Department of Veterans Affairs
Office of Inspector General

Office of Healthcare Inspections

Report No. 13-00026-157

# Community Based Outpatient Clinic Reviews at VA Palo Alto Health Care System Palo Alto, CA

March 29, 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.

# 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 |
| NCP | National Center for Health Promotion and Disease Prevention |
| NC | noncompliant |
| OIG | Office of Inspector General |
| PII | personally identifiable information |
| VHA | Veterans Health Administration |
| VISN | Veterans Integrated Service Network |
| WH | women's health |

# Table of Contents

# 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 January 28, 2013. 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 |
|---|---|---|---|
| 21 | VA Palo Alto HCS | Monterey | Seaside, CA |
| | | Stockton | French Camp, CA |

**Table 1. Sites Inspected**

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

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

We made recommendations in two review areas.

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

- Ensure that clinicians administer pneumococcal vaccinations when indicated.
- Ensure that clinicians document all required vaccination administration elements and that compliance is monitored.
- Ensure that testing of the panic alarm system is documented at the Monterey CBOC.
- Ensure that patients' PII are secured and protected at the Monterey CBOC.

## 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 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.[1]
- Determine whether CBOCs are in compliance with standards of operations according to VHA policy in the areas of environmental safety and emergency planning.[2]

## Scope 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 all CBOCs assigned to the parent facility.[3]

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.[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 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.[5] 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[6] | Uniques FY 2012[7] | Visits FY 2012[7] | CBOC Size[8] |
|---|---|---|---|---|---|---|
| 21 | VA Palo Alto HCS | Capitola (Capitola, CA) | Urban | 1,249 | 2,836 | Small |
| | | East Bay (Fremont, CA) | Urban | 2,909 | 9,433 | Mid-Size |
| | | Modesto (Modesto, CA) | Urban | 7,713 | 36,961 | Large |
| | | Monterey (Seaside, CA) | Urban | 9,562 | 69,509 | Large |
| | | San Jose (San Jose, CA) | Urban | 11,095 | 73,740 | Very Large |
| | | Stockton (French Camp, CA) | Urban | 7,218 | 32,544 | Large |
| | | Tuolumne County (Sonora, CA) | Rural | 3,366 | 12,872 | 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 MH 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.

| 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. |
| | 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 24 patients who received a cervical cancer screening at the VA Palo Alto HCS' CBOCs.

Generally the CBOCs assigned to the VA Palo Alto HCS were compliant with the review areas; therefore, we made no recommendations.

## 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

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

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. |
| | 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**

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. 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 7 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 their second vaccinations had been administered in none of the EHRs.

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.[13] We reviewed 43 patients' EHRs who received a pneumococcal vaccine administration at the parent facility or its associated CBOCs. We did not find documentation of all the required information related to pneumococcal vaccine administration in 41 patient EHRs. We reviewed 25 patients' EHRs who received a tetanus vaccine administration at the parent facility or its associated CBOCs. We did not find documentation of all the required information related to tetanus vaccine administration in 24 patient EHRs.

[13] Childhood Vaccine Injury Act of 1986 (PL 99 660) sub part C.

## Recommendations

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

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

# 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).

| | Monterey | Stockton |
|---|---|---|
| **VISN** | 21 | 21 |
| **Parent Facility** | VA Palo Alto HCS | VA Palo Alto HCS |
| **Types of Providers** | Audiologist<br>Licensed Clinical Social Worker<br>Licensed Professional Counselor<br>Neurologist<br>Nurse Practitioner<br>Orthopedist<br>Podiatrist<br>Pharmacist<br>Primary Care Physician<br>Psychiatrist<br>Psychologist | Licensed Clinical Social Worker<br>Nurse Practitioner<br>Pharmacist<br>Primary Care Physician<br>Psychiatrist<br>Psychologist |
| **Number of MH Uniques, FY 2012** | 2,828 | 2,047 |
| **Number of MH Visits, FY 2012** | 23,050 | 11,757 |
| **MH Services Onsite** | Yes | Yes |
| **Specialty Care Services Onsite** | Cardiology<br>Dermatology<br>Gastrointestinal<br>Hematology<br>Optometry<br>Orthopedics<br>Podiatry<br>Urology<br>WH | None |
| **Ancillary Services Provided Onsite** | Electrocardiogram<br>Laboratory<br>Pharmacy<br>Physical Medicine<br>Radiology | Electrocardiogram<br>Laboratory |
| **Tele-Health Services** | Care Coordination Home<br>Telehealth<br>MH<br>Nephrology<br>Rehabilitation<br>Tele-MOVE[14] | Care Coordination Home<br>Telehealth<br>Cardiology<br>MH<br>Rehabilitation<br>Tele-MOVE |

**Table 5. Characteristics**

[14] 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.[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 |
| | FPPE criteria were developed prior to initiating a new privilege. |
| | 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.

