



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

Office of Healthcare Inspections

Report No. 13-00026-137

**Community Based Outpatient
Clinic Reviews at
San Francisco VA Medical Center
San Francisco, CA**

March 22, 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
NCP	National Center for Health Promotion and Disease Prevention
NC	noncompliant
OIG	Office of Inspector General
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 CBOC on January 24, 2013. The C&P, EOC, and emergency management onsite inspections were conducted at the randomly selected CBOC (see Table 1).

VISN	Facility	CBOC Name	Location
21	San Francisco VAMC	Clearlake	Clearlake, CA
Table 1. Site Inspected			

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 screen patients for tetanus vaccinations.
- Ensure that clinicians administer pneumococcal vaccinations when indicated.
- Ensure that clinicians document all required pneumococcal vaccination administration elements and that compliance is monitored.
- Ensure that panic alarms in high-risk areas are tested and that testing is documented.

Comments

The VISN and Facility Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes A and B, pages 11–14, for the full text of the Directors' comments.) We consider recommendation 5 closed. We will follow up on the planned actions for the open recommendations 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 1100.19.¹
- Determine whether the selected CBOC is in compliance with standards of operations according to VHA policy in the areas of environmental safety and emergency planning.²

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

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

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

pneumococcal, respectively. The study populations consisted of patients from the CBOCs assigned to the parent facility.³

The C&P, EOC, and emergency management onsite inspections were only conducted at the randomly selected CBOC. One CBOC was randomly selected from the 56 sampled parent facilities, with sampling probabilities proportional to the number of CBOCs eligible to be inspected within each of the parent facilities.⁴

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.

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

³ Includes all CBOCs in operation before October 1, 2011.

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

CBOC Profile

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.⁵ The table below provides information relative to the CBOCs under the oversight of the respective parent facility.

VISN	Parent Facility	CBOC Name	Locality ⁶	Uniques FY 2012 ⁷	Visits FY 2012 ⁷	CBOC Size ⁸
21	San Francisco VAMC	Clearlake (Clearlake, CA)	Rural	1,704	11,604	Mid-Size
		Eureka (Eureka, CA)	Rural	4,814	24,355	Mid-Size
		San Bruno (San Bruno, CA)	Urban	1,898	14,377	Mid-Size
		San Francisco (San Francisco, CA)	Urban	2,643	32,760	Mid-Size
		Santa Rosa (Santa Rosa, CA)	Rural	7,753	55,466	Large
		Ukiah (Ukiah, CA)	Rural	3,114	22,016	Mid-Size
Table 2. Profiles						

⁵ Includes all CBOCs in operation before October 1, 2011.

⁶ <http://vaww.pssg.med.va.gov/>

⁷ <http://vssc.med.va.gov>

⁸ 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.⁹ Each year, approximately 12,000 women in the United States are diagnosed with cervical cancer.¹⁰ 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.¹¹ 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.
Table 3. WH	

There were 26 patients who received a cervical cancer screening at the San Francisco VAMC.

Patient Notification of Cervical Cancer Screening Results. We reviewed 26 EHRs of patients who had cervical cancer screening results and determined that 7 patients were not notified within the required timeframes from the date the pathology report became available.

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

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

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

Recommendation

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.¹² 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 administered the tetanus vaccination when indicated.
	Staff screened patients for the pneumococcal vaccination.
X	Staff administered the pneumococcal vaccination when indicated.
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. We reviewed 75 patients' EHRs and did not find documentation of tetanus vaccination screening in 37 patient records.

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.¹³ For individuals 65 and older who have received a prior pneumococcal vaccination, a one-time revaccination is recommended if

¹² VHA Handbook 1120.05, *Coordination and Development of Clinical Preventive Services*, October 13, 2009.

¹³ Centers for Disease Control and Prevention, <http://www.cdc.gov/vaccines/vpd-vac/>.

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 5 EHRs for patients with pre-existing conditions who received their first vaccine prior to the age of 65. We did not find any documentation in the patients' EHRs indicating that their second vaccinations had been administered.

Documentation of Pneumococcal Vaccination. Federal Law requires that documentation for administered vaccinations include specific elements, such as the vaccine manufacturer and lot number of the vaccine used.¹⁴ We reviewed the EHRs of 25 patients who received a pneumococcal vaccine administration at the parent facility or its associated CBOCs. We did not find the required documentation elements in 18 of the EHRs.

Recommendations

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

¹⁴ Childhood Vaccine Injury Act of 1986 (PL 99 660) sub part C, November 16, 2010.

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).

	Clearlake
VISN	21
Parent Facility	San Francisco VAMC
Types of Providers	Licensed Professional Counselor Licensed Marriage and Family Therapist Primary Care Physician Psychiatrist
Number of Mental Health Uniques, FY 2012	345
Number of Mental Health Visits, FY 2012	1,113
Mental Health Services Onsite	Yes
Specialty Care Services Onsite	None
Ancillary Services Provided Onsite	None
Tele-Health Services	Care Coordination Home Telehealth Dermatology
Table 5. Characteristics	

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.¹⁵ Table 6 shows the areas reviewed for this topic.

