



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

Office of Healthcare Inspections

Report No. 12-00573-242

**Community Based Outpatient
Clinic Reviews
Mattoon and Springfield, IL
Lawrence, KS
St. Joseph, MO**

August 28, 2012

Washington, DC 20420

Why We Did This Review

The VA OIG is undertaking a systematic review of the VHA's CBOCs to assess whether CBOCs are operated in a manner that provides veterans with consistent, safe, high-quality health care.

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

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

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Glossary

ADA	Americans with Disabilities Act
C&P	credentialing and privileging
CBOC	community based outpatient clinic
CCHT	Care Coordination Home Telehealth
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
LCSW	licensed clinical social worker
MedMgt	medication management
MH	mental health
MST	military sexual trauma
NP	nurse practitioner
OIG	Office of Inspector General
OPPE	Ongoing Professional Practice Evaluation
PACT	Preservation-Amputation Care and Treatment
PCP	primary care provider
PTSD	Post-Traumatic Stress Disorder
TX	treatment
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network

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Executive Summary

Purpose: We conducted an inspection of four CBOCs during the weeks of May 14 and 21, 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
11	VA Illiana HCS	Mattoon
		Springfield
15	VA Eastern Kansas HCS	Lawrence
		St. Joseph
Table 1. Sites Inspected		

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

VA Illiana HCS

- Ensure the Mattoon and Springfield CBOC clinicians document education of foot care to diabetic patients in CPRS.
- Ensure the Mattoon and Springfield CBOC clinicians document a risk level for diabetic patients in CPRS in accordance with VHA policy.
- Ensure that fee basis mammography results are received and scanned into CPRS at the Mattoon and Springfield CBOCs.
- Establish a process to ensure CPRS mammogram radiology orders are entered for all fee-basis and/or contract mammograms and that all breast imaging and mammography results are linked to the appropriate radiology mammogram or breast study order at the Mattoon and Springfield CBOCs.
- Appoint a Women's Health Liaison for the Mattoon and Springfield CBOCs and ensure they collaborate with the Women Veterans Program Manager.
- Install signage at the Mattoon and Springfield CBOCs to clearly identify the location of fire extinguishers.
- Ensure staff at the Mattoon and Springfield CBOCs consistently collect and analyze hand hygiene data.
- Update the local policy for MH emergencies that reflects the current practice regarding use of the panic alarm system at the Mattoon and Springfield CBOCs.
- Ensure that staff are trained and knowledgeable of local MH emergency guidelines at the Mattoon and Springfield CBOCs.

VA Eastern Kansas HCS

- Develop and implement a local policy for the PACT program in accordance with VHA policy at the VA Eastern Kansas HCS.
- Ensure the Lawrence and St. Joseph CBOC clinicians document education of foot care to diabetic patients in CPRS.
- Ensure the St. Joseph CBOC clinicians document complete foot screenings for diabetic patients in CPRS.
- Ensure the Lawrence and St. Joseph 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 mammogram results are notified of results within the allotted timeframe and that notification is documented in the medical record at the St. Joseph CBOC.
- Ensure that fee basis mammography results are received and scanned into CPRS at the Lawrence and St. Joseph CBOCs.
- Establish a process to ensure CPRS mammogram radiology orders are entered for all fee basis and/or contract mammograms and that all breast imaging and mammography results are linked to the appropriate radiology mammogram or breast study order at the Lawrence and St. Joseph CBOCs.
- Ensure the Women's Health Liaison at the Lawrence and St. Joseph CBOCs collaborates with the Women Veterans Program Manager.
- Improve access for disabled veterans at the St. Joseph CBOC.
- Improve restroom access for disabled veterans at the St. Joseph CBOC.
- Maintain auditory privacy during the check-in process at the St. Joseph CBOC.

Comments

The VISN and Acting/Facility Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes B–E, pages 16–26, for the full text of the Directors’ comments.) We will follow up on the planned actions until they are completed.



