



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

**Office of Healthcare Inspections**

**Report No. 12-00575-255**

**Community Based Outpatient  
Clinic Reviews  
Payson and Show Low, AZ  
Long Beach (Cabrillo) and  
Laguna Hills, CA**

**August 27, 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
C&P	credentialing and privileging
CBOC	community based outpatient clinic
CPRS	Computerized Patient Record System
Consult & TX	Consult and treatment
DM	Diabetes Mellitus
DX & TX Plan	diagnosis and treatment plan
ECMS	Executive Committee of the Medical Staff
EKG	electrocardiogram
EOC	environment of care
FPPE	Focused Professional Practice Evaluation
FY	fiscal year
HCS	Health Care System
HF	heart failure
LIP	licensed independent practitioner
MedMgt	medication management
MH	mental health
MST	military sexual trauma
NP	nurse practitioner
OIG	Office of Inspector General
OPPE	Ongoing Professional Practice Evaluation
PCP	primary care provider
PSB	Professional Standards Board
PTSD	Post-Traumatic Stress Disorder
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
VistA	Veterans Health Information Systems and Technology Architecture

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## Executive Summary

**Purpose:** We conducted an inspection of four CBOCs during the weeks of May 28 and June 11, 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. There were actively burning forest fires during our scheduled on-site inspection of the Payson and Show Low CBOCs; therefore, due to safety reasons, we were unable to complete the EOC and emergency management inspections.

VISN	Facility	CBOC
18	Phoenix VA HCS	Payson
		Show Low
22	VA Long Beach HCS	Cabrillo
		Laguna Hills
<b>Table 1. Sites Inspected</b>		

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

### Phoenix VA HCS

- Ensure that the Show Low clinicians document, in CPRS, a complete foot screening for diabetic patients.
- Ensure that the Payson and Show Low clinicians document, in CPRS, a risk level for diabetic patients in accordance with VHA policy.
- Ensure that fee basis mammography results are received and scanned into CPRS at the Show Low CBOC.
- Ensure that 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 Show Low CBOC.
- Ensure that the Women's Health Liaison at the Show Low CBOC collaborates with the Women Veterans Program Manager.
- Ensure that the Service Chief's documentation in VetPro reflects documents reviewed and the rationale for privileging or re-privileging at the Payson and Show Low CBOCs.
- Ensure that adequate competency data is maintained in all practitioners' profiles and that the ECMS meeting minutes reflect sufficient discussion of the competency data.
- Ensure that aggregated and comparison data is collected and utilized during providers' reappraisal processes at the Show Low CBOC.

- Ensure that access to MH services at the Payson CBOC complies with VHA directives.

#### VA Long Beach HCS

- Ensure that the Cabrillo and Laguna Hills clinicians document, in CPRS, foot care education to diabetic patients.
- Ensure that the Laguna Hills clinicians provide a complete foot screening to all diabetic patients and document the screening in CPRS.
- Ensure that the Cabrillo and Laguna Hills clinicians document a risk level, in CPRS, for diabetic patients in accordance with VHA policy.
- Ensure that scopes of practice are facility specific for all providers at the Cabrillo CBOC.
- Ensure the Cabrillo CBOC provides handicap parking spaces as required by the ADA.

#### **Comments**

The VISN and Facility Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes B-E, pages 16-26, 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 to VHA Handbook 1100.19.<sup>1</sup>
- Determine whether CBOCs are in compliance with standards of operations according to VHA policy in the areas of environmental safety and emergency planning.<sup>2</sup>
- 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.

<sup>1</sup> VHA Handbook 1100.19, *Credentialing and Privileging*, November 14, 2008.

<sup>2</sup> 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.

	Payson	Show Low	Cabrillo	Laguna Hills
<b>VISN</b>	18	18	22	22
<b>Parent Facility</b>	Phoenix VA HCS	Phoenix VA HCS	VA Long Beach HCS	VA Long Beach HCS
<b>Type of CBOC</b>	Contract	VA	VA	Contract
<b>Number of Uniques,<sup>3</sup> FY 2011</b>	640	2,159	1,118	4,312
<b>Number of Visits, FY 2011</b>	846	9,953	8,346	11,880
<b>CBOC Size<sup>4</sup></b>	Small	Mid-size	Small	Mid-size
<b>Locality<sup>5</sup></b>	Rural	Rural	Urban	Urban
<b>Full-time Employee Equivalents PCP</b>	0.63	1.9	0.75	2
<b>Full-time Employee Equivalents MH</b>	0	3	0.2	2.4
<b>Types of Providers</b>	PCP	NP PCP Psychiatrist Licensed Clinical Social Worker	NP	NP PCP Psychiatrist Psychologist
<b>Specialty Care Services Onsite</b>	No	No	Yes	Yes
<b>Tele-Health Services</b>	No	Tele-Retinal Imaging	No	Tele-Retinal Imaging
<b>Ancillary Services Provided Onsite</b>	No	EKG Laboratory	EKG Laboratory	EKG Laboratory Radiology

**Table 2. CBOC Characteristics**

<sup>3</sup> <http://vssc.med.va.gov/>

<sup>4</sup> 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).

