



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

Office of Healthcare Inspections

Report No. 12-03853-172

**Community Based Outpatient
Clinic Reviews at
Battle Creek VA Medical Center
Battle Creek, MI
and
Captain James A. Lovell Federal
Health Care Center
North Chicago, IL**

April 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.

To Report Suspected Wrongdoing in VA Programs and Operations

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Glossary

ADA	Americans with Disabilities Act
C&P	Credentialing and Privileging
CBOC	Community Based Outpatient Clinic
CDC	Centers for Disease Control and Prevention
EKG	electrocardiogram
EHR	electronic health record
EOC	environment of care
FHCC	Federal Health Care Center
FPPE	Focused Professional Practice Evaluation
FY	fiscal year
IT	Information Technology
LCSW	Licensed Clinical Social Worker
MH	mental health
NCP	National Center for Health Promotion and Disease Prevention
NC	noncompliant
NP	Nurse Practitioner
OIG	Office of Inspector General
PA	Physician Assistant
PCP	primary care provider
PII	personally identifiable information
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.

We conducted an onsite inspection of the Battle Creek VAMC CBOCs during the week of December 3, 2012, and the Captain James A Lovell FHCC CBOCs during the week of December 10, 2012.

The review covered the following topic areas:

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

For the WH and vaccinations topics, EHR reviews were performed for patients who were randomly selected from all CBOCs assigned to the respective parent facilities. 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
11	Battle Creek VAMC	Grand Rapids	Grand Rapids, MI
		Lansing	Lansing, MI
12	Captain James A. Lovell FHCC	Evanston	Evanston, IL
		McHenry	McHenry, IL

Table 1. Sites Inspected

Review Results: We made recommendations in four review areas.

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

Battle Creek VAMC

- 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 providers are granted privileges that are consistent with the services provided at the Grand Rapids and Lansing CBOCs.
- Ensure that restroom access is improved for disabled veterans at the Lansing CBOC.
- Ensure that managers maintain a clean and functioning environment of care at the Lansing CBOC.
- Ensure that managers clearly identify location of fire extinguishers with appropriate signage at the Lansing CBOC.
- Implement a system to maintain auditory privacy during the check-in process at the Lansing CBOC.
- Ensure that staff secure PII on laboratory specimens during transport from the Lansing CBOC to the parent facility.

Captain James A. Lovell FHCC

- Ensure that patients with cervical cancer screening results are notified within the defined timeframe and that notification is documented in the EHR.
- Establish a process to ensure that the ordering provider or surrogate is notified of normal cervical cancer screening results within the allotted time frame and that notification is documented in the EHR.
- Ensure that clinicians document all required pneumococcal and tetanus vaccination administration elements and that compliance is monitored.
- Ensure that the Executive Committee of Medical Staff grants privileges that are consistent with the services provided at the Evanston and McHenry CBOCs.
- Ensure that staff secure PII on laboratory specimens during transport from the Evanston and McHenry CBOCs to the parent facility.
- Ensure that the IT server closet at the McHenry CBOC is maintained according to IT safety and security standards.

Comments

The VISN and Facility Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes A–D, pages 15–23, 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. Four 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 facilities' 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 ⁸	CBOC Size ⁹
11	Battle Creek VAMC	Benton Harbor (Benton Harbor, MI)	Urban	2,765	15,337	Mid-Size
		Grand Rapids (Grand Rapids, MI)	Urban	18,584	161,281	Very Large
		Lansing (Lansing, MI)	Urban	3,830	18,616	Mid-Size
		Muskegon (Muskegon, MI)	Urban	3,880	16,144	Mid-Size
12	Captain James A. Lovell FHCC	Evanston (Evanston, IL)	Urban	1,978	7,787	Mid-Size
		Kenosha (Kenosha, IL)	Urban	1,800	10,153	Mid-Size
		McHenry (McHenry, IL)	Urban	3,463	16,033	Mid-Size

Table 2. CBOC 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 <http://vssc.med.va.gov>

⁹ 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.¹⁰ Each year, approximately 12,000 women in the United States are diagnosed with cervical cancer.¹¹ 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.¹² 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 elements marked as noncompliant needed improvement.

NC	Areas Reviewed
	Cervical cancer screening results were entered into the patient’s EHR.
Captain James A. Lovell FHCC	The ordering VHA provider or surrogate was notified of results within the defined timeframe.
Battle Creek VAMC Captain James A. Lovell FHCC	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 28 patients who received a cervical cancer screening at the Battle Creek VAMC’s CBOCs and 35 patients at the Captain James A. Lovell FHCC’s CBOCs.

VISN 11, Battle Creek VAMC

Patient Notification of Cervical Cancer Screening Results. We reviewed EHRs of 28 patients who had cervical cancer screening results and determined that 6 patients were not notified within the required timeframes from the date the pathology report became available.