NC	Areas Reviewed
	Each provider's license was unrestricted.
New Provider	
	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.
Additional New Privilege	
	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.
FPPE for Performance	
	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.
Privileges and Scopes of Practice	
	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 Ongoing Professional Practice Evaluation activities.
Table 6. C&P	

¹⁵ VHA Handbook 1100.19.

The CBOC was compliant with the review areas; therefore, we made no recommendations.

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 review element marked as noncompliant needed improvement. Details regarding the finding follow the table.

NC	Areas Reviewed
	The CBOC was compliant with the Americans with Disabilities Act, 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.
	There was an alarm system or panic button installed in high-risk areas as identified by the vulnerability risk assessment.
X	The alarm system or panic button(s) installed in high-risk areas was tested.
	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.

NC	Areas Reviewed (continued)
	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.
Table 7. EOC	

Panic Alarms. Clearlake CBOC provides MH services and has pull cord alarm devices to ensure a safe environment and a rapid response to a MH emergency. CBOC staff indicated that panic alarm testing occurs monthly; however, documentation of monthly testing could not be produced.

Recommendation

5. We recommended that panic alarms in high-risk areas are tested and that testing is documented.

Emergency Management

VHA policy requires each CBOC to have a local policy or standard operating procedure defining how medical and MH emergencies are handled.¹⁶ 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.
Table 8. Emergency Management	

The CBOC was compliant with the review areas; therefore, we made no recommendations.

¹⁶ VHA Handbook 1006.1.

VISN 21 Director Comments**Department of
Veterans Affairs****Memorandum**

Date: March 6, 2013

From: Director, VISN 21 (10N21)

Subject: **CBOC Reviews at San Francisco VAMC**

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

1. Thank you for the opportunity to review and obtain comments to the draft report of the CBOC review at San Francisco VAMC.
2. Attached is the action plan developed by the facility as well as the Acting Director memo. I am confident that their actions will be effective in correcting the identified deficiencies.
3. If you have any questions please contact Terry Sanders, Associate Quality Manager for VISN21 at (707) 562-8370.

(original signed by:)

Sheila M. Cullen
Attachments

San Francisco VAMC Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: March 5, 2013
From: Acting Director, San Francisco VAMC (662/00)
Subject: CBOC Reviews at San Francisco VAMC
To: Director, VISN 21 (10N21)

1. I appreciate the opportunity to provide comments to the draft report of the Community Based Outpatient Clinic review of the Clearlake clinic.
2. In brief, I concur with all of the findings and suggested improvement actions. As you will note, the majority of the actions are well on their way to completion.
3. I would like to express my thanks to the OIG review team. The review team members were professional, helpful, and courteous.

(original signed by:)

C. Diana Nicoll, MD, PhD, MPA

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

Target date for completion: August 31, 2013

Providers were reminded of the notification requirements through Outlook email and on our monthly Women's Health calls. Monthly monitoring will occur of 10 Women Veterans who have undergone Pap tests reviewing for the appropriate notifications (14 days for normal results, 5 days for abnormal results). Providers not meeting the requirements will be contacted. Target for compliance is 100%. The cytology lab and Clinical Applications Coordinator (CAC) are working to develop a field into the cytology report that will allow a view alert to be sent to our gynecologists, in addition to the ordering provider regarding abnormal results.

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

Concur

Target date for completion: June 15, 2013

A new tetanus vaccine clinical reminder is now functional and will help bring this issue to primary care providers' attention. Infectious Disease Service/Infection Control will send an educational email with the latest VA guidelines regarding tetanus vaccine for dissemination to all primary care providers along with information regarding the recent OIG findings by March 15, 2013. Monthly a retrospective record review will be accomplished to assess compliance with VA tetanus vaccine guidelines for a selected number of patients. Target for compliance will be 90%. If the compliance target is achieved, the action plan will be considered successful.

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

Concur

Target date for completion: June 15, 2013

A newly revamped pneumovax clinical reminder is now functional and will help bring this issue to primary care providers' attention. Infectious Disease Service/Infection Control will send an educational email with the latest VA guidelines regarding pneumovax vaccine for dissemination to all primary care providers along with information regarding the recent OIG findings by March 15, 2013. Monthly a retrospective record review will be accomplished to assess compliance with VA tetanus vaccine guidelines for a selected number of patients. Target for compliance will be 90%.

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

Concur**Target date for completion:** June 15, 2013

Clinical Informatics reviewed all vaccination templates to ensure fields for the manufacturer, date expired and Vaccine Information Statement with date is contained in the templates. These fields are now mandatory, not allowing the provider to exit without inserting the required information. Monthly a record review will assess compliance with completion of all fields in the vaccination template focusing specifically on pneumococcal vaccination. Target for compliance will be 100%.

5. We recommended that panic alarms in high-risk areas are tested and that testing is documented.

Concur**Target date for completion:** February 11, 2013

Panic Alarms were installed in each primary care exam room, under the front desk for Medical Support Staff and under the desk of the Psychiatrist. On February 11, 2013 all panic alarms were tested and fully functional. The Clearlake CBOC guards test the alarms each month and log the results. The results are being monitored as part of the Clinic QI plan.

OIG Contact and Staff Acknowledgments

Contact	For more information about this report, please contact the OIG at (202) 461-4720.
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