vernon CBOC clinicians document education of foot care to diabetic patients in CPRS.

- Ensure that King County and Mount Vernon CBOC clinicians document a risk level for diabetic patients in CPRS in accordance with VHA policy.
- Establish a process at the King County and Mount Vernon CBOCs to ensure that patients with normal mammograms are notified of results within the allotted timeframe and that notification is documented in the medical record.
- Establish a process at the King County CBOC to ensure CPRS mammogram radiology orders are entered for all fee basis and/or contract mammograms and that all breast imaging and mammography results are linked to the appropriate radiology mammogram or breast study order.
- Ensure that FPPEs are initiated for all physicians who have been newly hired at the King County CBOC and that all FPPEs initiated at the Mount Vernon CBOC include a clearly documented timeframe and are reported to the MEC.
- Ensure that OPPE data for each 6-month evaluation period is included in all practitioner profiles at the King County CBOC.
- Ensure that aggregated data is utilized during the providers' reprivileging processes at the King County and Mount Vernon CBOCs.
- Ensure that a risk assessment for panic alarms is conducted at the King County and Mount Vernon CBOCs; and, if panic alarms are utilized, ensure that testing of the panic alarm system is conducted and documented.
- Ensure managers develop a local policy for MH and/or medical emergencies that reflects the current practice and capability at the King County and Mount Vernon CBOCs.
- Ensure that the Contractor complies with the performance reporting required by the contract.
- Ensure that all contracts include a detailed description of performance measures that will be used to evaluate the Contractor's performance and include enforcement provisions when performance measures are not met.

VA Roseburg HCS

- Establish a PACT Program in accordance with VHA policy.
- Ensure that the North Bend CBOC clinicians document that therapeutic footwear or orthotics is prescribed to diabetic patients identified at high risk for extremity ulcers and amputation.

- Establish a process at the North Bend CBOC to ensure that patients with normal mammograms are notified of results within the allotted timeframe and that notification is documented in the medical record.
- Ensure that the Service Chief's documentation in VetPro reflects documents reviewed and the rationale for privileging or reprivileging at the North Bend CBOC.
- Ensure that a scope of practice is documented for all non-licensed independent practitioners at the North Bend CBOC.

Comments

The VISN and Facility Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes B-F, pages 20-36, for full text of the Directors' comments.) We will follow up on the planned actions until they are completed.



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Objectives and Scope

Objectives. The purposes of this review are to:

- Evaluate the extent CBOCs have implemented the management of DM–Lower Limb Peripheral Vascular Disease in order to prevent lower limb amputation.
- 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
- HF Follow-up
- C&P
- Environment and Emergency Management
- Contracts

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.

	La Grande	Klamath Falls	King County	Mount Vernon	North Bend
VISN	20	20	20	20	20
Parent Facility	Jonathan M. Wainwright Memorial VAMC	SORCC	VA Puget Sound HCS	VA Puget Sound HCS	VA Roseburg HCS
Type of CBOC	VA	VA	Contract	VA	VA
Number of Uniques, ³ FY 2011	1,627	2,650	8,860	5,410	3,090
Number of Visits, FY 2011	9,986	16,813	26,145	24,138	14,266
CBOC Size ⁴	Mid-size	Mid-size	Large	Large	Mid-size
Locality	Rural	Rural	Urban	Urban	Rural
FTE PCP	1.85	2.58	7	4.9	2.8
FTE MH Providers	1	1	2.25	5.8	1
Types of Providers	LCSW NP PA PCP	NP PCP	LCSW NP PCP Psychiatrist Psychologist	LCSW NP PCP Psychiatrist Psychologist Audiologist Optometrist Dentist	LCSW NP PCP
Specialty Care Services Onsite	No	Yes	Yes	Yes	Yes
Tele-Health Services	Tele-Cardiology Tele-Dermatology Tele-Mental Health Tele-Primary Care Tele-Retinal Imaging Tele-Wound Care Care Coordination Home Telehealth	Tele-Cardiology Tele-Dermatology Tele-Mental Health Tele-Primary Care	None	Tele-Dermatology Tele-Mental Health	Tele-Dermatology Tele-Endocrine Tele-Mental Health Tele-Retinal Imaging
Ancillary Services Provided Onsite	EKG Laboratory Pulmonary Spirometry Ankle Brachial Index Screening	EKG Laboratory	EKG Laboratory Radiology	EKG Laboratory Radiology	EKG 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.

	La Grande	Klamath Falls	King County	Mount Vernon	North Bend
Provides MH Services	Yes	Yes	Yes	Yes	Yes
Number of MH Uniques, FY 2011	278	274	766	1,294	838
Number of MH Visits	2,102	1,161	2,762	5,238	4,765
General MH Services	Dx & TX Plan MedMgt Psychotherapy PTSD	Dx & TX Plan MedMgt Psychotherapy PTSD	Dx & TX Plan MedMgt PTSD	Dx & TX Plan MedMgt PTSD	Dx & TX Plan MedMgt Psychotherapy PTSD Military Sexual Trauma
Specialty MH Services	Consult & TX Psychotherapy MH Intensive Case Management Psychosocial Rehabilitation Peer Support Military Sexual Trauma Clinics Substance Use Disorder	Consult & TX Homeless Program Substance Use Disorder	Consult & TX Psychotherapy PTSD Teams	Consult & TX Psychotherapy MH Intensive Case Management Social Skills Training PTSD Teams Substance Use Disorder	Consult & TX Psychotherapy Homeless Program
Tele-Mental Health	Yes	Yes	No	Yes	Yes
MH Referrals	Another VA Facility Fee basis	Another VA Facility Fee basis	Another VA Facility	Fee basis	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 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
La Grande North Bend	The parent facility has established a PACT Program. ⁵
North Bend	The CBOC has developed screening guidelines regarding universal foot checks.
North Bend	The CBOC has developed a tracking system to identify and follow patients at risk for lower limb amputations.
North Bend	The CBOC has referral guidelines for at-risk patients.
Klamath Falls La Grande King County Mount Vernon	The CBOC documents education of foot care for patients with a diagnosis of DM. ⁶
North Bend	There is documentation of foot screening in the patient’s medical record.
La Grande Klamath Falls King County Mount Vernon	There is documentation of a foot risk score in the patient’s medical record.
North Bend	There is documentation that patients with a risk assessment Level 2 or 3 received therapeutic footwear and/or orthotics.
Table 4. DM	

VISN 20, Jonathan M. Wainwright Memorial VAMC – La Grande

PACT Program. The Jonathan M. Wainwright VAMC did not have an established PACT Program.