<sup>5</sup> <http://vaww.pssg.med.va.gov/>



## Mental Health CBOC Characteristics

Table 3 displays the MH Characteristics for each CBOC reviewed.

	Payson	Show Low	Cabrillo	Laguna Hills
<b>Provides MH Services</b>	No	Yes	Yes	Yes
<b>Number of MH Uniques, FY 2011</b>	0	438	403 <sup>6</sup>	1,220
<b>Number of MH Visits</b>	0	3,147	6,132 <sup>5</sup>	2,740
<b>General MH Services</b>	NA	DX & TX Plan MedMgt MST PTSD Psychotherapy	DX & TX Plan MedMgt MST PTSD	DX & TX Plan MedMgt MST PTSD Psychotherapy
<b>Specialty MH Services</b>	NA	None	Consult & TX PTSD Teams	Consult & TX Psychotherapy Psychosocial Rehabilitation
<b>Tele-Mental Health</b>	No	No	No	No
<b>MH Referrals</b>	Another VA Facility	Another VA Facility Fee-Basis	Another VA Facility	Another VA Facility

**Table 3. MH Characteristics for CBOCs**

<sup>6</sup> Includes MH encounters from the Cabrillo CBOC and the Veterans Village Recovery Center.

## Results and Recommendations

### Management of DM–Lower Limb Peripheral Vascular Disease

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

Noncompliant	Areas Reviewed
	The parent facility has established a Preservation-Amputation Care and Treatment Program. <sup>7</sup>
	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.
Cabrillo Laguna Hills	The CBOC documents education of foot care for patients with a diagnosis of DM. <sup>8</sup>
Show Low Laguna Hills	There is documentation of foot screening in the patient's medical record.
Payson Show Low Cabrillo Laguna Hills	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.
<b>Table 4. DM</b>	

### VISN 18, Phoenix VA HCS – Payson and Show Low

**Foot Screenings.** We did not find a complete foot screening (foot inspection, circulation check, and sensory testing) for 6 of 30 diabetic patients at the Show Low CBOC.

**Risk Level Assessment.** The Payson and Show Low clinicians did not document in CPRS a risk level for any of the 17 diabetic patients at the Payson CBOC and 29 of 30 diabetic patients at the Show Low CBOC in CPRS. VHA policy<sup>9</sup> requires identification of high-risk patients with a risk level, based upon foot risk factors that would determine appropriate care and/or referral.

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

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

<sup>9</sup> VHA Directive 2006-050.

**Recommendation 1.** We recommended that the Show Low clinicians document, in CPRS, a complete foot screening for diabetic patients.

**Recommendation 2.** We recommended that the Payson and Show Low clinicians document, in CPRS, a risk level for diabetic patients in accordance with VHA policy.

## **VISN 22, VA Long Beach HCS – Cabrillo and Laguna Hills**

Foot Care Education Documentation. We found that Cabrillo and Laguna Hills clinicians did not document foot care education in CPRS for diabetic patients in 13 of 24 medical records at the Cabrillo CBOC and 19 of 28 medical records at the Laguna Hills CBOC.

Foot Screenings. We did not find a complete foot screening (foot inspection, circulation check, and sensory testing) for 6 of 28 diabetic patients at the Laguna Hills CBOC.

Risk Level Assessment. The Cabrillo and Laguna Hills clinicians did not document in CPRS a risk level for any of the 24 patients at the Cabrillo CBOC or any of the 28 patients at the Laguna Hills CBOC. VHA policy<sup>10</sup> 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 the Cabrillo and Laguna Hills clinicians document, in CPRS, foot care education to diabetic patients.

**Recommendation 4.** We recommended that the Laguna Hills clinicians document, in CPRS, a complete foot screening for diabetic patients.

**Recommendation 5.** We recommended that the Cabrillo and Laguna Hills clinicians document, in CPRS, a risk level for diabetic patients in accordance with VHA policy.

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

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<sup>10</sup> VHA Directive 2006-050.

<sup>11</sup> American Cancer Society, Cancer Facts & Figures 2009.

<sup>12</sup> VHA Handbook 1330.01, *Healthcare Services for Women Veterans*, May 21, 2010.

