



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

**Office of Healthcare Inspections**

**Report No. 12-03851-102**

**Community Based Outpatient  
Clinic Reviews at  
John J. Pershing VA Medical Center  
Poplar Bluff, MO**

**February 20, 2013**

**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.

### **To Report Suspected Wrongdoing in VA Programs and Operations**

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## Glossary

AED	automated external defibrillator
C&P	credentialing and privileging
CBOC	community based outpatient clinic
CDC	Centers for Disease Control and Prevention
CPRS	computerized patient records system
EHR	electronic health record
EOC	environment of care
FPPE	Focused Professional Practice Evaluation
FY	fiscal year
JC	Joint Commission
LIP	licensed independent practitioner
MH	mental health
NC	noncompliant
NCP	National Center for Health Promotion and Disease Prevention
NFPA	National Fire Protection Association
OIG	Office of Inspector General
PC	primary care
OPPE	Ongoing Professional Practice Evaluation
PSB	Professional Standards Board
VAMC	VA Medical Center
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
WH	women's health

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## Executive Summary

**Purpose:** We evaluated select activities to assess whether the CBOCs operated in a manner that provides veterans with consistent, safe, high-quality health care.

For the EHR review component of the WH and vaccinations topic areas, patients were randomly selected from all CBOCs assigned to the respective parent facilities.

We conducted an onsite inspection of the CBOCs during the week of November 5, 2012. The C&P, EOC, and emergency management onsite inspections were only conducted at the randomly selected CBOCs (see Table 1).

VISN	Facility	CBOC Name	Location
15	John J. Pershing VAMC	Farmington	Farmington, MO
		West Plains	West Plains, MO
<b>Table 1. Sites Inspected</b>			

**Review Results:** The review covered the following topic areas:

- WH
- Vaccinations
- C&P
- EOC
- Emergency Management

We made recommendations in five review areas.

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

- Ensure that each CBOC is assigned a WH Liaison and that the WH Liaison collaborates with the Women Veterans Program Manager.
- Ensure that clinicians screen patients for tetanus vaccinations.
- Ensure that clinicians administer tetanus vaccinations when indicated.
- Ensure that clinicians document all required tetanus and pneumococcal vaccination administration elements and that compliance is monitored.

- Ensure that the service chiefs' documentation in VetPro reflects documents reviewed and the rationale for re-privileging at the Farmington and West Plains CBOCs.
- Ensure that the PSB grants LIPs setting-specific privileges that are consistent with the services provided at the Farmington and West Plains CBOCs.
- Install signage at the West Plains CBOC to clearly identify the location of fire extinguishers.
- Conduct fire safety inspections annually at the West Plains CBOC.
- Ensure patient privacy is maintained during examination at the Farmington CBOC.
- Ensure that AEDs are checked daily at the West Plains CBOC, as required by facility policy.

## Comments

The VISN and Facility Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes A–B, pages 12–16, for the full text of the Directors' comments.) We will follow up on the planned actions until they are completed.



JOHN D. DAIGH, JR., M.D.  
Assistant Inspector General for  
Healthcare Inspections

## Objectives and Scope

### Objectives

- Evaluate whether CBOCs comply with selected VHA requirements regarding the provision of cervical cancer screening, results reporting, and WH liaisons.
- Evaluate whether CBOCs properly provided selected vaccinations to veterans according to CDC guidelines and VHA recommendations.
- Determine whether CBOC providers are appropriately credentialed and privileged in accordance with 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>

### Scope and Methodology

#### *Scope*

We reviewed selected clinical and administrative activities to evaluate compliance with requirements related to patient care quality and the environment of care. In performing the reviews, we assessed clinical and administrative records as well as completed onsite inspections at randomly selected sites. Additionally, we interviewed managers and employees. The review covered the following five activities:

- WH
- Vaccinations
- C&P
- EOC
- Emergency Management

#### *Methodology*

To evaluate the quality of care provided to veterans at CBOCs, we conducted EHR reviews for the WH and vaccinations topic areas. For WH, the EHR reviews consisted of a random sample of 50 women veterans (23–64 years of age). For vaccinations, the EHR reviews consisted of random samples of 75 veterans (65 and older) and 75 additional veterans (all ages), unless fewer patients were available, for tetanus and

<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.

pneumococcal, respectively. The study populations consisted of patients from all CBOCs assigned to the parent facility.<sup>3</sup>

The C&P, EOC, and emergency management onsite inspections were only conducted at the randomly selected CBOCs. Two CBOCs were randomly selected from the 56 sampled parent facilities, with sampling probabilities proportional to the numbers of CBOCs eligible to be inspected within each of the parent facilities.<sup>4</sup>

In this report, we make recommendations for improvement. Recommendations pertain to issues that are significant enough to be monitored by the OIG until corrective actions are implemented.