Foot Care Education. The La Grande CBOC clinicians did not document education of preventative foot care for 26 of 28 diabetic patients in CPRS.

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.

Risk Level Assessment. The La Grande CBOC clinicians did not document a risk level for all 28 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 Jonathan M. Wainwright Memorial VAMC establish a PACT Program in accordance with VHA policy.

Recommendation 2. We recommended that the La Grande CBOC clinicians document education of foot care to diabetic patients in CPRS.

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

VISN 20, SORCC – Klamath Falls

Foot Care Education. The Klamath Falls CBOC clinicians did not document education of preventative foot care for 5 of 29 diabetic patients in CPRS.

Risk Level Assessment. The Klamath Falls clinicians did not document a risk level for 25 of 29 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.

Recommendation 4. We recommended that the Klamath Falls CBOC clinicians document education of foot care to diabetic patients in CPRS.

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

VISN 20, VA Puget Sound HCS – King County and Mount Vernon

Foot Care Education. We did not find documentation of preventative foot care education in CPRS for 12 of 27 diabetic patients at the King County CBOC and 4 of 25 diabetic patients at the Mount Vernon CBOC.

Risk Level Assessment. We did not find documentation of a risk level in CPRS for all 27 diabetic patients at the King County CBOC and all 25 diabetic patients at the Mount Vernon CBOC. 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 6. We recommended that King County and Mount Vernon CBOC clinicians document education of foot care to diabetic patients in CPRS.

⁷ VHA Directive 2006-050.

⁸ VHA Directive 2006-050.

⁹ VHA Directive 2006-050.

Recommendation 7. We recommended that King County and Mount Vernon CBOC clinicians document a risk level for diabetic patients in CPRS in accordance with VHA policy.

VISN 20, VA Roseburg HCS – North Bend

PACT Program. The VA Roseburg HCS did not have an established PACT Program.

Therapeutic Footwear/Orthotics. We found that one of three medical records at the North Bend CBOC did not contain documentation that therapeutic footwear or orthotics were prescribed to diabetic patients identified at high risk (Level 2 and 3) for extremity ulcers and amputation.

Recommendation 8. We recommended the VA Roseburg HCS establish a PACT Program in accordance with VHA policy.

Recommendation 9. We recommended that the North Bend CBOC clinicians document that therapeutic footwear or orthotics is prescribed to diabetic patients identified at high risk for extremity ulcers and amputation.

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.
Klamath Falls	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.

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.

Noncompliant	Areas Reviewed (continued)
La Grande Klamath Falls King County Mount Vernon North Bend	Patients were notified of results within a defined timeframe.
	The facility has an established process for tracking results of mammograms performed off-site.
La Grande	Fee Basis mammography reports are scanned into VistA.
La Grande Klamath Falls King County	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	

There were a total of 62 patients who had mammograms done on or after June 1, 2010. There were 9 patients who received mammograms at Klamath Falls, 5 patients at La Grande, 20 patients at North Bend, 16 patients at King County, and 12 patients at Mount Vernon.

VISN 20, Jonathan M. Wainwright Memorial VAMC – La Grande

Patient Notification of Normal Mammography Results. We reviewed medical records of patients at the La Grande CBOC who had normal mammography results and determined that 1 of 4 patients were not notified within the required timeframe of 14 days.

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

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

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

¹³ VHA Handbook 1330.01.

Recommendation 11. We recommended that managers ensure that fee basis mammography results are received and scanned into the Radiology Package in CPRS at the La Grande CBOC.

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

VISN 20, SORCC – Klamath Falls

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

Patient Notification of Normal Mammography Results. We reviewed medical records of patients at the Klamath Falls CBOC who had normal mammography results and determined that 1 of 7 patients was not notified within the required timeframe of 14 days.

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

Recommendation 13. We recommended that the managers at the Klamath Falls CBOC ensure that all mammogram results are documented using the BI-RADS code categories.

Recommendation 14. We recommended that the Klamath Falls CBOC establish a process to ensure that patients with normal mammograms are notified of results within the allotted timeframe and that notification is documented in the medical record.

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

VISN 20, VA Puget Sound HCS – King County and Mount Vernon

Patient Notification of Normal Mammography Results. We reviewed medical records of patients at the King County and Mount Vernon CBOCs who had normal mammography results and determined that 6 of 16 patients at King County and 6 of 12 patients at Mount Vernon were not notified within the required timeframe of 14 days.

Mammography Orders and Access. Providers at the King County CBOC did not enter CPRS mammogram radiology orders for 3 of 16 patients. Fee basis or contract

agreements must be electronically entered as a CPRS radiology order. All breast imaging and radiology results must be linked to the appropriate radiology mammogram or breast study order.

Recommendation 16. We recommended that the King County and Mount Vernon CBOCs establish a process to ensure that patients with normal mammograms are notified of results within the allotted timeframe and that notification is documented in the medical record.