Noncompliant	Areas Reviewed
	Patients were referred to mammography facilities that have current Food and Drug Administration or State-approved certifications.
	Mammogram results are documented using the American College of Radiology's BI-RADS code categories. <sup>13</sup>
	The ordering VHA provider or surrogate was notified of results within a defined timeframe.
Cabrillo Laguna Hills	Patients were notified of results within a defined timeframe.
	The facility has an established process for tracking results of mammograms performed off-site.
Show Low	Fee Basis mammography reports are scanned into VistA.
Show Low	All screening and diagnostic mammograms were initiated via an order placed into the VistA radiology package. <sup>14</sup>
	Each CBOC has an appointed Women's Health Liaison.
Show Low	There is evidence that the Women's Health Liaison collaborates with the parent facility's Women Veterans Program Manager on women's health issues.
<b>Table 5. Mammography</b>	

There were a total of 10 patients who had mammograms done on or after June 1, 2010. None of the patients at the Payson CBOC met the criteria for this review. There were four patients who had a mammogram completed at the Show Low CBOC, three patients at the Cabrillo CBOC, and three patients at the Laguna Hills CBOC.

### **VISN 18, Phoenix VA HCS – Show Low**

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

Mammography Orders and Access. Providers at the Show Low CBOC did not enter CPRS mammogram radiology orders for three of four 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 Liaison at the Show Low CBOC collaborated with the parent facility's Women Veterans Program Manager.

<sup>13</sup> 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.

<sup>14</sup> VHA Handbook 1330.01.

**Recommendation 6.** We recommended that managers ensure that fee basis mammography results are received and scanned into CPRS at the Show Low CBOC.

**Recommendation 7.** We recommended that managers at the Show Low 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.

**Recommendation 8.** We recommended that the Women's Health Liaison at the Show Low CBOC collaborates with the Women Veterans Program Manager.

## VISN 22, VA Long Beach HCS – Cabrillo and Laguna Hills

Patient Notification of Normal Mammography Results. We determined that two of three patients at the Cabrillo CBOC and the three patients at the Laguna Hills CBOC were not notified of their normal mammography results within the required timeframe of 14 days.<sup>15</sup> This represents a repeat finding from the previous CBOC review.<sup>16</sup> The recommendation for the finding remains open. The facility developed a process to ensure patients with a normal mammogram were notified of their results within the defined timeframe and that notification was documented in the medical record. The facility implemented the process in February 2012. OIG will follow up on the recommendation until it is closed; therefore, we made no new recommendation.

## C&P

We reviewed C&P folders to determine whether facilities had consistent processes to ensure that providers complied with applicable requirements as defined by VHA policy.<sup>17</sup> Table 6 shows the areas reviewed for this topic. The facilities identified as noncompliant needed improvement. Details regarding the findings follow the table.

Noncompliant	Areas Reviewed
	(1) There was evidence of primary source verification for each provider's license.
	(2) Each provider's license was unrestricted.
	(3) New Provider:
	a. Efforts were made to obtain verification of clinical privileges currently or most recently held at other institutions.
	b. FPPE was initiated.
	c. Timeframe for the FPPE was clearly documented.
	d. The FPPE outlined the criteria monitored.
	e. The FPPE was implemented on first clinical start day.

<sup>15</sup> VHA Directive 2009-019.

<sup>16</sup> *Community Based Outpatient Clinic Reviews: Gillette and Powell, WY; Pueblo, CO; Anaheim and Laguna Hills, CA; Escondido and Oceanside, CA; Lancaster and Sepulveda, CA*; Report No. 11-01406-13, November 2, 2011.

<sup>17</sup> VHA Handbook 1100.19.

Noncompliant	Areas Reviewed (continued)
	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.
Payson Show Low	(6) The Service Chief, Credentialing Board, and/or medical staff's Executive Committee list documents reviewed and the rationale for conclusions reached for granting LIP privileges.
	(7) Privileges granted to providers were facility, service, and provider specific. <sup>18</sup>
Payson Show Low	(8) The determination to continue current privileges was based in part on results of OPPE activities.
Payson	(9) The OPPE and reappraisal process included consideration of such factors as clinical pertinence reviews and/or performance measure compliance.
Payson	(10) Relevant provider-specific data was compared to aggregated data of other providers holding the same or comparable privileges.
Cabrillo	(11) Scopes of practice were facility specific.
<b>Table 6. C&amp;P</b>	

**VISN 18, Phoenix VA HCS – Payson and Show Low**

Documentation of Privileging Decisions. We reviewed four LIPs (two at the Payson CBOC and two at the Show Low CBOC) and did not find documentation in the Service Chiefs' comments in VetPro that reflected the documents utilized to arrive at the decision to grant clinical privileges to the providers. According to VHA policy, the list of

<sup>18</sup> VHA Handbook 1100.19.

documents reviewed and the rationale for conclusions reached by the Service Chief must be documented.<sup>19</sup>

OPPE. We did not find evidence of OPPE data for the previous quarters' evaluation periods in one of the four LIP profiles. Also, the ECMS meeting minutes did not reflect adequate discussion of the four practitioners' data prior to reprivileging. VHA policy<sup>20</sup> requires that data consistent with service-specific competency criteria is collected, maintained in each physician's profile, and reviewed on an ongoing periodic basis.