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Assistant Inspector General for
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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 to VHA Handbook 1100.19.¹
- Determine whether CBOCs are in compliance with standards of operations according to VHA policy in the areas of environmental safety and emergency planning.²

Scope. The review topics discussed in this report include:

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

For detailed information regarding the scope and methodology of the focused topic areas conducted during this inspection, please refer to Report No. 11-03653-283 *Informational Report Community Based Outpatient Clinic Cyclical Report FY 2012*, September 20, 2011. This report is available at <http://www.va.gov/oig/publications/reports-list.asp>.

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

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

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

CBOC Characteristics

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

	Mattoon	Springfield	Lawrence	St. Joseph
VISN	11	11	15	15
Parent Facility	VA Illiana HCS	VA Illiana HCS	VA Eastern Kansas HCS	VA Eastern Kansas HCS
Type of CBOC	VA	VA	VA	VA
Number of Uniques, ³ FY 2011	1,552	4,905	965	2,552
Number of Visits, FY 2011	10,889	31,284	2,599	10,395
CBOC Size ⁴	Mid-size	Mid-size	Small	Mid-size
Locality ⁵	Rural	Urban	Urban	Urban
Full Time Employee Equivalents PCP	1.8	3.9	1	3
Full Time Employee Equivalents MH	1.7	2.7	.4	1
Types of Providers	LCSW NP PCP Psychiatrist Psychologist	LCSW NP Physician Assistant PCP Psychiatrist Psychologist Licensed Clinical Professional Counselor	LCSW Physician Assistant	LCSW NP PCP Psychologist
Specialty Care Services Onsite	Yes	Yes	No	No
Tele-Health Services	Tele-Dermatology Tele-Podiatry Tele-Rehabilitation Tele-Surgery Tele-Wound Care CCHT	Tele-Dermatology CCHT	Tele-EKG Tele-Mental Health Tele-MOVE Tele-Pharmacy CCHT	Tele-EKG Tele-Mental Health Tele-MOVE Tele-Wound Care
Ancillary Services Provided Onsite	EKG Laboratory	EKG Laboratory	EKG Laboratory	EKG Laboratory

Table 2. CBOC Characteristics

³ <http://vssc.med.va.gov>

⁴ Based on the number of unique patients seen as defined by VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics*, September 11, 2008, the size of the CBOC facility is categorized as very large (> 10,000), large (5,000-10,000), mid-size (1,500-5,000), or small (< 1,500).

⁵ <http://vaww.pssg.med.va.gov/>

Mental Health CBOC Characteristics

Table 3 displays the MH Characteristics for each CBOC reviewed.

	Mattoon	Springfield	Lawrence	St. Joseph
Provides MH Services	Yes	Yes	Yes	Yes
Number of MH Uniques, FY 2011	308	939	126	367
Number of MH Visits	1,980	4,927	684	3,475
General MH Services	Dx & TX Plan MedMgt Psychotherapy PTSD MST	Dx & TX Plan MedMgt Psychotherapy PTSD MST	Dx & TX Plan MedMgt Psychotherapy	Dx & TX Plan MedMgt Psychotherapy PTSD MST
Specialty MH Services	Consult & TX Psychotherapy Homeless Program	Consult & TX Psychotherapy Compensated Work Therapy Homeless Program Substance Use Disorder	Psychotherapy Substance Use Disorder	Consult & TX Psychotherapy Social Skills Training Homeless Program Substance Use Disorder
Tele-Mental Health	No	No	Yes	Yes
MH Referrals	Another VA Facility Fee-Basis	Another VA Facility Fee-Basis	Another VA Facility	Another VA Facility

Table 3. MH Characteristics for CBOCs

Results and Recommendations

Management of DM—Lower Limb Peripheral Vascular Disease

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

Noncompliant	Areas Reviewed
Lawrence St. Joseph	The parent facility has established a PACT program. ⁶
	The CBOC has developed screening guidelines regarding universal foot checks.
	The CBOC has developed a tracking system to identify and follow patients at risk for lower limb amputations.
	The CBOC has referral guidelines for at-risk patients.
Mattoon Springfield Lawrence St. Joseph	The CBOC documents education of foot care for patients with a diagnosis of DM. ⁷
St. Joseph	There is documentation of foot screening in the patient's medical record.
Mattoon Springfield Lawrence St. Joseph	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 11, VA Illiana HCS – Mattoon and Springfield

Foot Care Education. The Mattoon CBOC clinicians did not document foot care education for 20 of 28 diabetic patients in CPRS. The Springfield CBOC clinicians did not document foot care education for 25 of 29 in CPRS.