¹⁰ World Health Organization. Cancer of the cervix. Retrieved from: <http://www.who.int/reproductivehealth/topics/cancers/en/index.html>.

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

¹² 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.

VISN 12, Captain James A. Lovell FHCC

Patient Notification of Cervical Cancer Screening Results. We reviewed 35 EHRs of patients who had cervical cancer screening results and determined that 8 patients were not notified within the required timeframes from the date the pathology report became available.

Provider Notification. VHA requires that normal cervical cancer screening results must be reported to the ordering provider or surrogate within 30 calendar days of the report being issued and the notification is documented in the EHR.¹³ We reviewed the EHR of 32 patients who had normal cervical cancer screening results and did not find documentation in 4 records that the ordering provider or surrogate was notified within 30 calendar days.

Recommendations

2. We recommended that managers ensure that patients are notified of cervical cancer screening results within the defined timeframe and that notification is documented in the EHR.
3. We recommended that a process is established to ensure that the ordering provider or surrogate is notified of normal cervical cancer screening results within the allotted time frame 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.¹⁴ 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.

¹³ VHA Handbook 1330.01.

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

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.
Battle Creek VAMC	Staff administered the pneumococcal vaccination when indicated.
Battle Creek VAMC Captain James A. Lovell FHCC	Staff properly documented vaccine administration.
	Managers developed a prioritization plan for the potential occurrence of vaccine shortages.
Table 4. Vaccinations	

VISN 11, Battle Creek VAMC

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.¹⁵ 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 the EHRs of 12 patients with pre-existing conditions who received their first vaccine prior to the age of 65. We did not find documentation in any of the EHRs indicating that a second vaccination had been administered.

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.¹⁶ We reviewed the EHRs of 24 patients 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 20 EHRs. We reviewed the EHRs of six patients 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 the six EHRs.

Recommendations

4. We recommended that managers ensure clinicians administer pneumococcal vaccinations when indicated.
5. We recommended that clinicians document all required pneumococcal and tetanus

¹⁵Centers for Disease Control and Prevention, <http://www.cdc.gov/vaccines/vpd-vac/>.

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

vaccination administration elements and that compliance is monitored.

VISN 12, Captain James A. Lovell FHCC

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.¹⁷ We reviewed the EHRs of 32 patients 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 31 EHRs. We reviewed the EHRs of 16 patients 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 any of the 16 EHRs.

Recommendation

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

¹⁷ 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).

	Grand Rapids	Lansing	Evanston	McHenry
VISN	11	11	12	12
Parent Facility	Battle Creek VAMC	Battle Creek VAMC	Captain James A. Lovell FHCC	Captain James A. Lovell FHCC
Types of Providers	Dentist LCSW NP PA PCP Psychiatrist Psychologist Podiatrist	LCSW NP PA PCP Psychiatrist Psychologist	Clinical Pharmacist LCSW NP PCP Psychiatrist Psychologist	Clinical Pharmacist LCSW PA PCP Psychiatrist
Number of MH Uniques, FY 2012	3,683	1,072	379	690
Number of MH Visits, FY 2012	23,196	6,021	2,157	3,475
MH Services Onsite	Yes	Yes	Yes	Yes
Specialty Care Services Onsite	Audiology Dental Dermatology Infectious Disease Neurology Optometry Podiatry Speech Pathology Spinal Cord Injury Urology WH Wound Care	WH	WH	WH
Ancillary Services Provided Onsite	EKG Laboratory Pharmacy Physical Medicine Radiology	EKG Laboratory	EKG Laboratory	EKG Laboratory
Tele-Health Services	MH MOVE ¹⁸ Retinal Imaging	MOVE Retinal Imaging	MH MOVE Care Coordination Home Telehealth	MH MOVE Care Coordination Home Telehealth
Table 5. Characteristics				

¹⁸ 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.¹⁹ Table 6 shows the areas reviewed for this topic. The CBOC identified as noncompliant needed improvement. Details regarding the findings follow the table.

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.

¹⁹ VHA Handbook 1100.19.

NC	Areas Reviewed (continued)
Evanston Grand Rapids Lansing McHenry	Privileges granted to providers were setting, service, and provider specific. ²⁰
	The determination to continue current privileges was based in part on results of Ongoing Professional Practice Evaluation activities.
Table 6. C&P	

VISN 11, Battle Creek VA Medical Center – Grand Rapids and Lansing

Clinical Privileges. VHA policy requires that privileges granted to an applicant must be facility specific and based on the procedures and types of services that are provided within the health care facility.²¹ We found that two of five Grand Rapids providers and two of five Lansing providers had privileges for procedures that were not performed at the CBOC. For example, we found privileges granted for admitting patients, incision and drainage, wound debridement, and suturing.

Recommendation

7. We recommended that the Medical Executive Committee grants privileges consistent with the services provided at the Grand Rapids and Lansing CBOCs.