This report is available at <http://www.va.gov/oig/publications/default.asp>

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

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<sup>3</sup> Includes all CBOCs in operation before October 1, 2011.

<sup>4</sup> Includes 96 CBOCs in operation before October 1, 2011, that had 500 or more unique enrollees.



## CBOC Profiles

To evaluate the quality of care provided to veterans at CBOCs, we designed reviews with an EHR component to capture data for patients enrolled at all of the CBOCs under the parent facility's oversight.<sup>5</sup> The table below provides information relative to each of the CBOCs under the oversight of the respective parent facility.

VISN	Parent Facility	CBOC Name	Locality <sup>6</sup>	Uniques, FY 2012 <sup>7</sup>	Visits, FY 2012 <sup>8</sup>	CBOC Size <sup>9</sup>
15	John J. Pershing VAMC	Cape Girardeau	Rural	5,038	20,632	Large
		Farmington	Rural	2,889	14,677	Mid-Size
		Paragould	Rural	2,666	12,676	Mid-Size
		Salem	Rural	137	287	Small
		Sikeston	Rural	2,369	9,191	Mid-Size
		West Plains	Rural	2,872	14,368	Mid-Size

**Table 2. CBOC Profiles**

<sup>5</sup> Includes all CBOCs in operation before October 1, 2011.

<sup>6</sup> <http://vaww.pssg.med.va.gov/>

<sup>7</sup> <http://vssc.med.va.gov>

<sup>8</sup> <http://vssc.med.va.gov>

<sup>9</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).

## WH and Vaccination EHR Reviews Results and Recommendations

### WH

Cervical cancer is the second most common cancer in women worldwide.<sup>10</sup> Each year, approximately 12,000 women in the United States are diagnosed with cervical cancer.<sup>11</sup> The first step of care is screening women for cervical cancer with the Papanicolaou test or “Pap” test. With timely screening, diagnosis, notification, and treatment, the cancer is highly preventable and associated with long survival and good quality of life.

VHA policy outlines specific requirements that must be met by facilities that provide services for women veterans.<sup>12</sup> We reviewed EHRs, meeting minutes and other relevant documents, and interviewed key WH employees. Table 3 shows the areas reviewed for this topic. The review element marked as noncompliant needed improvement.

NC	Areas Reviewed
	Cervical cancer screening results were entered into the patient's EHR.
	The ordering VHA provider or surrogate was notified of results within the defined timeframe.
	Patients were notified of results within the defined timeframe.
X	Each CBOC has an appointed WH Liaison.
	There is evidence that the CBOC has processes in place to ensure that WH care needs are addressed.
<b>Table 3. WH</b>	

There were 38 patients who received a cervical cancer screening at the John J. Pershing CBOCs.

Appointment of WH Liaison. Prior to the review, the parent facility had not appointed a WH Liaison for the Cape Girardeau, Farmington, Paragould, Salem, Sikeston, and West Plains CBOCs.

### Recommendation

1. We recommended that the parent Facility Director ensures that each CBOC is assigned a WH Liaison and that the WH Liaison collaborates with the Women Veterans Program Manager.

<sup>10</sup> World Health Organization. Cancer of the cervix. Retrieved from: <http://www.who.int/reproductivehealth/topics/cancer>

<sup>11</sup> U.S. Cancer Statistics Working Group, United States Cancer Statistics: 1999-2008 Incidence and Mortality Web-based report.

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

## Vaccinations

The VHA NCP was established in 1995. The NCP establishes and monitors the clinical preventive services offered to veterans, which includes the administration of vaccinations.<sup>13</sup> The NCP provides best practices guidance on the administration of vaccinations for veterans. The CDC states that although vaccine-preventable disease levels are at or near record lows, many adults are under-immunized, missing opportunities to protect themselves against diseases such as tetanus and pneumococcal.