Risk Level Assessment. The Mattoon CBOC clinicians did not document a risk level for 26 of 28 diabetic patients in CPRS. The Springfield CBOC clinicians did not document a risk level for 29 of 29 in CPRS. VHA policy⁸ requires identification of high-risk patients

⁶ VHA Directive 2006-050, *Preservation Amputation Care and Treatment (PACT) Program*, September 14, 2006.

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

⁸ VHA Directive 2006-050.

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

Recommendation 1. We recommended that the Mattoon and Springfield CBOC clinicians document education of foot care to diabetic patients in CPRS.

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

VISN 15, VA Eastern Kansas HCS – Lawrence and St. Joseph

PACT Program. The VA Eastern Kansas HCS did not have a PACT program policy that defines staff responsibilities and care algorithms, as required by VHA policy.⁹

Foot Care Education Documentation. The Lawrence CBOC clinicians did not document education of foot care for 28 of 30 diabetic patients in CPRS. The St. Joseph CBOC clinicians did not document education of foot care for 22 of 27 in CPRS.

Foot Screenings. We did not find a complete foot screening (foot inspection, circulation check, and sensory testing) for 7 of 27 at the St. Joseph CBOC.

Risk Level Assessment. The Lawrence CBOC clinicians did not document a risk level for 30 of 30 diabetic patients in CPRS. The St. Joseph CBOC clinicians did not document a risk level for 27 of 27 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.

Recommendation 3. We recommended that VA Eastern Kansas HCS develops and implements a local policy for the PACT program in accordance with VHA policy.

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

Recommendation 5. We recommended that the St. Joseph CBOC clinicians document complete foot screenings for diabetic patients in CPRS.

Recommendation 6. We recommended that the Lawrence and St. Joseph CBOC clinicians document a risk level for diabetic patients in CPRS in accordance with VHA policy.

⁹ VHA Directive 2006-050.

¹⁰ VHA Directive 2006-050.

Women's Health

Breast cancer is the second most common type of cancer among American women, with approximately 207,000 new cases reported each year.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.

Noncompliant	Areas Reviewed
	Patients were referred to mammography facilities that have current Food and Drug Administration or State-approved certifications.
	Mammogram results are documented using the American College of Radiology's BI-RADS code categories. ¹³
	The ordering VHA provider or surrogate was notified of results within a defined timeframe.
St. Joseph	Patients were notified of results within a defined timeframe.
	The facility has an established process for tracking results of mammograms performed off-site.
Mattoon Springfield Lawrence St. Joseph	Fee Basis mammography reports are scanned into Veterans Health Information Systems and Technology Architecture.
Mattoon Springfield Lawrence St. Joseph	All screening and diagnostic mammograms were initiated via an order placed into the VistA radiology package. ¹⁴
Mattoon Springfield	Each CBOC has an appointed Women's Health Liaison.
Lawrence St. Joseph	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	

VISN 11, VA Illiana HCS – Mattoon and Springfield

There were a total of 20 patients who had mammograms done on or after June 1, 2010. There were 6 patients who received mammograms at the Mattoon CBOC and 14

¹¹ American Cancer Society, Cancer Facts & Figures 2009.

¹² VHA Handbook 1330.01, *Healthcare Services for Women Veterans*, May 21, 2010.

¹³ 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.

¹⁴ VHA Handbook 1330.01.

patients at the Springfield CBOC.

Scanned Reports. We reviewed medical records of patients at the CBOCs who had mammograms performed at non-VA facilities under fee basis agreements. We determined that 20 of 20 patients' mammogram results were not scanned into CPRS.

Mammography Orders and Access. Providers at the Mattoon and Springfield CBOCs did not enter CPRS mammogram radiology orders for 20 of 20 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.

Appointment of Women's Health Liaison. The facility had not appointed a Women's Health Liaison for the Mattoon and Springfield CBOCs.