Aggregated Data. We found that the OPPE for one provider at the Payson CBOC did not include aggregated and comparison data despite the providers having comparable privileges. VHA policy<sup>21</sup> requires that relevant practitioner-specific data needs to be compared to the aggregate data of those privileged practitioners that hold the same or comparable privileges.

**Recommendation 9.** We recommended that the Service Chief's documentation in VetPro reflects documents reviewed and the rationale for privileging or re-privileging at the Payson and Show Low CBOCs.

**Recommendation 10.** We recommended that adequate competency data is maintained in all practitioners' profiles and that the ECMS meeting minutes reflect sufficient discussion of the competency data.

**Recommendation 11.** We recommended that the PSB ensures that aggregated and comparison data is collected and utilized during practitioners' reappraisal processes at the Payson CBOC.

## **VISN 22, VA Long Beach HCS – Cabrillo**

Scopes of Practice. We found that the scope of practice for one provider at the Cabrillo CBOC was not facility specific. VHA policy<sup>22</sup> requires that privileges must be facility specific and only granted within the scope of the facility mission and only for those procedures provided by the facility.

**Recommendation 12.** We recommended that the PSB ensures scopes of practice are facility specific for all providers at the Cabrillo CBOC.

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<sup>19</sup> VHA Handbook 1100.19.

<sup>20</sup> VHA Handbook 1100.19.

<sup>21</sup> VHA Handbook 1100.19.

<sup>22</sup> VHA Handbook 1100.19.

## Environment and Emergency Management

### EOC

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, infection control, and general maintenance. Table 7 shows the areas reviewed for this topic. The facility identified as noncompliant needed improvement. Details regarding the findings follow the table.

<b>Noncompliant</b>	<b>Areas Reviewed</b>
Cabrillo	There is handicap parking, which meets the ADA requirements.
	The CBOC entrance ramp meets ADA requirements.
	The entrance door to the CBOC meets ADA requirements.
	The CBOC restrooms meet ADA requirements.
	The CBOC is well maintained (e.g., ceiling tiles clean and in good repair, walls without holes, etc.).
	The CBOC is clean (walls, floors, and equipment are clean).
	The patient care area is safe.
	The CBOC has a process to identify expired medications.
	Medications are secured from unauthorized access.
	There is an alarm system or panic button installed in high-risk areas as identified by the vulnerability risk assessment.
	Privacy is maintained.
	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 $\frac{3}{4}$ full.
	There is evidence of fire drills occurring at least annually.
	There is evidence of an annual fire and safety inspection.
	Fire extinguishers are easily identifiable.
	The CBOC collects, monitors, and analyzes hand hygiene data.
	Staff use two patient identifiers for blood drawing procedures.
	The CBOC is included in facility-wide EOC activities.
<b>Table 7. EOC</b>	

### **VISN 18, Phoenix VA HCS – Payson and Show Low**

There were actively burning forest fires during our scheduled on-site inspection of the Payson and Show Low CBOCs; therefore, due to safety reasons, we were unable to complete the EOC and emergency management inspections.



## VISN 22, VA Long Beach HCS – Cabrillo

Handicap Parking. We found that the Cabrillo CBOC did not have any designated handicap parking spaces. The ADA requires that accessible parking spaces are provided when a facility provides parking spaces for employees and/or visitors.

**Recommendation 13.** We recommended that the Cabrillo CBOC provides handicap parking spaces as required by the ADA.

### Emergency Management

VHA policy requires each CBOC to have a local policy or standard operating procedure defining how medical emergencies, including MH, are handled.<sup>23</sup> Table 8 shows the areas reviewed for this topic.

Noncompliant	Areas Reviewed
	There is a local medical emergency management plan for this CBOC.
	The staff articulated the procedural steps of the medical emergency plan.
	The CBOC has an automated external defibrillator onsite for cardiac emergencies.
	There is a local MH emergency management plan for this CBOC.
	The staff articulated the procedural steps of the MH emergency plan.
<b>Table 8. Emergency Management</b>	

The Cabrillo and Laguna Hills CBOCs were compliant with the review areas; therefore, we made no recommendations.