Adults should receive a tetanus vaccine every 10 years. At the age of 65, individuals that have never had a pneumococcal vaccination should receive one. For individuals 65 and older who have received a prior pneumococcal vaccination, one-time revaccination is recommended if they were vaccinated 5 or more years previously and were less than 65 years of age at the time of the first vaccination.

We reviewed documentation of selected vaccine administrations and interviewed key personnel. Table 4 shows the areas reviewed for this topic. The review elements marked as noncompliant needed improvement.

NC	Areas Reviewed
X	Staff screened patients for the tetanus vaccination.
	Staff screened patients for the pneumococcal vaccination.
X	Staff properly documented vaccine administration.
	Managers developed a prioritization plan for the potential occurrence of vaccine shortages.

**Table 4. Vaccinations**

Tetanus Vaccination Screening. Through clinical reminders, VHA requires that CBOC clinicians screen patients for tetanus vaccinations.<sup>14</sup> We reviewed 74 patients' EHRs and did not find documentation of tetanus vaccination screening in 37 patient records.

Tetanus Vaccination Administration. The CDC recommends that, when indicated, clinicians administer the tetanus vaccination.<sup>15</sup> Seven of the 37 patients did not receive the tetanus vaccination as indicated.

Documentation of Vaccination. Federal Law requires that documentation for administered vaccinations include specific elements, such as the vaccine manufacturer and lot number of the vaccine used.<sup>16</sup> We reviewed five patients' EHRs and did not find documentation of all the required information related to tetanus vaccine administration. We reviewed 29 patients' EHRs and did not find documentation of all the required information related to pneumococcal vaccine administration.

<sup>13</sup> VHA Handbook 1120.05, *Coordination and Development of Clinical Preventive Services*, October 13, 2009.

<sup>14</sup> VHA Handbook 1120.05, *Coordination and Development of Clinical Preventive Services*, October 13, 2009.

<sup>15</sup> CDC, <http://www.cdc.gov/vaccines/vpd-vac/>.

<sup>16</sup> Childhood Vaccine Injury Act of 1986 (PL 99 660) sub part C.

## **Recommendations**

- 2.** We recommended that managers ensure that clinicians screen patients for tetanus vaccinations.
- 3.** We recommended that managers ensure that clinicians administer tetanus vaccinations when indicated.
- 4.** We recommended that managers ensure that clinicians document all required tetanus and pneumococcal vaccination administration elements and that compliance is monitored.

## Onsite Inspections Results and Recommendations

### CBOC Characteristics

We formulated a list of CBOC characteristics that includes identifiers and descriptive information for the randomly selected CBOCs (see Table 5).

	Farmington	West Plains
<b>VISN</b>	15	15
<b>Parent Facility</b>	John J. Pershing VAMC	John J. Pershing VAMC
<b>Types of Providers</b>	licensed clinical social worker nurse practitioner primary care provider psychologist	clinical pharmacist licensed clinical social worker nurse practitioner primary care provider psychologist
<b>Number of MH Uniques,<sup>17</sup> FY 2012</b>	683	678
<b>Number of MH Visits, FY 2012</b>	4,717	2,511
<b>MH Services Onsite</b>	Yes	Yes
<b>Specialty Care Services Onsite</b>	WH	WH
<b>Ancillary Services Provided Onsite</b>	Electrocardiogram Laboratory	Electrocardiogram Laboratory
<b>Tele-Health Services</b>	Dermatology MH MOVE <sup>18</sup> Retinal Imaging	MH MOVE Retinal Imaging
<b>Table 5. Characteristics</b>		

<sup>17</sup> <http://vssc.med.va.gov>

<sup>18</sup> VHA Handbook 1120.01, *MOVE! Weight Management Program for Veterans*, March 31, 2011.

## C&P

We reviewed C&P folders, scopes of practice, meeting minutes, and VetPro information and interviewed senior managers to determine whether facilities had consistent processes to ensure that providers complied with applicable requirements as defined by VHA policy.<sup>19</sup> Table 6 shows the areas reviewed for this topic. The CBOCs identified as noncompliant needed improvement. Details regarding the findings follow the table.