Recommendation 7. We recommended that managers ensure that fee basis mammography results are received and scanned into CPRS at the Mattoon and Springfield CBOCs.

Recommendation 8. We recommended that managers at the Mattoon and Springfield CBOCs establish a process to ensure CPRS mammogram radiology orders are entered for all fee basis and/or contract mammograms and that all breast imaging and mammography results are linked to the appropriate radiology mammogram or breast study order.

Recommendation 9. We recommended that the Facility Director appoints a Women's Health Liaison for the Mattoon and Springfield CBOCs and ensures they collaborate with the Women Veterans Program Manager.

VISN 15, VA Eastern Kansas HCS – Lawrence and St. Joseph

There were a total of five patients who had mammograms done on or after June 1, 2010. There was one patient who received a mammogram at the Lawrence CBOC and four patients at the St. Joseph CBOC.

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

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

Mammography Orders and Access. Providers at the Lawrence and St. Joseph CBOCs did not enter CPRS mammogram radiology orders for five 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.

Women’s Health Liaison. We found no evidence that the Women’s Health Liaisons at the Lawrence and St. Joseph CBOCs collaborated with the parent facility’s Women Veterans Program Manager.

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

Recommendation 11. We recommended that managers ensure that fee basis mammography results are received and scanned into CPRS at the Lawrence and St. Joseph CBOCs.

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

Recommendation 13. We recommended that the Women’s Health Liaison at the Lawrence and St. Joseph CBOCs collaborates with the Women Veterans Program Manager.

C&P

We reviewed C&P folders to determine whether facilities had consistent processes to ensure that providers complied with applicable requirements as defined by VHA policy.¹⁵ Table 6 shows the areas reviewed for this topic.

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:

¹⁵ VHA Handbook 1100.19.

Noncompliant	Areas Reviewed (continued)
	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. ¹⁶
	(8) The determination to continue current privileges were based in part on results of OPPE activities.
	(9) The OPPE and reappraisal process included consideration of such factors as clinical pertinence reviews and/or performance measure compliance.
	(10) Relevant provider-specific data was compared to aggregated data of other providers holding the same or comparable privileges.
	(11) Scopes of practice were facility specific.
Table 6. C&P	

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

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.

¹⁶ VHA Handbook 1100.19.

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.
St. Joseph	The entrance door to the CBOC meets ADA requirements.
St. Joseph	The CBOC restrooms meet ADA requirements.
	The CBOC is well maintained (e.g., ceiling tiles clean and in good repair, walls without holes, etc.).
	The CBOC is clean (walls, floors, and equipment are clean).
	The patient care area is safe.
	The CBOC has a process to identify expired medications.
	Medications are secured from unauthorized access.
	There is an alarm system or panic button installed in high-risk areas as identified by the vulnerability risk assessment.
St. Joseph	Privacy is maintained.
	Information Technology security rules are adhered to.
	Patients' personally identifiable information is secured and protected.
	There is alcohol hand wash or a soap dispenser and sink available in each examination room.
	The sharps containers are less than ¾ full.
	There is evidence of fire drills occurring at least annually.
	There is evidence of an annual fire and safety inspection.
Mattoon Springfield	Fire extinguishers are easily identifiable.
Mattoon Springfield	The CBOC collects, monitors, and analyzes hand hygiene data.
	Staff use two patient identifiers for blood drawing procedures.
	The CBOC is included in facility-wide EOC activities.
Table 7. EOC	

VISN 11, VA Illiana HCS – Mattoon and Springfield

Fire Extinguishers. The Mattoon and Springfield CBOCs had no signage identifying the location of fire extinguishers. All fire extinguishers were recessed in the wall and obscured from view. The National Fire Protection Association Life Safety Code requires identification of fire extinguisher locations when they are obscured from view.¹⁷

¹⁷ National Fire Protection Association, Standard for Portable Fire Extinguishers, 10 6.1.3.3.1.

Hand Hygiene. Staff at the Mattoon and Springfield CBOCs did not consistently collect hand hygiene data nor was the data analyzed. The Centers for Disease Control¹⁸ recommends that healthcare facilities develop a comprehensive infection control program with a hand hygiene component, which includes monitors, data analysis, and provider feedback.