Recommendation 17. We recommended that managers at the King County CBOC establish a process to ensure CPRS mammogram radiology orders are entered for all fee basis and/or contract mammograms and that all breast imaging and mammography results are linked to the appropriate radiology mammogram or breast study order.

VISN 20, VA Roseburg HCS – North Bend

Patient Notification of Normal Mammography Results. We reviewed medical records of patients at the North Bend CBOC who had normal mammography results and determined that 19 of 20 patients were not notified within the required timeframe of 14 days.

Recommendation 18. We recommended that the North Bend CBOC establish a process to ensure that patients with normal mammograms 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.

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.

¹⁴ VHA Handbook 1100.19.

Noncompliant	Areas Reviewed (continued)
King County	b. FPPE was initiated.
Mount Vernon	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.
Mount Vernon	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.
La Grande Klamath Falls North Bend	(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
King County	(8) The determination to continue current privileges were based in part on results of OPPE activities.
Klamath Falls	(9) The OPPE and reappraisal process included consideration of such factors as clinical pertinence reviews and/or performance measure compliance.
Klamath Falls King County Mount Vernon	(10) Relevant provider-specific data was compared to aggregated data of other providers holding the same or comparable privileges.
North Bend	(11) Scopes of practice were facility specific.
Table 6. C&P	

¹⁵ VHA Handbook 1100.19.

VISN 20, Jonathan M. Wainwright Memorial VAMC – La Grande

Documentation of Privileging Decisions. We reviewed the profiles of two licensed independent practitioners at the La Grande CBOC and did not find documentation that the MEC had reviewed the privileging recommendations of the Service Chief and Credentialing Committee for either provider. VHA policy¹⁶ requires that the request for privileges, along with the recommendations of the Service Chief and the Credentialing Committee, be submitted to the MEC for review. The minutes of the MEC must reflect its final decision and the rationale for its conclusion.

Recommendation 19. We recommended that the MEC reviews privileging recommendations from the Service Chief and Credentialing Committee and documents its final decision and the rationale for its conclusion.

VISN 20, SORCC – Klamath Falls

Privileging Process. At the Klamath Falls CBOC, the review and approval of PSB privileging recommendations were not documented in the MEC meeting minutes prior to granting privileges in one of four provider profiles reviewed. VHA policy¹⁷ requires that PSB actions and recommendations be submitted to the MEC for review and approval.

OPPE. We reviewed three provider profiles at the Klamath Falls CBOC and did not find documentation of clinical pertinence and/or medical record quality review. VHA policy¹⁸ requires that data consistent with service specific competency criteria, which includes clinical pertinence and/or medical record quality review, be collected, maintained in each provider's profile, and reviewed on an ongoing basis.

Aggregated Data. We found that provider-specific data for two of three providers at the Klamath Falls CBOC were not compared to aggregated data of providers with the same or comparable privileges. VHA policy¹⁹ requires that relevant practitioner-specific data is compared to aggregated data of privileged practitioners who hold the same or comparable privileges.

Recommendation 20. We recommended that the PSB submit actions and recommendations for privileging and reprivileging to the MEC and that meeting minutes reflect documents reviewed and the rationale for privileging at the Klamath Falls CBOC.

Recommendation 21. We recommended that adequate competency data is maintained in all providers' profiles at the Klamath Falls CBOC.

Recommendation 22. We recommended that aggregated data is utilized during the providers' reprivileging processes at the Klamath Falls CBOC.

¹⁶ VHA Handbook 1100.19.

¹⁷ VHA Handbook 1100.19.

¹⁸ VHA Handbook 1100.19.

¹⁹ VHA Handbook 1100.19.

VISN 20, VA Puget Sound HCS – King County and Mount Vernon

FPPE. The one newly hired physician at the King County CBOC did not have a FPPE implemented. At the Mount Vernon CBOC, the one newly hired physician's FPPE did not include a clearly documented timeframe and the results of the FPPE were not reported to the MEC. VHA policy²⁰ requires that a FPPE be initiated for all physicians who have been newly hired or have requested new privileges. Results of FPPEs must be documented in the practitioner's provider profile and reported to the MEC for consideration in making the recommendation on privileges.

OPPE. We did not find evidence of OPPE data for the previous two 6-month evaluation periods in one of the three licensed independent practitioner profiles at the King County CBOC. VHA policy²¹ requires that data consistent with service-specific competency criteria be collected, maintained in each physician's profile, and reviewed on an ongoing periodic basis.

Aggregated Data. We found that provider-specific data for three providers at the King County CBOC and three providers at the Mount Vernon CBOC were not compared to aggregated data of providers with the same or comparable privileges. VHA policy²² requires that relevant practitioner-specific data is compared to aggregated data of privileged practitioners who hold the same or comparable privileges.

Recommendation 23. We recommended that FPPEs are initiated for all physicians who have been newly hired at the King County CBOC and that all FPPEs initiated at the Mount Vernon CBOC include a clearly documented timeframe and are reported to the MEC.

Recommendation 24. We recommended that OPPE data for each 6-month evaluation period is included in all practitioner profiles at the King County CBOC.

Recommendation 25. We recommended that aggregated data is utilized during the providers' reprivileging processes at the King County and Mount Vernon CBOCs.

VISN 20, VA Roseburg HCS – North Bend

Documentation of Privileging Decisions. We reviewed three licensed independent practitioner profiles at the North Bend 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 the providers. According to VHA policy,²³ the list of documents reviewed and the rationale for conclusions reached by the Service Chief must be documented.

²⁰ VHA Handbook 1100.19.

²¹ VHA Handbook 1100.19.

²² VHA Handbook 1100.19.

²³ VHA Handbook 1100.19.

Scopes of Practice. We did not find documentation of a scope of practice in one of two non-licensed independent practitioner profiles at the North Bend CBOC.