NC	Areas Reviewed
	Each provider's license was unrestricted.
<b>New Provider</b>	
	Efforts were made to obtain verification of clinical privileges currently or most recently held at other institutions.
	FPPE was initiated.
	Timeframe for the FPPE was clearly documented.
	The FPPE outlined the criteria monitored.
	The FPPE was implemented on first clinical start day.
	The FPPE results were reported to the medical staff's Executive Committee.
<b>Additional New Privilege</b>	
	Prior to the start of a new privilege, criteria for the FPPE were developed.
	There was evidence that the provider was educated about FPPE prior to its initiation.
	FPPE results were reported to the medical staff's Executive Committee.
<b>FPPE for Performance</b>	
	The FPPE included criteria developed for evaluation of the practitioners when issues affecting the provision of safe, high-quality care were identified.
	A timeframe for the FPPE was clearly documented.
	There was evidence that the provider was educated about FPPE prior to its initiation.
	FPPE results were reported to the medical staff's Executive Committee.
<b>Privileges and Scopes of Practice</b>	
Farmington West Plains	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.
Farmington West Plains	Privileges granted to providers were setting, service, and provider specific.
	The determination to continue current privileges were based in part on results of OPPE activities.

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

NC	Areas Reviewed (continued)
	The OPPE and reappraisal process included consideration of such factors as clinical pertinence reviews and/or performance measure compliance.
<b>Table 6. C&amp;P</b>	

Documentation of Re-Privileging Decisions. According to VHA, the list of documents reviewed and the rationale for conclusions reached by the service chief must be documented.<sup>20</sup> We reviewed three LIPs at the Farmington CBOC and two LIPs at the West Plains CBOC. We did not find any documentation of the service chiefs' comments in VetPro that reflected the documents utilized to arrive at the decision to grant clinical privileges to the Farmington CBOC LIPs and for one of the two West Plain CBOC LIPs.

Clinical Privileges. VHA requires that privileges must be setting specific and only granted within the scope of the setting mission.<sup>21</sup> The PSB granted two of three LIPs at the Farmington CBOC and both LIPs at the West Plains CBOC clinical privileges that were not setting specific and for services that were not provided at the Farmington and West Plains CBOCs. The providers were granted privileges that included initial management or initial evaluation of gunshot wounds and acute cardiac emergencies.

## Recommendations

5. We recommended that the service chiefs' documentation in VetPro reflects documents reviewed and the rationale for re-privileging at the Farmington and West Plains CBOCs.
6. We recommended that the PSB grants LIPs setting-specific privileges that are consistent with the services provided at the Farmington and West Plains CBOCs.

## EOC and Emergency Management

### EOC

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

NC	Areas Reviewed
	The CBOC was Americans with Disabilities Act compliant, including: parking, ramps, door widths, door hardware, restrooms, and counters.

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

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

NC	Areas Reviewed (continued)
	The CBOC was well maintained (e.g., ceiling tiles clean and in good repair, walls without holes, etc.).
	The CBOC was clean (walls, floors, and equipment are clean).
	Material safety data sheets were readily available to staff.
	The patient care area was safe.
	Access to fire alarms and fire extinguishers was unobstructed.
	Fire extinguishers were visually inspected monthly.
	Exit signs were visible from any direction.
	There was evidence of fire drills occurring at least annually.
West Plains	Fire extinguishers were easily identifiable.
West Plains	There was evidence of an annual fire and safety inspection.
	There was an alarm system or panic button installed in high-risk areas as identified by the vulnerability risk assessment.
	The CBOC had a process to identify expired medications.
	Medications were secured from unauthorized access.
Farmington	Privacy was maintained.
	Patients' personally identifiable information was secured and protected.
	Laboratory specimens were transported securely to prevent unauthorized access.
	Staff used two patient identifiers for blood drawing procedures.
	Information Technology security rules were adhered to.
	There was alcohol hand wash or a soap dispenser and sink available in each examination room.
	Sharps containers were less than 3/4 full.
	Safety needle devices were available for staff use (e.g., lancets, injection needles, phlebotomy needles)
	The CBOC was included in facility-wide EOC activities.
<b>Table 7. EOC</b>	

Fire Extinguishers. The NFPA Life Safety Code requires identification of fire extinguisher locations when they are obscured from view.<sup>22</sup> The West Plains CBOC had no signage identifying the location of fire extinguishers. All fire extinguishers were recessed in the wall and obscured from view.

Life Safety. The JC requires that fire safety equipment and fire safety building features are maintained and inspected in order to identify conditions that do not meet the NFPA Life Safety Code 101.<sup>23</sup> We did not find evidence of an annual fire and safety inspection for 2011 and 2012 at the West Plains CBOC. Management acknowledged the inspections had not been conducted as required.

