



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

**Office of Healthcare Inspections**

**Report No. 12-03854-114**

**Community Based Outpatient  
Clinic Reviews at  
Iowa City VA Health Care System  
Iowa City, IA**

**February 19, 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.

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## Glossary

|      |   |
|------|---|
| C&P  | credentialing and privileging                               |
| CBOC | community based outpatient clinic                           |
| CDC  | Centers for Disease Control and Prevention                  |
| EHR  | electronic health record                                    |
| EOC  | environment of care   |
| FPPE | Focused Professional Practice Evaluation                    |
| FY   | fiscal year   |
| HCS  | Health Care System  |
| MH   | mental health   |
| NC   | noncompliant  |
| NCP  | National Center for Health Promotion and Disease Prevention |
| OIG  | Office of Inspector General                                 |
| OPPE | Ongoing Professional Practice Evaluation                    |
| 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 parent facility.

We conducted an onsite inspection of the CBOCs during the week of December 3, 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         |
|---------------------------------|------------------|--------------|------------------|
| 23                              | Iowa City VA HCS | Cedar Rapids | Cedar Rapids, IA |
|                                 |                  | Ottumwa      | Ottumwa, IA      |
| <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 three review areas.

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

- Ensure that patients with cervical cancer screening results are notified of results within the defined timeframe and that notification is documented in the EHR.
- Ensure that clinicians administer pneumococcal vaccinations when indicated.
- Ensure that clinicians document all required pneumococcal and tetanus vaccination administration elements and that compliance is monitored.
- Ensure that the FPPE review for the Cedar Rapids CBOC providers is included in the Clinical Executive Board meeting minutes.

## Comments

The VISN and Facility Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes A–B, pages 11–14, 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 parent facility.<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 parent facility.

| VISN | Parent Facility  | CBOC Name    | Locality <sup>6</sup> | Uniques, FY 2012 <sup>7</sup> | Visits, FY 2012 <sup>7</sup> | CBOC Size <sup>8</sup> |
|------|------------------|--------------|-----------------------|-------------------------------|------------------------------|------------------------|
| 23   | Iowa City VA HCS | Bettendorf   | Urban                 | 9,100                         | 47,207                       | Large                  |
|      |                  | Cedar Rapids | Urban                 | 4,402                         | 18,083                       | Mid-Size               |
|      |                  | Dubuque      | Urban                 | 4,195                         | 15,182                       | Mid-Size               |
|      |                  | Galesburg    | Rural                 | 3,510                         | 14,225                       | Mid-Size               |
|      |                  | Ottumwa      | Rural                 | 1,922                         | 9,555                        | Mid-Size               |
|      |                  | Quincy       | Rural                 | 2,530                         | 8,891                        | Mid-Size               |
|      |                  | Waterloo     | Urban                 | 4,918                         | 18,290                       | Mid-Size               |

**Table 2. 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> 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>9</sup> Each year, approximately 12,000 women in the United States are diagnosed with cervical cancer.<sup>10</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>11</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.       |
| X                  | Patients were notified of results within the defined timeframe.                                    |
|                    | 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 36 patients who received a cervical cancer screening at the Iowa City VA HCS's CBOCs.

Patient Notification of Normal Cervical Cancer Screening Results. VHA requires that normal cervical cancer screening results must be communicated to the patient in terms easily understood by a layperson within 14 days from the date of the pathology report becoming available.<sup>12</sup> We reviewed 36 EHRs of patients who had normal cervical cancer screening results and determined that 4 patients were not notified within the required 14 days from the date the pathology report became available.

<sup>9</sup> World Health Organization. Cancer of the cervix. Retrieved from: <http://www.who.int/reproductivehealth/topics/cancer>

<sup>10</sup> U.S. Cancer Statistics Working Group, United States Cancer Statistics: 1999-2008 Incidence and Mortality Web-based report.

<sup>11</sup> VHA Handbook 1330.01, *Health Care Services for Women Veterans*, May 21, 2010.

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

## Recommendations

1. We recommended that managers ensure that patients with cervical cancer screening results are notified of results within the defined timeframe and that notification is documented in the EHR.