Recommendation 26. We recommended that the Service Chief’s documentation in VetPro reflects documents reviewed and the rationale for privileging or reprivileging at the North Bend CBOC.

Recommendation 27. We recommended that a scope of practice is documented for all non-licensed independent practitioners at the North Bend CBOC.

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

Noncompliant	Areas Reviewed
	There is handicap parking, which meets the ADA requirements.
	The CBOC entrance ramp meets ADA requirements.
	The entrance door to the CBOC meets ADA requirements.
	The CBOC restrooms meet ADA requirements.
	The CBOC is well maintained (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.
King County Mount Vernon	There is an alarm system or panic button installed in high-risk areas as identified by the vulnerability risk assessment.
	Privacy is maintained.
	IT security rules are adhered to.
	Patients’ personally identifiable information is secured and protected.
	There is alcohol hand wash or a soap dispenser and sink available in each examination room.
	The sharps containers are less than ¾ full.
	There is evidence of fire drills occurring at least annually.
La Grande	There is evidence of an annual fire and safety inspection.
	Fire extinguishers are easily identifiable.
La Grande	The CBOC collects, monitors, and analyzes hand hygiene data.
La Grande	Staff use two patient identifiers for blood drawing procedures.
	The CBOC is included in facility-wide EOC activities.
Table 7. EOC	

VISN 20, Jonathan M. Wainwright Memorial VAMC – La Grande

Hand Hygiene. The La Grande CBOC initiated hand hygiene monitors and data collection two weeks prior to our onsite visit. The CDC²⁴ recommends that healthcare facilities develop a comprehensive infection control program with a hand hygiene component, which includes monitors, data analysis, and provider feedback.

Life Safety. We did not find evidence of an annual fire and safety inspection at the La Grande CBOC for 2011 and 2012. Joint Commission²⁵ requires that fire safety equipment and fire safety building features be maintained and inspected in order to identify conditions that do not meet the National Fire Protection Association Life Safety Code 101.

Patient Identification. The La Grande CBOC did not use two patient identifiers for blood drawing procedures as required by Joint Commission.²⁶ Two patient identifiers help to ensure that the procedure is performed for the correct patient.

Recommendation 28. We recommended that managers monitor and collect measurable data for hand hygiene at the La Grande CBOC.

Recommendation 29. We recommended that fire safety inspections are conducted annually at the La Grande CBOC.

Recommendation 30. We recommended that two patient identifiers are used when providing care, treatment, and services at the La Grande CBOC.

VISN 20, VA Puget Sound HCS – King County and Mount Vernon

Panic Alarms. The King County and Mount Vernon CBOCs provide MH services and have panic alarms. However, there was no documentation that a risk assessment for panic alarms was conducted or that panic alarms are tested as required by Occupational Safety and Health.²⁷

Recommendation 31. We recommended that a risk assessment for panic alarms is conducted at the King County and Mount Vernon CBOCs; and, if panic alarms are utilized, ensure that testing of the panic alarm system is conducted and documented.

²⁴ CDC is one of the components of the Department of Health and Human Services that is responsible for health promotion; prevention of disease, injury and disability; and preparedness for new health threats.

²⁵ Joint Commission Standard EC 02.03.05.

²⁶ Joint Commission Standard NPSG 01.01.01.

²⁷ OSHA Publication 3148-01R, *Guidelines for Preventing Workplace Violence for Health Care and Social Service Workers*, 2004.

Emergency Management

VHA policy requires each CBOC to have a local policy or standard operating procedure defining how medical emergencies, including MH, are handled.²⁸ 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
King County Mount Vernon	There is a local medical emergency management plan for this CBOC.
	The staff articulated the procedural steps of the medical emergency plan.
King County Mount Vernon	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	

VISN 20, VA Puget Sound HCS – King County and Mount Vernon

Local SOP. The King County and Mount Vernon CBOCs did not have a local policy or SOP to instruct staff on how they were to respond if a patient presented with a MH and/or medical emergency.

Recommendation 32. We recommended that managers develop a local policy for MH and/or medical emergencies that reflects the current practice and capability at the King County and Mount Vernon CBOCs.

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 a review of primary care performed at the King County CBOC to evaluate the effectiveness of VHA oversight and administration for selected contract

²⁸ VHA Handbook 1006.1.

provisions relating to quality of care and payment of services. The Contractor provides primary care services at three outpatient clinics in the King County area. The review was conducted at the CBOC located in Bellevue. MH services are provided by VA at each site. Patients needing urgent MH services are referred to the nearest VA medical center.

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) a site visit, and (5) interviews with VHA and contractor staff. Our review focused on documents and records for 3rd Qtr, FY 2011.

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.
King County	d. Performance measures (including incentives/penalties).
	e. Billing the patient or any other third party.
	(2) Technical review of contract, modifications, and extensions.
	(3) Invoice validation process.
	(4) The Contracting Officer's Technical Representative designation and training.
	(5) Contractor oversight provided by the Contracting Officer's Technical Representative.
	(6) Timely access to care (including provisions for traveling veterans).
	a. Visiting patients are not assigned to a provider panel in Primary Care Management Module.
	b. The facility uses VistA's "Register Once" to register patients who are enrolled at other facilities.
	c. Referral Case Manager assists with coordination of care for traveling veterans.
Table 9. Review of Primary Care and MH Contract Compliance	

VISN 20, VA Puget Sound HCS – King County

Performance Measures. HCS actively monitors periodic performance reports, however did not review minutes from the Contractor's Performance Improvement meetings as required by the contract. The minutes documented the Contractor's operational deficiencies and plans for addressing these issues. The contract required the Contractor to submit these records on a monthly basis.

The contract states that failure by the Contractor to meet performance measures may result in financial penalties. However, the contract does not describe the specifics on how the financial penalties are determined or applied. The lack of specific detail regarding performance penalties diminishes VA's ability to enforce VHA standards.