<sup>22</sup> NFPA, Standard for Portable Fire Extinguishers, 10 6.1.3.3.1.

<sup>23</sup> JC Standard EC 02.03.05



Privacy. The JC requires that patient privacy is maintained.<sup>24</sup> Seven of nine exams rooms at the Farmington CBOC did not have privacy curtains installed and the examination tables could be viewed when the doors are opened.

### Recommendations

7. We recommended that signage is installed at the West Plains CBOC to clearly identify the location of fire extinguishers.
8. We recommended that fire safety inspections are conducted annually at the West Plains CBOC.
9. We recommended that processes are strengthened to ensure patient privacy is maintained during examination at the Farmington CBOC.

### Emergency Management

VHA policy requires each CBOC to have a local policy or standard operating procedure defining how medical and MH emergencies are handled.<sup>25</sup> Table 8 shows the areas reviewed for this topic. The CBOC identified as noncompliant needed improvement. Details regarding the findings follow the table.

NC	Areas Reviewed
	There was a local medical emergency management plan for this CBOC.
	The staff articulated the procedural steps of the medical emergency plan.
West Plains	The CBOC had an AED onsite for cardiac emergencies.
	There was 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>	

AED. AED checks had not been conducted daily, as required by facility policy at the West Plains CBOC. The absence of these checks may lead to equipment not working correctly and undesirable clinical outcome in the event of an emergency.

### Recommendation

10. We recommended that managers ensure that AEDs are checked daily at the West Plains CBOC, as required by facility policy.

<sup>24</sup> JC Standard RI 01.01.01

<sup>25</sup> VHA Handbook 1006.1.

**VISN 15 Director Comments****Department of  
Veterans Affairs****Memorandum**

**Date:** January 22, 2013

**From:** Director, VISN 15 (10N15)

**Subject:** **CBOC Reviews at John J. Pershing VAMC**

**To:** Director, 54KC Healthcare Inspections Division (54KC)  
Director, Management Review (VHA 10AR MRS OIG CAP  
CBOC)

I have reviewed the draft report of the John J. Pershing VAMC West Plains and Farmington CBOCs and I concur with the recommendations and Medical Center Director's response. Thank you for this opportunity of review focused towards continuous performance improvement.

For additional questions please feel free to contact Jimmie Bates, VISN 15 Quality Management Officer at 816-701-3000.



William P. Patterson, MD, MSS  
Network Director

## John J. Pershing Director Comments

Department of  
Veterans Affairs

Memorandum

**Date:** January 18, 2013  
**From:** Director, John J. Pershing VAMC (657A4/00)  
**Subject:** **CBOC Reviews at John J. Pershing VAMC**  
**To:** Director, VISN 15 (10N15)

1. I have reviewed the draft report of the Office of the Inspector General's (OIG) CBOC review of the John J. Pershing VA Medical Center CBOCs in West Plains and Farmington, Missouri. We concur with the findings and recommendations.
2. If you have questions or require additional information, please do not hesitate to contact Dawna Bader, Director of Performance Improvement, at 573-778-4280 or [Dawna.Bader@va.gov](mailto:Dawna.Bader@va.gov).
3. I appreciate the opportunity for this review as a continuing process to improve care to our Veterans.



Marj Hedstrom  
Medical Center Director

## Comments to OIG's Report

The following Director's comments are submitted in response to the recommendations in the OIG report:

### **OIG Recommendations**

1. We recommended that the parent Facility Director ensures that each CBOC is assigned a WH Liaison and that the WH Liaison collaborates with the Women Veterans Program Manager.

Concur

Target date for completion: Completed

As of November 29, 2012, all CBOCs had appointed WH Liaisons. These WH Liaisons are members of the Women Veteran Health Committee (locally titled the *Women Advisory Committee*), and during these meetings, the Women Veterans Program Manager (WVPM) collaborates with the WH Liaisons. In addition, the WVPM is readily available to the WH Liaisons, conferring with them as indicated and during on-site EOC rounds.