## HF Follow Up

The VA provides care for over 212,000 patients with HF. Nearly 24,500 of these patients were hospitalized during a 12-month period during FYs 2010 and 2011. The purpose of this review is to evaluate the continuity of care for enrolled CBOC patients discharged from the parent facility in FY 2011 with a primary discharge diagnosis of HF. The results of this topic review are reported for informational purposes only. After the completion of the FY 2012 inspection cycle, a national report will be issued detailing cumulative and comparative results for all CBOCs inspected during FY 2012. The results of our review of the selected CBOCs discussed in this report are found in Appendix A.

<sup>23</sup> VHA Handbook 1006.1.

## CBOC Contract

We conducted reviews of primary care at the Payson and Laguna Hills CBOCs and contracted MH services at the Laguna Hills CBOC to evaluate the effectiveness of VHA oversight and administration for selected contract provisions relating to quality of care and payment of services. At the Payson CBOC, veterans requiring non-urgent MH services are referred to the Northern Arizona or Phoenix VA HCS. Veterans with urgent MH needs are referred to a local hospital. At the Laguna Hills CBOC, the contractor provides individual and group MH services onsite.

Each CBOC engagement included: (1) a review of the contract, (2) analysis of patient care encounter data, (3) corroboration of information with VHA data sources, (4) site visits, and (5) interviews with VHA and contractor staff. Our review focused on documents and records for 3<sup>rd</sup> quarter, FY 2011.

Noncompliant	Areas Reviewed
	(1) Contract provisions relating to payment and quality of care:
Laguna Hills	a. Requirements for payment.
	b. Rate and frequency of payment.
	c. Invoice format.
Laguna Hills	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.
Payson	(6) Timely access to care (including provisions for traveling veterans).
	a. Visiting patients are not assigned to a provider panel in the Primary Care Management Module.
	b. The facility uses 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.
<b>Table 9. Review of Primary Care and MH Contract Compliance</b>	

### VISN 18, Phoenix VA HCS – Payson

Timely Access to Care. VHA Handbook 1160.01<sup>24</sup> describes the principle that MH care is an essential component of overall health care including the requirement that access to care be provided at a geographically accessible location within a 1-hour drive.

<sup>24</sup> VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics*, September 11, 2008.

Veterans assigned to the Payson CBOC must travel 90 or more miles away to receive MH services, which requires travel time in excess of 1½ hours. The VHA Handbook describes alternatives for providing MH services to rural areas including the use of tele-mental health services or contracted care if accessibility to MH services is in excess of 1 hour.

**Recommendation 14.** We recommended that the VAMC Director ensures that access to MH services at the Payson CBOC complies with VHA directives.

### **VISN 22, VA Long Beach HCS – Laguna Hills**

Performance Measures. The contract does not contain any penalties if the contracted medical care does not meet VHA standards. The facility was monitoring quality of care performance measures but had no means to enforce VHA standards, short of terminating the contract. The current contract ends in January 2013, and VA stated that disincentives will be incorporated into future contracts. Therefore, we made no recommendations.

Requirements for Payment. We conducted a review in July 2011 that had findings related to VA's use of a prepaid annual capitation rate.<sup>25</sup> We recommended that VA add contract provisions to recoup payments in advance for patients who have moved, died, or could not receive service beyond the date of the contract's termination. As the contract termination date approaches, VA is still obligated to pay for a full year and in some cases will receive only 1 month of service. VA concurred with this recommendation but was unable to get the contractor to agree to the modification. Unfortunately, due to this contract flaw, we estimate that VA will pay \$320,000 for services that the contractor will not provide. The contract is due to end in January 2013; therefore, we made no recommendations.

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<sup>25</sup> *Community Based Outpatient Clinic Reviews Gillette and Powell, WY; Pueblo, CO; Anaheim and Laguna Hills, CA; Escondido and Oceanside, CA; Lancaster and Sepulveda, CA* (Report No. 11-01406-13, November 2, 2011).