## 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  |
|------------------------------|---|
|                              | Staff screened patients for the tetanus vaccination.  |
| X                            | 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. |
| <b>Table 4. Vaccinations</b> |   |

Pneumococcal Vaccination Administration for Patients With Pre-Existing Conditions. The CDC recommends that at the age of 65, individuals that have never had a pneumococcal vaccination should receive one.<sup>14</sup> For individuals 65 and older who have received a prior pneumococcal vaccination, a 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 eight EHRs for patients with pre-existing conditions who received their first vaccine prior to the age of 65. We did not find documentation indicating that both vaccinations had been administered in any of the patient EHRs.

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

<sup>14</sup> Centers for Disease Control and Prevention, <http://www.cdc.gov/vaccines/vpd-vac/>.

Documentation of Vaccinations. Federal Law requires that documentation for administered vaccinations include specific elements, such as the vaccine manufacturer and lot number of the vaccine used.<sup>15</sup> We reviewed 24 patients' EHRs who received a pneumococcal vaccine administration at the parent facility or its associated CBOCs and did not find documentation of all the required information related to pneumococcal vaccine administration in 23 patient EHRs. We reviewed nine patients' EHRs who received a tetanus vaccine administration at the parent facility or its associated CBOCs and did not find documentation of all the required information related to tetanus vaccine administration in eight patient EHRs.

### **Recommendations**

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

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<sup>15</sup> Childhood Vaccine Injury Act of 1986 (PL 99 660) sub part C.

## Onsite Reviews 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).

|   | Cedar Rapids  | Ottumwa  |
|---|---|--|
| <b>VISN</b>                                     | 23  | 23   |
| <b>Parent Facility</b>                          | Iowa City VA HCS  | Iowa City VA HCS                                     |
| <b>Types of Providers</b>                       | nurse practitioner<br>primary care provider                                       | nurse practitioner<br>primary care provider          |
| <b>Number of Mental Health Uniques, FY 2012</b> | 820   | 394  |
| <b>Number of Mental Health Visits, FY 2012</b>  | 3,702   | 1,732  |
| <b>Mental Health Services Onsite</b>            | Yes   | Yes  |
| <b>Specialty Care Services Onsite</b>           | None  | None   |
| <b>Ancillary Services Provided Onsite</b>       | Electrocardiogram<br>Laboratory<br>Physical Medicine                              | Electrocardiogram<br>Laboratory<br>Physical Medicine |
| <b>Tele-Health Services</b>                     | Mental Health<br>MOVE<br>Retinal Imaging<br>Care Coordination<br>Home Tele-Health | Mental Health<br>MOVE<br>Retinal Imaging             |
| <b>Table 5. Characteristics</b>                 |   |  |

## 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>16</sup> Table 6 shows the areas reviewed for this topic. The CBOC identified as noncompliant needed improvement. Details regarding the finding 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.   |
| Cedar Rapids                             | 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> |   |
|  | 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. |
|  | 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>16</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. |
|                         | Scopes of practice were setting specific.   |
| <b>Table 6. C&amp;P</b> |   |

### **Cedar Rapids**

**FPPE.** VHA<sup>17</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. While both of the newly hired Cedar Rapids CBOC providers had FPPEs initiated, discussions of the two FPPEs were not included in the Clinical Executive Board meeting minutes.

### **Recommendations**

4. We recommended that the FPPE review for the Cedar Rapids CBOC providers is included in the Clinical Executive Board meeting minutes.

## **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.

| NC | Areas Reviewed  |
|----|---|
|    | The CBOC was Americans with Disabilities Act-compliant, including: parking, ramps, door widths, door hardware, restrooms, and counters. |
|    | 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.  |
|    | Fire extinguishers were easily identifiable.  |
|    | There was evidence of an annual fire and safety inspection.   |

<sup>17</sup> VHA Handbook 1100.19, *Credentialing and Privileging*, November 14, 2008.

| NC                  | Areas Reviewed (continued)   |
|---------------------|--|
|                     | 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.   |
|                     | 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> |  |

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

### Emergency Management

VHA policy requires each CBOC to have a local policy or standard operating procedure defining how medical and MH emergencies are handled.<sup>18</sup> Table 8 shows the areas reviewed for this topic.

| 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.        |
|                                      | The CBOC had an automated external defibrillator 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> |  |

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

<sup>18</sup> VHA Handbook 1006.1.



## VISN 23 Director Comments

**Department of  
Veterans Affairs**

**Memorandum**

**Date:** January 31, 2013  
**From:** Director, VISN 23 (10N23)  
**Subject:** **CBOC Reviews at Iowa City VA HCS**  
**To:** Director, 54DV Healthcare Inspections Division (54DV)  
Director, Management Review (VHA 10AR MRS OIG CAP  
CBOC)

1. The purpose of this Memorandum is to submit the Director's Comments to Office of Inspector General's Draft Report of Community Based Outpatient Clinic Reviews at Iowa City VA Health Care System, Iowa City, IA.