Recommendation 14. We recommended that signage is installed at the Mattoon and Springfield CBOCs to clearly identify the location of fire extinguishers.

Recommendation 15. We recommended that staff consistently collect and analyze hand hygiene data at the Mattoon and Springfield CBOCs.

VISN 15, VA Eastern Kansas HCS – Lawrence and St. Joseph

Physical Access. To enter the St. Joseph CBOC, patients have to go through two entrances. Neither entrance has an adaptive device to assist patients with opening the door. The second entrance door requires greater than 5 pounds of force to open. The ADA¹⁹ requires that facility doors are equipped with handles that are easy to grasp with one hand and do not require tight grasping, pinching, or twisting of the wrist to operate.

Restroom Access. At the St. Joseph CBOC, two of three patient restrooms required twisting of the wrist to operate the sink faucets. The ADA requires that “controls and operating mechanisms shall be operable with one hand and shall not require tight grasping, pinching, or twisting of the wrist.

Auditory Privacy. Auditory privacy was inadequate for patients during the check-in process at the St. Joseph CBOC. Patients communicated with staff through the window located in the waiting area. Patients are asked to provide, at a minimum, their name and last four of their social security number. Because staff did not ensure that a zone of privacy was maintained, communication between the patient and clerk could be easily heard by other patients and visitors sitting in the chairs next to the check-in window.

Recommendation 16. We recommended that access is improved for disabled veterans at the St. Joseph CBOC.

Recommendation 17. We recommended that restroom access is improved for disabled veterans at the St. Joseph CBOC.

Recommendation 18. We recommended that auditory privacy is maintained during the check-in process at the St. Joseph CBOC.

¹⁸ Centers for Disease Control 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.

¹⁹ Americans with Disabilities Act (ADA) Accessibility Guidelines for Buildings and Facilities.

Emergency Management

VHA policy requires each CBOC to have a local policy or standard operating procedure defining how medical emergencies, including MH, are handled.²⁰ Table 8 shows the areas reviewed for this topic. The facilities identified as noncompliant needed improvement. Details regarding the findings follow the table.

Noncompliant	Areas Reviewed
	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.
Mattoon Springfield	There is a local MH emergency management plan for this CBOC.
Mattoon Springfield	The staff articulated the procedural steps of the MH emergency plan.
Table 8. Emergency Management	

VISN 11, VA Illiana HCS – Mattoon and Springfield

Local Standard Operating Procedure. The Mattoon and Springfield CBOCs had implemented a local policy to instruct staff on how they were to respond if patients presented with MH emergencies; however, the policy had not been updated to reflect current practice regarding use of the panic alarm system. Additionally, CBOC staff did not articulate responses during our interviews that accurately reflected the local MH emergency guidelines.

Recommendation 19. We recommended that managers update the local policy for MH emergencies that reflects the current practice regarding use of the panic alarm system at the Mattoon and Springfield CBOCs.

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

²⁰ VHA Handbook 1006.1.

The results of this topic review are reported for informational purposes only. After the completion of the FY 2012 inspection cycle, a national report will be issued detailing cumulative and comparative results for all CBOCs inspected during FY 2012. The results of our review of the selected CBOCs discussed in this report are found in Appendix A.

HF Follow-Up Results

Areas Reviewed			
CBOC Processes			
<i>Guidance</i>	<i>Facility</i>	<i>Yes</i>	<i>No</i>
The CBOC monitors HF readmission rates.	VA Illiana HCS		
	Mattoon	X	
	Springfield	X	
	VA Eastern Kansas HCS		
	Lawrence	X	
	St. Joseph	X	
The CBOC has a process to identify enrolled patients that have been admitted to the parent facility with a HF diagnosis.	VA Illiana HCS		
	Mattoon	X	
	Springfield	X	
	VA Eastern Kansas HCS		
	Lawrence		X
	St. Joseph		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.	VA Illiana HCS		
	Mattoon	1	1
	Springfield	2	2
	VA Eastern Kansas HCS		
	Lawrence	0	2
	St. Joseph	3	4
A clinician documented a review of the patients' medications during the first follow-up primary care or cardiology visit.	VA Illiana HCS		
	Mattoon	1	1
	Springfield	2	2
	VA Eastern Kansas HCS		
	Lawrence	2	2
	St. Joseph	4	4
A clinician documented a review of the patients' weights during the first follow-up primary care or cardiology visit.	VA Illiana HCS		
	Mattoon	1	1
	Springfield	2	2
	VA Eastern Kansas HCS		
	Lawrence	0	2
	St. Joseph	2	4