## 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.	<b>Phoenix VA HCS</b>		
	Payson	X	
	Show Low	X	
	<b>VA Long Beach HCS</b>		
	Cabrillo	X	
	Laguna Hills	X	
The CBOC has a process to identify enrolled patients that have been admitted to the parent facility with a HF diagnosis.	<b>Phoenix VA HCS</b>		
	Payson	X	
	Show Low	X	
	<b>VA Long Beach HCS</b>		
	Cabrillo	X	
	Laguna Hills	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.	<b>Phoenix VA HCS</b>		
	Payson	0	1
	Show Low	NA	NA
	<b>VA Long Beach HCS</b>		
	Cabrillo	NA	NA
	Laguna Hills	0	6
A clinician documented a review of the patients' medications during the first follow-up primary care or cardiology visit.	<b>Phoenix VA HCS</b>		
	Payson	1	1
	Show Low	NA	NA
	<b>VA Long Beach HCS</b>		
	Cabrillo	NA	NA
	Laguna Hills	6	6
A clinician documented a review of the patients' weights during the first follow-up primary care or cardiology visit.	<b>Phoenix VA HCS</b>		
	Payson	0	1
	Show Low	NA	NA
	<b>VA Long Beach HCS</b>		
	Cabrillo	NA	NA
	Laguna Hills	0	6

## HF Follow-Up Results

Medical Record Review Results (continued)			
Guidance	Facility	Numerator	Denominator
<b>A clinician documented a review of the patients' restricted sodium diet during the first follow-up primary care or cardiology visit.</b>	<b>Phoenix VA HCS</b>		
	Payson	1	1
	Show Low	NA	NA
	<b>VA Long Beach HCS</b>		
	Cabrillo	NA	NA
	Laguna Hills	3	6
<b>A clinician documented a review of the patients' fluid intakes during the first follow-up primary care or cardiology visit.</b>	<b>Phoenix VA HCS</b>		
	Payson	0	1
	Show Low	NA	NA
	<b>VA Long Beach HCS</b>		
	Cabrillo	NA	NA
	Laguna Hills	0	6
<b>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.</b>	<b>Phoenix VA HCS</b>		
	Payson	0	1
	Show Low	NA	NA
	<b>VA Long Beach HCS</b>		
	Cabrillo	NA	NA
	Laguna Hills	3	6

There were no patients at the Show Low and Cabrillo CBOCs that met the criteria for this informational topic review.

## VISN 18 Director Comments

**Department of  
Veterans Affairs**

**Memorandum**

**Date:** August 3, 2012  
**From:** Director, VISN 18 (10N18)  
**Subject:** **CBOC Reviews: Payson and Show Low, AZ**  
**To:** Director, 54SD Healthcare Inspections Division (54SD)  
Director, Management Review Service (VHA 10A4A4)

I concur with the facility response and action plans. See Medical Center Director's comments for specific actions. For questions, please contact Sally Compton, Executive Assistant to the Network Director, VISN 18 at 602.222.2692.

*(original signed by:)*  
Susan P. Bowers  
Network Director

## Phoenix VA HCS Director Comments

**Department of  
Veterans Affairs**

**Memorandum**

**Date:** August 3, 2012

**From:** Director, Phoenix VA HCS (644/00)

**Subject: CBOC Reviews: Payson and Show Low, AZ**

**To:** Director, VISN 18 (10N18)

1. The recommendations made during the Office of Inspector General Health Inspection CBOC Program Review (Show Low and Payson) conducted during the weeks of May 28 and June 11, 2012 were reviewed and implementation plans and subsequent actions are being completed.
2. We would like to thank the OIG Health Inspection Review Team that conducted our review. The team was consultative and professional. They provided feedback to our staff.
3. If you have any questions, please contact Michelle Bagford, Chief, Quality, Safety and Improvement, at (602) 277-5551 extension 6092.

*(original signed by:)*  
Sharon M. Helman, MBA, VHA-CM  
Medical Center Director

## 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 Show Low clinicians document, in CPRS, a complete foot screening for diabetic patients

Concur

Target date for completion: August 31, 2012

A full foot screening template will be added to CPRS which shall include the specific criteria for level of risk identification in accordance with VHA Directive 2006-050. Primary care providers will now be required to complete the automated CPRS clinical reminder at least annually. A risk level will be a mandatory field in the reminder template. Every diabetic patient which presents to the clinic for a routine appointment will be examined without footwear. The Office of the Assistant Chief of Staff (ACOS) for Ambulatory Care will conduct a quarterly random audit of the foot exam and risk level and report the results to the Quality Executive Board (QEB) for one year.

**Recommendation 2.** We recommended that the Payson and Show Low clinicians document, in CPRS, a risk level for diabetic patients in accordance with VHA policy.

Concur

Target date for completion: August 31, 2012

A full foot screening template will be added to CPRS which shall include the specific criteria for level of risk identification in accordance with VHA Directive 2006-050. Primary care providers will now be required to complete the automated CPRS clinical reminder at least annually. A risk level will be a mandatory field in the reminder template. Every diabetic patient which presents to the clinic for a routine appointment will be examined without footwear. The Office of the ACOS/Ambulatory Care will conduct a quarterly random audit of the foot exam and risk level and report the results to the Quality Executive Board (QEB) for one year.