*(original signed by:)*  
Janet P. Murphy, MBA  
Network Director, VISN 23

Enclosure

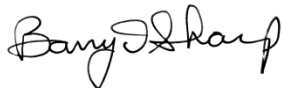
## Facility Director Comments

**Department of  
Veterans Affairs**

**Memorandum**

**Date:** January 31, 2013  
**From:** Director, Iowa City VA HCS (636A8/00)  
**Subject:** **CBOC Reviews at Iowa City VA HCS**  
**To:** Director, VISN 23 (10N23)

1. The purpose of this Memorandum is to submit the Director's Comments to Office of Inspector General's Draft Report of Community Based Outpatient Clinic Reviews at Iowa City VA Health Care System, Iowa City, IA.
2. If you have any questions or would like to discuss this response, please contact me at 319-339-7100.



Barry D. Sharp  
Director, Iowa City VA HCS

Enclosure

## 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 managers ensure that patients with cervical cancer screening results are notified of results within the defined timeframe and that notification is documented in the EHR.

Concur: Director concurs with recommendation

Target date for completion: May 1, 2013

The facility will revise the results reporting letter format. When changes are complete, the Deputy Director for Primary Care will provide re-education to PC providers on the results reporting mandate as well as use of the new template letter. After implementation, Primary Care will conduct monthly chart audits to monitor compliance for 3 months and then add this component to the quarterly audits completed by Primary Care. Primary Care will report monthly on the status of the project to the Performance Improvement Council.

2. We recommended that managers ensure that clinicians administer pneumococcal vaccinations when indicated.

Concur: Director concurs with recommendation

Target date for completion: June 1, 2013.

Iowa City VA HCS has consistently documented pneumovax vaccines with the use of clinical reminders and reminder templates. EPRP measures for outpatient pneumococcal vaccination for FY12 and FY13 Q1 were at 92% compliance. The element consistently cited were patients not receiving a one-time pneumovax revaccination after age 65. After consulting with VISN 23 Informatics Chief the Iowa City VA HCS instituted a new VISN 23 pneumovax reminder on January 14, 2013, that prompts the clinician to offer a one-time revaccination after the patient reaches the age 65 and has not received a previous revaccination. Providers were educated on the new reminder. Primary Care will monitor compliance of the new VISN 23 pneumovax clinical reminder monthly until 90% compliance is achieved for three consecutive months. Primary Care will report monthly on the status of the reminder compliance to the Performance Improvement Council.

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

Concur: Director concurs with recommendation

Target date for completion: Complete

All immunization and vaccination reminders were reviewed to ensure all administration elements were included. In particular to ensure the edition date of CDC educational handout given to patient was included in the immunization documentation. This is an automated process for the clinician and will be documented automatically whenever an immunization is documented in the computerized medical record. Providers were educated on the new reminder. Since January 7, 2013, 10 immunization records weekly were reviewed with 100% compliance.

**4.** We recommended that the FPPE review for the Cedar Rapids CBOC providers is included in the Clinical Executive Board meeting minutes.

Concur: Director concurs with recommendation

Target date for completion: May 1, 2013

The Credentialing Committee reports monthly to Medical Executive Committee. Prior to the monthly Credentialing Committee meeting, the Iowa City VA Health System's Credentialing & Privileging Supervisor is now requesting any pending FPPE from the Administrative Officer and Program Assistant to the Chief of Staff for review at the meeting. The Administrative Officer to the Chief of Staff will review the minutes of the Credentialing and Medical Executive Committees and report monthly on the compliance of FPPE to the Performance Improvement Council. The Administrative Officer and Program Assistant to the Chief of Staff have initiated a Systems Redesign project intended to address opportunities for improvement related to the FPPE/OPPE process. The Administrative Officer to the Chief of Staff will report monthly on the status of the project to the Performance Improvement Council.

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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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|                     |  |
|---------------------|--|
| <b>Contributors</b> | Laura Dulcie, BSEE, Team Leader<br>Michael Bishop, MSW<br>Stephanie Hensel, RN, JD<br>Diane McNamara, RN, MS<br>Cheryl Walker, ARNP, MBA |
|---------------------|--|

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