24-Month Patient Encounters. HCS initiated monthly invoicing by providing the Contractor with a list of billable enrollees. The list was comprised of enrollees whom are seen within 12 months of enrollment and have at least one visit per 24-month period. We have found that the requirement for only one visit in a 24-month period enables the Contractor to receive 2 years of capitation payments, which has not been an effective use of VHA resources. For future contracts, we suggest the Facility Director considers using 12-month criteria, which we found could reduce the annualized cost by 7 percent or \$280,000 per year. The rate for payment was consistent with contract terms; therefore, we make no recommendation.

Recommendation 33. We recommended that the Facility Director ensures that the Contractor complies with the performance reporting required by the contract.

Recommendation 34. We recommended that the Facility Director and Contracting Officer ensure that all contracts include a detailed description of performance measures that will be used to evaluate the Contractor's performance and include enforcement provisions when performance measures are not met.

HF Follow-Up Results

Areas Reviewed			
CBOC Processes			
Guidance	Facility	Yes	No
The CBOC monitors HF readmission rates.	Jonathan M. Wainwright Memorial VAMC		
	La Grande		x
	Southern Oregon Rehabilitation Center and Clinics		
	Klamath Falls		x
	VA Puget Sound HCS		
	King County		x
	Mount Vernon		x
	VA Roseburg HCS		
North Bend	x		
The CBOC has a process to identify enrolled patients that have been admitted to the parent facility with a HF diagnosis.	Jonathan M. Wainwright Memorial VAMC		
	La Grande		x
	Southern Oregon Rehabilitation Center and Clinics		
	Klamath Falls		x
	VA Puget Sound HCS		
	King County	x	
	Mount Vernon	x	
	VA Roseburg HCS		
North Bend	x		
Medical Record Review Results			
Guidance	Facility	Numerator	Denominator
There is documentation in the patients' medical records that communication occurred between the inpatient and CBOC providers regarding the HF admission.	Jonathan M. Wainwright Memorial VAMC		
	La Grande	*NA	NA
	Southern Oregon Rehabilitation Center and Clinics		
	Klamath Falls	NA	NA
	VA Puget Sound HCS		
	King County	9	10
	Mount Vernon	3	8
	VA Roseburg HCS		
North Bend	1	1	
A clinician documented a review of the patients' medications during the first follow-up primary care or cardiology visit.	Jonathan M. Wainwright Memorial VAMC		
	La Grande	NA	NA
	Southern Oregon Rehabilitation Center and Clinics		
	Klamath Falls	NA	NA
	VA Puget Sound HCS		
	King County	10	10
	Mount Vernon	8	8
	VA Roseburg HCS		
North Bend	1	1	

HF Follow-Up Results

Medical Record Review Results (continued)			
Guidance	Facility	Numerator	Denominator
A clinician documented a review of the patients' weights during the first follow-up primary care or cardiology visit.	Jonathan M. Wainwright Memorial VAMC		
	La Grande	NA	NA
	Southern Oregon Rehabilitation Center and Clinics		
	Klamath Falls	NA	NA
	VA Puget Sound HCS		
	King County	7	10
	Mount Vernon	6	8
	VA Roseburg HCS		
	North Bend		
A clinician documented a review of the patients' restricted sodium diet during the first follow-up primary care or cardiology visit.	Jonathan M. Wainwright Memorial VAMC		
	La Grande	NA	NA
	Southern Oregon Rehabilitation Center and Clinics		
	Klamath Falls	NA	NA
	VA Puget Sound HCS		
	King County	2	10
	Mount Vernon	2	8
	VA Roseburg HCS		
	North Bend	1	1
A clinician documented a review of the patients' fluid intakes during the first follow-up primary care or cardiology visit.	Jonathan M. Wainwright Memorial VAMC		
	La Grande	NA	NA
	Southern Oregon Rehabilitation Center and Clinics		
	Klamath Falls	NA	NA
	VA Puget Sound HCS		
	King County	1	10
	Mount Vernon	1	8
	VA Roseburg HCS		
	North Bend	1	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.	Jonathan M. Wainwright Memorial VAMC		
	La Grande	NA	NA
	Southern Oregon Rehabilitation Center and Clinics		
	Klamath Falls	NA	NA
	VA Puget Sound HCS		
	King County	0	10
	Mount Vernon	0	8
	VA Roseburg HCS		
	North Bend	0	1

*There were no patients at the Klamath Falls or La Grande CBOC that met the criteria for this informational topic review.

VISN 20 Director Comments

**Department of
Veterans Affairs**

Memorandum

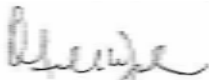
Date: July 3, 2012

From: Acting Network Director, VISN 20 (10N20)

Subject: **CBOC Reviews: Klamath Falls, La Grande, and North Bend, OR; and King County and Mount Vernon, WA**

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

1. Thank you for the opportunity to provide a status report on the draft findings from the Community Based Outpatient Clinic (CBOC) Review of La Grande and Klamath Falls, Oregon; Bellevue (King County) and Mount Vernon, Washington; and North Bend, Oregon.
2. Attached please find the facility concurrences and responses to each of the findings from the review.
3. If you have additional questions or need further information, please contact Susan Gilbert, Survey Coordinator, VISN 20 at (360) 567-4678.



Michael W. Fisher


Jonathan M. Wainwright Memorial VAMC Director Comments

Department of
Veterans Affairs

Memorandum

Date: June 26, 2012
From: Director, Jonathan M. Wainwright Memorial VAMC (687/00)
Subject: **CBOC Review: La Grande, OR**
To: Acting Network Director, VISN 20 (10N20)

1. I concur with the findings presented in the Community Based Outpatient Clinic Review of the La Grande CBOC. Facility corrective action plans to address each of the findings are attached.
2. I would like to note that the OIG Team Leader and Team conducted the review in a professional and collegial manner that ensured a productive and educational experience for all staff involved.
3. If you have any questions regarding the content of this report, please contact me at (509) 527-3450.