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.	VA Illiana HCS		
	Mattoon	1	1
	Springfield	0	2
	VA Eastern Kansas HCS		
	Lawrence	0	2
	St. Joseph	2	4
A clinician documented a review of the patients' fluid intakes during the first follow-up primary care or cardiology visit.	VA Illiana HCS		
	Mattoon	1	1
	Springfield	0	2
	VA Eastern Kansas HCS		
	Lawrence	0	2
	St. Joseph	1	4
A clinician educated the patient, during the first follow-up primary care or cardiology visit, on key components that would trigger the patients to notify their providers.	VA Illiana HCS		
	Mattoon	0	1
	Springfield	1	2
	VA Eastern Kansas HCS		
	Lawrence	0	2
	St. Joseph	2	4

VISN 11 Director Comments

Department of
Veterans Affairs

Memorandum

Date: July 23, 2012
From: Director, VISN 11 (10N11)
Subject: **CBOC Reviews: Mattoon and Springfield, IL**
To: Director, 54KC Healthcare Inspections Division (54KC)
Director, Management Review Service (VHA 10A4A4)

Per your request, attached is the response from VA Illiana Healthcare System on the draft report of the Mattoon and Springfield CBOCs. If you have any questions, please contact Kelley Sermak, VISN 11 QMO, at (734) 222-4302.



Michael S. Finegan

Attachment

VA Illiana HCS Director Comments

Department of
Veterans Affairs

Memorandum

Date: July 13, 2012
From: Director, VA Illiana HCS (550/00)
Subject: **CBOC Reviews: Mattoon and Springfield, IL**
To: Director, VISN 11(10N11)

1. Listed are individual responses to the recommendations from the CBOC review for Mattoon and Springfield, IL CBOCs.
2. Please contact Lori Pearman, Quality Manager at (217) 554-5083 if you have any questions on the information provided.



Emma Metcalf, MSN, RN

Attachment

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 Mattoon and Springfield CBOC clinicians document education of foot care to diabetic patients in CPRS.

Concur

Target date for completion: Closed

Modifications were made to the clinical reminder to include documentation of education provided to the Veteran and included an educational print out to be given to the Veteran.

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

Concur

Target date for completion: Closed

Modifications were made to the clinical reminder, for diabetic patients, which included risk level based on assessment, education, and appropriate referrals.

Recommendation 7. We recommended that managers ensure that fee basis mammography results are received and scanned into CPRS at the Mattoon and Springfield CBOCs.

Concur

Target date for completion: August 30, 2012

A best practice has been identified from the Biloxi VA and is currently being developed. The clinical application coordinator is developing order sets that will have the ability to attach the mammography reports to a consult order. Once the order is in CPRS the images will be scanned in and linked to the appropriate consult.

Recommendation 8. We recommended that managers at the Mattoon and Springfield CBOCs establish a process to ensure CPRS mammogram radiology orders are entered for all fee basis and/or contract mammograms and that all breast imaging and mammography results are linked to the appropriate radiology mammogram or breast study order.

Concur

Target date for completion: August 30, 2012

The implementation of the new order set will resolve this issue. The mammography will automatically link to the radiology consult.

Recommendation 9. We recommended that the Facility Director appoints a Women's Health Liaison for the Mattoon and Springfield CBOCs and ensures they collaborate with the Women Veterans Program Manager.

Concur

Target date for completion: Closed

Mattoon and Springfield CBOCs have appointed Women's Health Liaisons at the clinics. Photographs of the liaisons are displayed at the clinics. Collaboration occurs between the Woman Veterans Program Manager and the Liaisons on a regular basis. This included face to face visits and telephone consultations.