**Recommendation 6.** We recommended that managers ensure that fee basis mammography results are received and scanned into CPRS at the Show Low CBOC.

Concur

Target date for completion: November 30, 2012



On May 31, 2012, the Women Veteran's Program Manager established a new system for all fee basis mammography requests to be approved by the lead mammography physician at the Phoenix VAHCS. Follow up with the referring site (Show Low) is performed by the Mammography Department to ensure that the report is received and entered into CPRS. Beginning August 1, 2012, the Women Veteran's Program Manager will conduct a monthly audit of 100% of cases for the Show Low CBOC until 100% compliance is achieved for a period of 90 days. Results of those audits will be reported to the Quality Executive Board (QEB).

**Recommendation 7.** We recommended that managers at the Show Low 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: November 30, 2012

Effective May 31, 2012, all fee basis mammography reports received by the Phoenix VAHCS are logged into the radiology package, as an outside mammogram. Local Policy Memorandum No. 11F-01, Mammographic Screening and Diagnostic Breast Studies, now outlines a process requiring reports to be sent for scanning by the Mammography Department. The policy requires that the fee basis mammography reports shall be linked to the case number generated in the radiology package. An audit of 100% of cases for the Show Low CBOC will be conducted monthly by the Women Veteran's Program Manager until 100% compliance is achieved for a period of 90 days beginning August 1, 2012. The results will reported quarterly to the Quality Executive Board.

**Recommendation 8.** We recommended that the Women's Health Liaison at the Show Low CBOC collaborate with the Women Veterans Program Manager.

Concur

Target date for completion: September 30, 2012

A Women's Health Liaison for the Show Low CBOC was appointed on April 30, 2012 and will attend the monthly Women Veterans' Advisory Committee meetings effective June 20, 2012. The Women Veterans Program Support Assistant visits the Women's Health Liaison twice a year and the Women Veterans Program Manager visits the Show Low CBOC at least once per year to meet with the designated Women's Health Liaison.

**Recommendation 9.** We recommended that the Service Chief's documentation in VetPro reflects documents reviewed and the rationale for privileging or re-privileging at the Payson and Show Low CBOCs.

Concur

Target date for completion: January 15, 2013

A template will be developed for Service Chiefs to document Focused Professional Practice Evaluation (FPPE), Ongoing Professional Practice Evaluation (OPPE), medical record reviews, malpractice, quality of care, and recommendation of privileges during the privileging or re-privileging process. The data will be approved by the Professional Standards Board (PSB) and documented in the minutes and VetPro. Once the process is developed and approved by the Clinical Executive Board (CEB), the Medical Staff Office will perform a monthly audit of VetPro data to ensure Service Chief compliance is at 90% or greater for a period of not less than ninety days. A monthly compliance report will be submitted to the Professional Standards Board for four months.

**Recommendation 10.** We recommended that adequate competency data is maintained in all practitioners' profiles and that the ECMS meeting minutes reflect sufficient discussion of the competency data.

Concur

Target date for completion: January 15, 2013

The Medical Staff Office will collect Focused Professional Practice Evaluation (FPPE), Ongoing Professional Practice Evaluation (OPPE), medical record reviews, malpractice, quality of care, and recommendation of privileges during the re-credentialing process. The Professional Standards Board (PSB) meeting minutes will reflect results of the aforementioned data and information. PSB minutes will be updated with approval of the identified Payson CBOC provider.

**Recommendation 11.** We recommended that the PSB ensures that aggregated and comparison data is collected and utilized during providers' reappraisal processes at the Show Low CBOC.

Concur

Target date for completion: January 15, 2013

The process and OPPE/FPPE forms will be revised by January 1, 2013, to include the collection of: (1) aggregated data; (2) peer comparison; and, (3) provider specific data. The Professional Standards Board will review and discuss the data during the re-privileging process. After the new process is completed, the OPPE for the one provider at the Payson CBOC will be updated to reflect this new data comparison.

**Recommendation 14.** We recommended that the VAMC Director ensures that access to MH services at the Payson CBOC complies with VHA directives.

Concur

Target date for completion: January 1, 2013

The facility believes that it is in partial compliance with this recommendation. Patients are seen through non-VA purchased care either in the community, the Vet Center, or at other CBOCs. Senior Leadership identified the need for more robust Mental Health Services in the Payson catchment area. PVAHCS was granted Rural Health funding and the Statement of Work (SOW) in the October 1, 2012 contract calls for telemental health. The ACOS Mental Health will collaborate with ACOS Ambulatory Care to track the: (1) workload and rural health expenditures to ensure that patients receive effective/efficient care; (2) progress of Payson Mental Health services; and, (3) the Payson contract. Mental Health will report quarterly to the Clinical Executive Board until resolved.