Brian W. Westfield, MSN

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 Jonathan M. Wainwright Memorial VAMC establish a PACT Program in accordance with VHA policy.

Concur

Target date for completion: November 1, 2012

The Chief of Staff has reviewed the program requirements and has designated a coordinator to address implementation of the Preservation-Amputation Care and Treatment (PACT) program components in accordance with VHA Directive 2006-050 at the Jonathan M. Wainwright Memorial VAMC.

Recommendation 2. We recommended that the La Grande CBOC clinicians document education of foot care to diabetic patients in CPRS.

Concur

Target date for completion: November 1, 2012

The current diabetes screening clinical reminder will be modified to prompt the clinicians to document foot care education provided to diabetic patients.

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

Concur

Target date for completion: November 1, 2012

The current diabetes screening clinical reminder will be modified to prompt the clinicians to document a risk assessment level for diabetic patients in accordance with Attachment B. VHA Directive 2006-050.

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

Concur

Target date for completion: October 1, 2012

All provider staff have been notified of the responsibility to notify and document notification to Veterans of mammography test results within 14 days of report availability. Since September 2011 the Female Veterans Coordinator has been conducting quarterly audits of the medical record to determine compliance with the mammography result reporting and documentation requirements. The audits will continue to be completed and reported regularly to the Executive Committee of the Medical Staff (ECMS).

Recommendation 11. We recommended that managers ensure that fee basis mammography results are received and scanned into the Radiology Package in CPRS at the La Grande CBOC.

Concur

Target date for completion: October 1, 2012

The Radiology Supervisor has reviewed facility performance and system requirements and modified procedures to ensure all mammography results are uploaded into the radiology package. Radiology results have been uploaded for Mammography results since May 2011. We will monitor for compliance.

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

Concur

Target date for completion: October 1, 2012

Radiology orders following consult order entry for mammography and MRI fee services have been being entered since May 2011. The Radiology Supervisor has also reviewed the process for Non VA care consults for Ultrasound procedures of the breast and has included entry of a radiology order for non-VA care consults for Ultrasound procedures of the breast effective June 2012. We will monitor for compliance.

Recommendation 19. We recommended that the MEC reviews privileging recommendations from the Service Chief and Credentialing Committee and documents its final decision and the rationale for its conclusion.

Concur

Target date for completion: October 1, 2012

All privileging recommendations from the Service Chief and Credentialing Committee are being reported to the Executive Committee of the Medical Staff (ECMS). The discussion and recommendations of the committee are documented in the ECMS committee minutes. This was implemented April 2012. We will monitor for compliance.

Recommendation 28. We recommended that managers monitor and collect measurable data for hand hygiene at the La Grande CBOC.

Concur

Target date for completion: October 1, 2012

The Associate Chief of Nursing Services has reviewed the monitor requirements and reporting tools with the CBOC manager and provided specific instruction to complete collection of measurable data monthly at the La Grande CBOC. Data collection methodology was reinforced with LaGrande CBOC and implemented June 2012.

Recommendation 29. We recommended that fire safety inspections are conducted annually at the La Grande CBOC.

Concur

Target date for completion: Completed June 27, 2012

The Safety and Occupational Health Officer has reviewed the Center for Engineering & Occupational Safety and Health (CEOSH) guidelines for fire safety inspections and completed the fire safety inspection on June 27, 2012.

Recommendation 30. We recommended that two patient identifiers are used when providing care, treatment, and services at the La Grande CBOC.

Concur

Target date for completion: Completed April 24, 2012

The Associate Chief of Nursing Service has reviewed the policy for patient identification with the laboratory service employee and we provided specific instruction to the employee to comply with policy expectations at the La Grande CBOC.

Southern Oregon Rehabilitation Center and Clinics Director Comments

Department of
Veterans Affairs

Memorandum

Date: June 26, 2012
From: Acting Director, Southern Oregon Rehabilitation Center and Clinics
(692/00)
Subject: **CBOC Review: Klamath Falls, OR**
To: Acting Network Director, VISN 20 (10N20)

1. Thank you for the opportunity to review this Healthcare Inspection-Outpatient Clinic review draft report. We have reviewed the report and concur with the recommendations.
2. Corrective actions plans have been established and dates for completion are detailed in the attached report. If any additional information is needed please contact me at 541-830-3515.


Nancy Benton, PhD, RN, CNS, CPHQ

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 Klamath Falls CBOC clinicians document education of foot care to diabetic patients in CPRS.

Concur

Target date for completion: October 1, 2012

Our Diabetic Physician Assistant developed a clinical reminder with templated notes that has met the requirements for Diabetic foot care education, operational June 4, 2012. Staff education and full implementation was completed July 1, 2012. We will monitor for compliance.

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

Concur

Target date for completion: October 1, 2012

The new diabetic clinical reminder that became operational June 4, 2012 for Diabetic foot care includes the diabetic foot exam for sensation, pulse and visual inspection and the assessment for risk factors that included the risk level score. Staff education and full implementation was completed July 1, 2012. We will monitor for compliance.

Recommendation 13. We recommended that the managers at the Klamath Falls CBOC ensure that all mammogram results are documented using the BI-RADS code categories.

Concur

Target date for completion: October 1, 2012

Our Klamath Falls Clinic Nurse Manager notified our Fee base Imaging Clinic that all mammograms must have BI-RAD scores. The fee base service provider is aware and states willingness to comply. The Women's Veteran CBOC liaison will monitor mammogram reports to ensure BI-RAD scores are documented and will be reported on a regular basis to Quality Management. Implementation was completed on May 7, 2012.