Recommendation 14. We recommended that signage is installed at the Mattoon and Springfield CBOCs to clearly identify the location of fire extinguishers.

Concur

Target date for completion: July 31, 2012

Signage identifying fire extinguishers have been requested through the Engineering Service. A work order has been assigned.

Recommendation 15. We recommended that staff consistently collect and analyze hand hygiene data at the Mattoon and Springfield CBOCs.

Concur

Target date for completion: August 30, 2012

Staff has been assigned at the CBOCs as "secret shoppers" by the Infection Control Nurse to collect weekly data at the clinics. The Infection Control Nurse and the Quality Manager of the CBOCs analyze the hand hygiene data and share findings with staff on a monthly basis.

Recommendation 19. We recommended that managers update the local policy for MH emergencies that reflects the current practice regarding the use of the panic alarm system at the Mattoon and Springfield CBOCs.

Concur

Target date for completion: Closed

The policy for MH emergencies was reviewed and updated by the Chief of MH and Quality Manager at the CBOCs. Education was provided to all staff.

Recommendation 20. We recommended that managers ensure that staff are trained and knowledgeable of local MH emergency guidelines at the Mattoon and Springfield CBOCs.

Concur

Target date for completion: Closed

Education of the MH emergency guidelines was provided to staff on June 6 and July 11, 2012. Quarterly panic alarm testing will be conducted to ensure appropriate response.

VISN 15 Director Comments

Department of
Veterans Affairs

Memorandum

Date: July 19, 2012
From: Director, VISN 15 (10N15)
Subject: **CBOC Reviews: Lawrence, KS and St. Joseph, MO**
To: Director, 54KC Healthcare Inspections Division (54KC)
Director, Management Review Service (VHA 10A4A4)

1. Thank you for the opportunity to review the draft inspection report of the CBOC Review: Lawrence, KS and St. Joseph, MO conducted by the Office of Healthcare Inspections. We appreciate the completeness of the review that was conducted and concur with the recommendations and submitted action plan.
2. VISN 15 embraces the review process to ensure that we continue to provide exceptional care to our Veterans. Please contact Jimmie Bates, Network Quality Management Officer, for any additional needed information at 816-701-3000.



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

VA Eastern Kansas HCS Acting Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: July 17, 2012
From: Acting Director, VA Eastern Kansas HCS (589A5/A6/00)
Subject: **CBOC Reviews: Lawrence, KS and St. Joseph, MO**
To: Director, VISN 15 (10N15)

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

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

(original signed by:)
John Moon

Comments to Office of Inspector General's Report

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

OIG Recommendations

Recommendation 3. We recommended that VA Eastern Kansas HCS develops and implements a local policy for the PACT program in accordance with VHA policy.

Concur

Target date for completion: August 1, 2012

Eastern Kansas has developed a local policy that meets the VHA policy regarding the PACT program.

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

Concur

Target date for completion: August 31, 2012

Eastern Kansas will make changes to the current clinical reminder used for documenting foot care to diabetic patients to ensure that patient education is specifically included, this has also been added as a requirement in the local policy. Additionally, specific provider education will be given to ensure all staff complete and document the required patient education.

Recommendation 5. We recommended that the St. Joseph CBOC clinicians document complete foot screenings for diabetic patients in CPRS.

Concur

Target date for completion: August 31, 2012

Eastern Kansas has initiated a provider specific tracking log to ensure that all Primary Care providers are completing the diabetic foot screening clinical reminder. This report is generated from KanVista and presented to the providers and their supervisors monthly. Providers will be educated on the importance and requirement to complete these reminders.

Recommendation 6. We recommended that the Lawrence and St. Joseph CBOC clinicians document a risk level for diabetic patients in CPRS in accordance with VHA policy.

Concur

Target date for completion: August 31, 2012

Eastern Kansas will make changes to the current clinical reminder used for documenting foot care to diabetic patients to ensure that the patient risk level is specifically included and documented, this has also been added as a requirement in the local policy. Additionally, specific provider education will be given to ensure all staff complete and document the appropriate risk level for each patient.