All CBOCs were 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 CBOCs identified as noncompliant needed improvement. Details regarding the findings follow the table.

| NC | Areas Reviewed |
|---|---|
| | The CBOC was American 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. |
| | There was an alarm system or panic button installed in high-risk areas as identified by the vulnerability risk assessment. |
| Monterey | 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. |
| Monterey | Patients' PII 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. |

**Table 7. EOC** **(continued on next page)**

| 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. The Monterey CBOC provides MH services and has panic alarms. CBOC staff indicated that panic alarm testing occurs monthly; however, documentation of monthly testing could not be produced.

PII. We found that documents containing patient PII were not secured at the Monterey CBOC. Patients' records were accessible at an unsecured and unattended lobby desk; therefore, staff could not ensure the security of patients' PII.[16]

**Recommendations**

**3.** We recommended that testing of the panic alarm system is documented at the Monterey CBOC.

**4.** We recommended that patients' PII are secured and protected at the Monterey 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.[17] 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** | |

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

[16] The Health Insurance Portability and Accountability Act (HIPAA), 1996.
[17] VHA Handbook 1006.1.

# VISN 21 Director Comments

**Department of Veterans Affairs** **Memorandum**

**Date:** March 8, 2013

**From:** Director, VISN 21 (10N21)

**Subject:** **CBOC Reviews at VA Palo Alto HCS**

**To:** Director, 54LA Healthcare Inspections Division (54LA)

Director, Management Review (VHA 10AR MRS OIG CAP CBOC)

1. Palo Alto has developed the attached action plan in response to the OIG CBOC review that occurred this past January.

2. The action plan developed should ensure full compliance with the requirements and meet the recommendations.

3. Should you have any questions, please contact Terry Sanders, Associate Quality Manager for VISN 21 at (707) 562-8370.

(*original signed by*:)

Sheila M. Cullen

Attachments

# VA Palo Alto HCS Director Comments

**Department of Veterans Affairs** **Memorandum**

**Date:** March 4, 2013

**From:** Director, VA Palo Alto HCS (640/00)

**Subject:** CBOC Reviews at VA Palo Alto HCS

**To:** Director, VISN 21 (10N21)

1. Thank you for the opportunity to review the OIG CBOC report of the VA Palo Alto Health Care System.

2. Please find attached our response to each recommendation provided in the report.

3. If you have any questions regarding the response to the recommendations in the report, feel free to call me at (650) 858-3939.

(*original signed by*:)

Elizabeth Joyce Freeman

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 managers ensure that clinicians administer pneumococcal vaccinations when indicated.

**Concur**

**Target date for completion**: July 1, 2013

Currently, second and subsequent doses require a provider order. Providers have been notified by Assistant Chief, Ambulatory Care, to continue to order. Nursing notifies providers on check-in sheet when second or third dose is needed. A local policy will be implemented by April 15, 2013, to enable RN/LVN staff to administer subsequent pneumovax vaccines, when clinically indicated, through the clinical reminder. Ambulatory Care Nursing staff will run Pneumovax Due Reports prior to the Veterans Primary Care visit and offer the Veteran the vaccine at the time of the visit. This will be monitored via a monthly Clinical Reminder Completion report until the targeted goal of 90% is achieved. These results will be reported to Quality Management each month, beginning in May 2013.

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

**Concur**

**Target date for completion**: July 1, 2013

The vaccination template has been revised to incorporate all the necessary documentation elements to ensure compliance. Nurse Managers will inservice Ambulatory Care Nursing staff by April 1, 2013. An audit of 20 records per month will occur until 90% compliance is achieved. These results will be reported to Quality Management each month, beginning in May 2013.

**3.** We recommended that testing of the panic alarm system is documented at the Monterey CBOC.

**Concur**

**Target date for completion**: February 1, 2013 (completed)

The panic alarm system at the Monterey CBOC is tested and documented by VA Police monthly. The mutual aid alarms are tested on the fourth Thursday of each month by the Monterey CBOC staff. Records of the monthly mutual aid alarm tests are retained at the Monterey CBOC and will be provided to Ambulatory Care Service to ensure completion.

**4.** We recommended that patients' PII are secured and protected at the Monterey CBOC.

**Concur**

**Target date for completion:** February 1, 2013 (completed)

To ensure PII is secured and protected at the Monterey CBOC, the check-in process was revised and the chart is no longer kept at the desk. Every patient's waiting chart is now kept in the adjoining locked interior office until a nurse retrieves it to room a particular patient. All charts, including PII, are printed, matched and kept in the locked interior nurses' office until the nurse takes the chart, meets the patient and rooms the patient.

# OIG Contact and Staff Acknowledgments

| | |
|---|---|
| **Contact** | For more information about this report, please contact the OIG at (202) 461-4720. |
| **Contributors** | Simonette Reyes, RN, BSN, Team Leader<br>Clarissa Reynolds, CNHA, MBA<br>Jackelinne Melendez, MPA, Program Support Assistant |

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