Recommendation 14. We recommended that the Klamath Falls CBOC establish a process to ensure that patients with normal mammograms are notified of results within the allotted timeframe and that notification is documented in the medical record.

Concur

Target date for completion: October 1, 2012

All staff has been notified that it is our responsibility to notify Veterans of normal test results within 14 days upon the receipt of the results, including mammograms, and to document communication in the Medical Record. To ensure compliance normal Mammogram results will be added to the monthly audits of 14-day notification and reported regularly to Quality Management.

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

Concur

Target date for completion: January 1, 2013

The White City SORCC has developed an SOP outlining the procedures for assuring CPRS mammogram orders are entered into the VISTA Radiology Package. The SOP is currently in the process of being reviewed by the Director for Patient Care Service/Nurse Executive. The facility is testing this phase of the implementation process with an expected implementation date of September 1, 2012. The procedure includes sending the original report to Medical Records after it has been scanned into the record. Quarterly chart audits will be conducted by Radiology to assure compliance.

Recommendation 20. We recommended that the PSB submit actions and recommendations for privileging and reprivileging to the MEC and that meeting minutes reflect documents reviewed and the rationale for privileging at the Klamath Falls CBOC.

Concur

Target date for completion: Completed

The Credentialing and Privileging Board (C&PB), formerly known as the Professional Standards Board (PSB), reviews detailed provider information prior to recommending approval for the granting of privileges to the Medical Executive Committee (MEC). Since September 1, 2011, we have had a new Medical Staff Coordinator, who ensures all action items are documented in the C&PB minutes. A summary is provided to the MEC. Any member of the MEC can request detailed LIP information used during the credentialing and privileging process, if there is a need to know.

Recommendation 21. We recommended that adequate competency data is maintained in all providers' profiles at the Klamath Falls CBOC.

Concur

Target date for completion: October 1, 2012

The ACOS for Ambulatory Care reviews action required notifications to determine the adequacy, timeliness, and quality of the progress notes of providers not meeting their action required notifications. Quality data for each provider is monitored by reviewing diabetic and hypertensive care. A provider profile report is also maintained on each provider. This information is compared throughout the Ambulatory Care program.

Recommendation 22. We recommended that aggregated data is utilized during the providers' reprivileging processes at the Klamath Falls CBOC.

Concur

Target date for completion: October 1, 2012

Aggregated data from Klamath Falls and White City providers is utilized in the reprivileging process for Klamath Falls CBOC providers. This includes the facilities' EPRP measures for diabetes, hypertension, depression screens and positive depression screen data, in addition to action required data and the provider profile report. We have had this process in place since May 1, 2012. The Medical Administrative Officer aggregates data from all providers for comparison during the C&P process. The C&PB minutes document use of aggregated data during C&P discussions. We monitor the use of aggregated data monthly.

VA Puget Sound HCS Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: June 26, 2012

From: Director, VA Puget Sound HCS (663/00)

Subject: **CBOC Reviews: King County and Mount Vernon, WA**

To: Acting Network Director, VISN 20 (10N20)

1. Attached is the status report on the follow-up to the recommendations from the Community Based Outpatient Clinic Review of Bellevue and Mt. Vernon clinics. It includes the facility concurrences and responses to each of the recommendations from the review.
2. If you have additional questions or need further information, please contact Ward Cassels, Accreditation Readiness Coordinator at (206) 768-5241 or ward.cassels@va.gov.



David A. Elizalde

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 6. We recommended that King County and Mount Vernon CBOC clinicians document education of foot care to diabetic patients in CPRS.

Concur

Target date for completion: November 1, 2012

A CPRS Template was developed that ensures documentation of foot care education and includes method of education, such as verbal or demonstration, to diabetic Veterans. Following rollout to providers and staff, the usage will be monitored in a Clinical Reminder Dialogue format. The template will be in place and staff trained in its use by 8/1/2012. Once the template is in place, a random audit of 10 diabetic CBOC patients will be performed monthly. Monitoring will continue until 90% is sustained.

Recommendation 7. We recommended that King County and Mount Vernon CBOC clinicians document a risk level for diabetic patients in CPRS in accordance with VHA policy.

Concur

Target date for completion: November 1, 2012

A CPRS Template that contains the diabetic risk levels is being created for clinicians performing foot exams. The template will be in place and staff trained in its use by 8/1/2012. Once the template is in place, a random audit of 10 diabetic CBOC patients will be performed monthly. Monitoring will continue until 90% is sustained.

Recommendation 16. We recommended that the King County and Mount Vernon CBOCs establish a process to ensure that patients with normal mammograms are notified of results within the allotted timeframe and that notification is documented in the medical record.

Concur

Target date for completion: Completed April 30, 2012

Patients receive notification of results from the non-VA mammography facilities where these diagnostic exams are performed. A process for duplicate patient notification was developed and implemented in April 2012. Additionally, the Women's Program Director

developed a template letter for patient notification of mammography results and the new process of written notification was communicated to the ordering providers.

Recommendation 17. We recommended that managers at the King County CBOC establish a process to ensure CPRS mammogram radiology orders are entered for all fee basis and/or contract mammograms and that all breast imaging and mammography results are linked to the appropriate radiology mammogram or breast study order.

Concur

Target date for completion: October 1, 2012

Fee staffs were re-trained on the standard process and will verify an order is entered for all fee basis and/or contract mammograms prior to authorization of the exam. The order will be linked to the appropriate radiology result to enable verification as needed. We are monitoring for compliance.

Recommendation 23. We recommended that FPPEs are initiated for all physicians who have been newly hired at the King County CBOC and that all FPPEs initiated at the Mount Vernon CBOC include a clearly documented timeframe and are reported to the MEC.