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

Concur

Target date for completion: September 30, 2012

Eastern Kansas has taken steps to implement a process for notification to patient for results of mammography reports. A template note has been made available in CPRS which can be used to create a letter to send to patients for normal results as well as for situations when the provider is unable to reach the veteran by phone for abnormal results. Eastern Kansas is in the process of writing a standard operating procedure outlining the process for ordering mammograms, patient notification of results, and follow up. Target date for completion of standard operating procedure and full implementation is by September 30, 2012.

Recommendation 11. We recommended that managers ensure that fee basis mammography results are received and scanned into CPRS at the Lawrence and St. Joseph CBOCs.

Concur

Target date for completion: August 30, 2012

Eastern Kansas has had a process for scanning mammography reports into CPRS and were available to be viewed in CPRS. However, Eastern Kansas had recently identified the need to revise process in order to assure that reports were also entered into Veterans Health Information Systems and Technology Architecture Radiology package using VHA approved Breast Imaging Reporting and Database System code with a linked radiology order. Eastern Kansas will fully implement the process as proposed in the standard operating procedure by August 30, 2012.

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

Concur

Target date for completion: August 30, 2012

Eastern Kansas staff had recently identified the need to revise fee basis mammogram process to create a radiology order linked to the fee consult to assure that completed mammogram results would be entered into Veterans Health Information Systems and Technology Architecture Radiology Package using the approved VHA Breast Imaging Reporting and Database System code and complete the linked radiology order. Eastern Kansas will fully implement process as proposed in the standard operating procedure by August 30, 2012.

Recommendation 13. We recommended that the Women's Health Liaison at the Lawrence and St. Joseph CBOCs collaborates with the Women Veterans Program Manager.

Concur

Target date for completion: Complete

Women Veteran Liaisons had been identified at all Eastern Kansas CBOCs, including Lawrence and St. Joseph CBOCs. Eastern Kansas Women Veterans Program Manager's Women Veterans Liaison Email Group has been used to facilitate communication between Liaisons and Women Veterans Program Manager regarding any pertinent women veteran program information and/or specific patient or CBOC concerns. As an Environmental Rounds team member, the Women Veterans Program Manager visits with CBOC Women Veteran Liaisons at their CBOC during scheduled rounds.

All identified Liaisons now receive an appointment letter signed by the Director for Eastern Kansas. In order to improve collaboration, the Women Veterans Program Manager created a recurring Women Veterans Liaison Work Group conference call through VA National Teleconferencing System line where all identified Liaisons can participate directly in the calls. Work group will meet at least bi-monthly. Additionally, if a CBOC Liaison is unable to attend the call, the Women Veterans Program Manager has created a checklist template which the Liaison can complete and send via email to the Women Veterans Program Manager, who makes follow up phone call to the Liaison to discuss any issues or concerns noted.

Recommendation 16. We recommended that access is improved for disabled veterans at the St. Joseph CBOC.

Concur

Target date for completion: September 12, 2012

Eastern Kansas St. Joseph CBOC is moving to a new location which will improve access for disabled veterans.

Recommendation 17. We recommended that restroom access is improved for disabled veterans at the St. Joseph CBOC.

Concur

Target date for completion: September 12, 2012

Eastern Kansas St. Joseph CBOC is moving to a new location which will improve access for disabled veterans.

Recommendation 18. We recommended that auditory privacy is maintained during the check-in process at the St. Joseph CBOC.

Concur

Target date for completion: Completed

Seating in the waiting room was reconfigured to provide auditory privacy during the check-in process.

OIG Contact and Staff Acknowledgments

OIG Contact	For more information about this report, please contact the Office of Inspector General at (202) 461-4720.
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Contributors	Dorothy Duncan, RN, MHA, Project Leader James Seitz, RN, MBA, Team Leader Larry Selzler, MSPT, Team Leader Cindy Niemack-Brown, CMS, LMHP Laura Snow, LMSW, MHCL Jennifer Whitehead, Program Support Assistant Shirley Carlile, BA Lin Clegg, PhD Marnette Dhooghe, MS
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