2. We recommended that managers ensure that clinicians screen patients for tetanus vaccinations.

Concur

Target date for completion: March 31, 2013

The facility's clinical reminder which triggers screening for the tetanus vaccine did not display on the cover sheet in CPRS and so was not readily available for staff to use. As a result of this review, the tetanus vaccine clinical reminder was moved to the cover sheet in CPRS and is being used by PC staff to screen patients for the vaccine. The facility will initiate a monthly audit of patient records to ensure patients are being screened appropriately.

3. We recommended that managers ensure that clinicians administer tetanus vaccinations when indicated.

Concur

Target date for completion: March 31, 2013

The facility's clinical reminder which triggers screening for the tetanus vaccine did not display on the cover sheet in CPRS and so it was not readily available for staff use. As a result of this review, the tetanus vaccine clinical reminder was moved to the cover sheet of CPRS and is being used by PC staff to screen patients and to document

administration of the vaccine, as indicated. The facility will initiate a monthly audit of patient records to ensure patients are receiving the vaccine as appropriate.

**4.** We recommended that managers ensure that clinicians document all required tetanus and pneumococcal vaccination administration elements and that compliance is monitored.

Concur

Target date for completion: March 31, 2013

The facility's clinical reminder for tetanus vaccination which contains all required documentation elements was not being used for documentation because it was not readily available. The reminder was moved to the cover sheet of CPRS and staff was educated on the requirement to use the reminder to document tetanus vaccine administration. It is currently being used by PC staff. In addition, a link to the CDC Vaccine Information Sheets (VIS) was added to the clinical reminder for tetanus in November 2012, and will be added to the reminder for pneumococcal vaccination by February 1, 2013. Primary Care staff was informed to educate patients who receive these vaccines on the information contained in the VIS and to provide them with a copy. The facility will initiate a monthly audit of patient records to ensure all required elements are documented for patients receiving the pneumococcal or tetanus vaccine.

**5.** We recommended that the service chiefs' documentation in VetPro reflects documents reviewed and the rationale for re-privileging at the Farmington and West Plains CBOCs.

Concur

Target date for completion: March 31, 2013

Service Chiefs of providers at the Farmington and West Plains CBOCs will be instructed to document in VetPro that they have reviewed reprivileging information along with a rationale to support their reprivileging recommendation.

**6.** We recommended that the PSB grants LIPs setting-specific privileges that are consistent with the services provided at the Farmington and West Plains CBOCs.

Concur

Target date for completion: June 30, 2013

The Medical Executive Committee (MEC) will review the privileges for all LIPs at both the Farmington and West Plains CBOCs and revise them as necessary to ensure they are consistent with the services in the practice settings for which they are privileged.

**7.** We recommended that signage is installed at the West Plains CBOC to clearly identify the location of fire extinguishers.

Concur

Target date for completion: Completed

The West Plains CBOC fire extinguisher signage identifying the location of fire extinguishers was installed on December 18, 2012.

**8.** We recommended that fire safety inspections are conducted annually at the West Plains CBOC.

Concur

Target date for completion: April 30, 2013

The EOC Inspection Team inspected the West Plains CBOC on October 12, 2012, and the next inspection is scheduled for April 2013. In addition, the VISN 15 Annual Workplace Evaluation (AWE) Inspection for the West Plains CBOC is scheduled the week of March 25-29, 2013. A recurring inspection schedule has been established, and inspections will be reported to and monitored by the facility's EOC Committee.

**9.** We recommended that processes are strengthened to ensure patient privacy is maintained during examination at the Farmington CBOC.

Concur

Target date for completion: January 31, 2013

Privacy curtains for the Farmington CBOC have been received and will be installed by January 31, 2013.

**10.** We recommended that managers ensure that AEDs are checked daily at the West Plains CBOC, as required by facility policy.

Concur

Target date for completion: Completed

An AED check-sheet on which to document AED functionality according to facility policy was posted at the AED stations of the West Plains CBOC during the week of November 5, 2012. Checking the AED was added to staff assignments during the same week. Completed AED check-sheets will be maintained at the CBOC initially, but sent to PC leaders at regular intervals, and compliance with completing the check-sheet will be monitored during on-site visits by PC leaders.

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## OIG Contact and Staff Acknowledgments

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<b>Contact</b>	For more information about this report, please contact the OIG at (202) 461-4720.
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## **Report Distribution**

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Director, John J. Pershing VAMC (657A4/00)

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U.S. Senate: Roy Blunt, John Boozman, Claire McCaskill  
U.S. House of Representatives: Rick Crawford, Jo Ann Emerson

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