VISN 12, Captain James A. Lovell FHCC – Evanston and McHenry

Clinical Privileges. VHA policy requires that privileges granted to an applicant must be facility specific and based on the procedures and types of services that are provided within the health care facility.²² We found that four of five Evanston providers and four of five McHenry providers had privileges for procedures that were not performed at the CBOC. We found privileges granted for admitting and discharging patients as well as, bladder catheterization and peripheral venous catheter insertions. Additionally, two providers at the Evanston CBOC and one provider at the McHenry CBOC were granted privileges to perform drug and alcohol detoxification.

Recommendation

8. We recommended that the Executive Committee of the Medical Staff grants privileges that are consistent with the services provided at the Evanston and McHenry CBOCs.

²⁰ VHA Handbook 1100.19.

²¹ VHA Handbook 1100.19.

²² VHA Handbook 1100.19.

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
Lansing	The CBOC was ADA-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.).
Lansing	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.
Lansing	Fire extinguishers were easily identifiable.
Lansing	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.
Lansing	Privacy was maintained.
	Patients' personally identifiable information was secured and protected.
Evanston Lansing McHenry	Laboratory specimens were transported securely to prevent unauthorized access.
	Staff used two patient identifiers for blood drawing procedures.
McHenry	IT 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.
Table 7. EOC	

VISN 11, Battle Creek VA Medical Center – Lansing

Restroom Access. The ADA requires that faucet handles are easy to grasp with one hand and do not require tight grasping, pinching, or twisting to operate.²³ The sink faucet handles in the handicap patient restroom at the Lansing CBOC required tight grasping, pinching, or twisting of the wrist to operate.

Cleanliness. The Joint Commission requires the establishment and maintenance of a clean, safe, and functional environment. At the Lansing CBOC, we found cleanliness and/or maintenance issues involving the women’s handicap restroom, public drinking fountain, and IT closet. The sink in the women’s handicapped bathroom was separated from the wall. One of the toilets had a brown ring around the bowl, and rolls of opened toilet paper were not secured. The water fountain located between the handicapped restrooms was dusty with a gray film around the drain area, and the water pressure was weak. Also, the IT closet floor had dust clumps that were more than three inches long.

Fire Extinguishers. The National Fire Protection Association Life Safety Code requires identification of fire extinguisher locations when they are obscured from view.²⁴ The Lansing CBOC had no signage identifying the location of fire extinguishers, and two extinguishers were recessed in the wall and obscured from view.

Auditory Privacy. VHA policy requires privacy when staff discusses sensitive patient information.²⁵ Auditory privacy was inadequate for patients during the check-in process at the Lansing CBOC. Patients communicate with staff through a slide-open glass window located in the waiting area. Seating is located adjacent to the check-in window, which prevents a zone of privacy. During the check-in process, at a minimum, patients are asked their names, last four of their social security number, and the reason for the visit.

PII. VHA policy states the privacy and security of patient information stored in any media must be maintained.²⁶ We found that PII on laboratory specimens at the Lansing CBOC was not secured during transport by contracted courier to the parent facility.

Recommendations

- 9.** We recommended that managers improve restroom access for disabled veterans at the Lansing CBOC.
- 10.** We recommended that managers maintain a clean and functioning environment of care at the Lansing CBOC.
- 11.** We recommended that managers clearly identify the location of fire extinguishers with appropriate signage at the Lansing CBOC.

²³ Americans with Disabilities Act.

²⁴ National Fire Protection Association, Standard for Portable Fire Extinguishers, 10 6.1.3.3.1.

²⁵ VHA Handbook 1605.1, *Privacy and Release of Information*, May 17, 2006.

²⁶ VHA Handbook 1907.01, *Health Information Management and Health Records*, August 25, 2006.

12. We recommended that managers implement a system to maintain auditory privacy during the check-in process at the Lansing CBOC.

13. We recommended that staff secure PII on laboratory specimens during transport from the Lansing CBOC to the parent facility.

VISN 12, Captain James A. Lovell FHCC – Evanston and McHenry

PII. VHA policy states the privacy and security of patient information stored in any media must be maintained.²⁷ We found that PII on laboratory specimens at the Evanston and McHenry CBOCs was not secured during transport by contracted courier to the parent facility.

IT Security. VA requires that access to locations that contain equipment or information critical to the information infrastructure be limited to authorized personnel.²⁸ We found that all staff had access to the IT server closet key and that the sign-in log was blank at the McHenry CBOC.

Recommendations

14. We recommended that staff secure PII on laboratory specimens during transport from the Evanston and McHenry CBOCs to the parent facility.

15. We recommended that the IT server closet at the McHenry CBOC is maintained according to IT safety and security standards.