## VISN 22 Director Comments

**Department of  
Veterans Affairs**

**Memorandum**

**Date:** August 3, 2012

**From:** Director, VISN 22 (10N22)

**Subject:** **CBOC Reviews: Long Beach and Laguna Hills, CA**

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

1. VA Desert Pacific Healthcare Network submits reply to open Recommendations 3, 4, 5, 13 and 14 to the Draft Report of the Laguna Hills and Long Beach (Cabrillo), CA. Community Based Outpatient Clinic Review of Laguna Hills and Long Beach (Cabrillo), CA.
2. Please contact Skye McDougall, PhD, Chief Medical Officer, VA Desert Pacific Healthcare Network (10N22), at (562) 826-5963 if you have any questions or need further information.

*(original signed by:)*  
Stan Q. Johnson, MHA, FACHE

## VA Long Beach HCS Director Comments

Department of  
Veterans Affairs

Memorandum

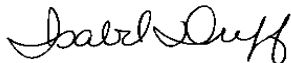
**Date:** August 3, 2012

**From:** Director, VA Long Beach HCS (600/00)

**Subject:** **CBOC Reviews: Long Beach and Laguna Hills, CA**

**To:** Director, VISN 22 (10N22)

1. Attached is the status update on the response to five (5) open recommendations to the draft report of the Long Beach (Cabrillo) and Laguna Hills, CA CBOCs.
2. If you have questions, please contact Nancy Downey, Quality Manager, at (562) 826-5249.



Isabel Duff, MS

## Comments to Office of Inspector General's Report

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

### **OIG Recommendations**

**Recommendation 3.** We recommended that the Cabrillo and Laguna Hills clinicians document, in CPRS, foot care education to diabetic patients.

Concur

Implementation Plan:

- Developed Standard Operating Procedure (SOP) for Diabetes Mellitus (DM) Foot Screening/Assessment and Care - Completed 05/30/2012
- Revised clinical reminder to include risk level for diabetic patient - Completed 07/18/2012
- Educated staff on foot screening, education, and risk levels for patients with diabetes. Completed 07/26/2012
- Conduct chart audits to monitor compliance - performed 07/30/2012 and will continue for 3 months to ensure compliance.

Target date for completion: November 1, 2012

**Recommendation 4.** We recommended that the Laguna Hills clinicians document, in CPRS, a complete foot screening for diabetic patients.

Concur

Implementation Plan:

- Developed Standard Operating Procedure (SOP) for Diabetes Mellitus (DM) Foot Screening/Assessment and Care - Completed 05/30/2012
- Revised clinical reminder to include risk level for diabetic patient - Completed 07/18/2012
- Educated staff on foot screening, education, and risk levels for patients with diabetes. Completed 07/26/2012
- Conduct chart audits to monitor compliance - performed 07/30/2012 and will continue for 3 months to ensure compliance.

Target date for completion: November 1, 2012

**Recommendation 5.** We recommended that the Cabrillo and Laguna Hills clinicians document, in CPRS, a risk level for diabetic patients in accordance with VHA policy.

Concur

Implementation Plan:

- Developed Standard Operating Procedure (SOP) for Diabetes Mellitus (DM) Foot Screening/Assessment and Care - Completed 05/30/2012
- Revised clinical reminder to include risk level for diabetic patient - Completed 07/18/2012
- Educated staff on foot screening, education, and risk levels for patients with diabetes. Completed 07/26/2012
- Conduct chart audits to monitor compliance - performed 07/30/2012 and will continue for 3 months to ensure compliance.

Target date for completion: November 1, 2012

**Recommendation 12.** We recommended that the PSB ensures scopes of practice are facility specific for all providers at the Cabrillo CBOC.

Concur

Implementation Plan:

- The scopes of practice for all Cabrillo CBOC providers were reviewed to ensure that they include facility-specific work settings. One provider's scope was amended to include three practice areas. The Advanced Practice Nurse Committee reviewed the amended scope of practice and recommended approval to the Nurse Executive Council (NEC). On July 25, 2012, the NEC approved these changes. The scopes of practice for all other Cabrillo CBOC providers were specific to work settings.

Target date for completion: Completed 07/25/12

**Recommendation 13.** We recommended that the Cabrillo CBOC provides handicap parking spaces as required by the ADA.

Concur

Implementation Plan:

- Meet with property management to provide handicap parking space.
- Handicap parking space designated.
- Target date for completion: Completed 07/ 27/12



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## OIG Contact and Staff Acknowledgments

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