Concur

Target date for completion: Completed October 30, 2011

As of October 2011, processes have been changed to ensure that privileging actions meet VHA FPPE/OPPE documentation and reporting requirements.

Recommendation 24. We recommended that OPPE data for each 6-month evaluation period is included in all practitioner profiles at the King County CBOC.

Concur

Target date for completion: Completed October 30, 2011

As of October 2011, processes have been changed to ensure that privileging actions meet VHA FPPE/OPPE documentation and reporting requirements.

Recommendation 25. We recommended that aggregated data is utilized during the providers' reprivileging processes at the King County and Mount Vernon CBOCs.

Concur

Target date for completion: December 30, 2012

As a facility we are investigating the use and types of information gathered with the other facilities within our VISN. Once a common strategy for the VISN is determined, we will implement at VA Puget Sound.

Recommendation 31. We recommended that a risk assessment for panic alarms is conducted at the King County and Mount Vernon CBOCs; and, if panic alarms are utilized ensure that testing of the panic alarm system is conducted and documented.

Concur

Target date for completion: August 31, 2012

A risk assessment was conducted in August 2010 per requirement with re-assessment due not later than August 2012 at the Mount Vernon and King County CBOCs.

The panic alarms at Mount Vernon CBOC were tested in June 2012 and found to be fully functional. A Standard Operating Procedure is being finalized with staff education to be completed by July 16, 2012.

The panic alarms at the King County VALOR CBOC were tested on June 8, 2012. A Standard Operating Procedure is being finalized with staff education to be completed by July 16, 2012.

Recommendation 32. We recommended that managers develop a local policy for MH and/or medical emergencies that reflects the current practice and capability at the King County and Mount Vernon CBOCs.

Concur

Target date for completion: July 31, 2012

Local policies for both Mental Health and Medical Emergencies were written with subsequent approval for implementation by the Service Line Leader on 6/29/2012. The policies will be reviewed by all Mt. Vernon CBOC staff not later than 7/15/2012. The King County contractor has been asked to draft separate policies for MH and Medical Emergencies for local review and approval to be completed by July 31, 2012.

Recommendation 33. We recommended that the Facility Director ensures that the Contractor complies with the performance reporting required by the contract.

Concur

Target date for completion: Completed June 1, 2012

The contractor is now reporting performance activities to the General Medicine Service Steering Committee for documentation in the meeting minutes.

Recommendation 34. We recommended that the Facility Director and Contracting Officer ensure that all contracts include a detailed description of performance measures that will be used to evaluate the Contractor's performance and include enforcement provisions when performance measures are not met.

Concur

Target date for completion: August 30, 2012

A new statement of work has been drafted for the VALOR CBOC Contract. The new statement of work includes detailed performance measures that will enable monitoring of contractor performance. Additionally, language is included in the contractor performance work statement that will penalize noncompliance with performance measures. The VISN20 Network Contract Manager will ensure all clinical contracts include a detailed description of performance measures that will be used to evaluate the Contractor's performance and include enforcement provisions when performance measures are not met.

VA Roseburg HCS Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: June 21 , 2012
From: Director, VA Roseburg HCS (653/00)
Subject: **CBOC Review: North Bend, OR**
To: Acting Network Director, VISN 20 (10N20)

1. On behalf of the VA Roseburg Healthcare System, Roseburg, Oregon, I would like to express my appreciation to the Office of the Inspector General (OIG) Survey Team for their comprehensive review of the North Bend CBOC conducted April 16 -17, 2012.
2. We have reviewed the findings from the report. The facility responses addressing each recommendation are attached.
3. Please feel free to contact us if you have any concerns or questions regarding the responses.



Carol S. Bogedain, FACHE
Director, VA Roseburg Healthcare 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 8. We recommended the VA Roseburg HCS establish a PACT Program in accordance with VHA policy.

Concur

Target date for completion: September 1, 2012

VA Roseburg Healthcare System has written a charter for the PACT Committee and appointed a committee chair and a PACT point-of-contact. The newly-formed committee will review VHA Directive 2006-050, and establish a PACT Program that meets the requirements.

Recommendation 9. We recommended that the North Bend CBOC clinicians document that therapeutic footwear or orthotics is prescribed to diabetic patients identified at high risk for extremity ulcers and amputation.

Concur

Target date for completion: July 31, 2012

The documentation template for clinicians has been modified to facilitate documentation regarding therapeutic footwear for diabetic patients identified at high risk for extremity ulcers and amputation. The PACT Committee will monitor compliance.

Recommendation 18. We recommended that the North Bend CBOC establish a process to ensure that patients with normal mammograms are notified of results within the allotted timeframe and that notification is documented in the medical record.

Concur

Target date for completion: August 31, 2012

A database will be established to ensure that patients with normal mammograms are notified of results within the allotted timeframe, and that notification is documented in the medical record. Women Veterans Committee will monitor compliance.

Recommendation 26. We recommended that the Service Chief's documentation in VetPro reflects documents reviewed and the rationale for privileging or reprivileging at the North Bend CBOC.

Concur

Target date for completion: October 1, 2012

The Service Chief documents, in the VetPro comments field, the rationale for privileging or reprivileging at the time of recommendation for initial privileges or renewal of privileges. The Medical Staff Coordinator reviews the comments at the time the recommendations are forwarded to the Credentialing Session of the Executive Council of the Medical Staff to ensure the rationale for privileging and renewal of privileges is documented.

Recommendation 27. We recommended that a scope of practice is documented for all non-licensed independent practitioners at the North Bend CBOC.

Concur

Target date for completion: Completed June 20, 2012

The Senior Discipline Executive has developed a scope of practice for the non-licensed independent practitioners at the North Bend CBOC. These documents are maintained in the Senior Discipline Executive's office.

OIG Contact and Staff Acknowledgments

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