Emergency Management

VHA policy requires each CBOC to have a local policy or standard operating procedure defining how medical and MH emergencies are handled.²⁹ 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	

²⁷ VHA Handbook 1907.01, *Health Information Management and Health Records*, August 25, 2006.

²⁸ VA Handbook 6500, *Information Security Program*, September 18, 2007.

²⁹ VHA Handbook 1006.1.

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

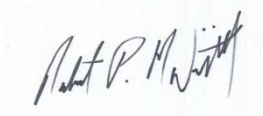
VISN 11 Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: March 5, 2013
From: Acting Director, Veterans In Partnership (10N11)
Subject: **CBOC Reviews at Battle Creek VA Medical Center**
To: Director, Chicago Healthcare Inspections (54CH)
Acting Director, Management Review Service (VHA 10AR
MRS OIG CAP CBOC)

Per your request, attached is the report from the Battle Creek VA Medical Center. If you have any questions, please contact Kelley Sermak, VISN 11 QMO, at 734-222-4302.



Robert P. McDivitt, FACHE/VHA-CM

Battle Creek VAMC Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: March 5, 2013
From: Director, Battle Creek VA Medical Center (515/00)
Subject: **CBOC Reviews at Battle Creek VAMC**
To: Director, Veterans In Partnership (10N11)

1. I have reviewed the draft report of the Inspector General's Community Based Outpatient Clinic (CBOC) of the Battle Creek VA Medical Center. We concur with all the findings and recommendations.
2. I appreciate the opportunity for this review as a continuing process to improve the care to our Veterans. Thank you.



Mary Beth Skupien, Ph.D.

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: September 30, 2013

Information Management Service will be creating a secure site for the Patient Aligned Care Team nurses to use to track the cervical cancer screenings which will include the date the screening results were received and the date the patients were informed of the results of the screening. The Women Veterans Program Manager will monitor the timeliness of the notification of results monthly and report to leadership.

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

Concur

Target date for completion: September 30, 2013

The clinical reminder template for the pneumococcal vaccinations will be revised to include the requirement for revaccination for those patients who were vaccinated prior to age 65. The nursing protocol orders will be revised to include the provision for revaccination. The Office of the Associate Director for Patient Care Services will monitor compliance.

5. 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: September 30, 2013

The templates used for documentation of the tetanus and pneumococcal vaccines are being revised. All required elements of documentation will be made mandatory fields. The Office of the Associate Director for Patient Care Services will monitor the compliance with the utilization of the templates.

7. We recommended that the Medical Executive Committee grants privileges consistent with the services provided at the Grand Rapids and Lansing CBOCs.

Concur

Target date for completion: May 31, 2013

The clinical privileges for all providers assigned to the CBOCs were reviewed. Three CBOC providers had admitting privileges. The admitting privileges were removed at the Executive Committee of the Medical Staff meeting on March 11, 2013. The privileges for incision and drainage, wound debridement, and suturing were reviewed and are appropriate for the medical office practice at all sites, including the Grand Rapids and Lansing CBOCs. Instruments are available at the Grand Rapids CBOC and have been ordered for the Lansing CBOC with the expectation of arrival to the clinic no later than April 8, 2013. The Executive Committee of the Medical Staff will address the delineation of privileges form used to request privileges and will review/revise the form to indicate site specific privileges.

9. We recommended that managers improve restroom access for disabled veterans at the Lansing CBOC.

Concur

Target date for completion: April 30, 2013

The building owner has scheduled a maintenance project to remove and replace the sinks, counters and faucets in both the male and female restrooms to improve access for disabled veterans.

10. We recommended that managers maintain a clean and functioning environment of care at the Lansing CBOC.

Concur

Target date for completion: September 30, 2013

A monthly cleanliness review of all areas of the Grand Rapids CBOC, including the IT room where dust was noted, has been created and implemented. Cleaning is coordinated with IT staff to ensure security of the room and equipment is maintained. Completed reviews are sent to the Clinic Manager and to the Contracting Officers Representative to ensure any cleanliness issues receive the proper follow up actions. The noted drinking fountain at the Lansing CBOC is not located within VA Leased Space and therefore is not approved for the expenditure of VA funds. The property manager was notified of the condition of the fountain, and a request was made to have the device reviewed for compliance, functionality, and any necessary repairs.

11. We recommended that managers clearly identify the location of fire extinguishers with the appropriate signage at the Lansing CBOC.

Concur

Target date for completion: April 7, 2013

Signage is being fabricated and installed to identify extinguisher location in the clinic that is not in line of sight.

12. We recommended that managers implement a system to maintain auditory privacy during the check-in process at the Lansing CBOC.

Concur

Target date for completion: August 1, 2013

The Battle Creek VAMC is purchasing systems furniture partitions to create an area of auditory privacy at the check-in desk. This will involve minor alterations to the physical plant in the form of a maintenance project. A request for proposal has been drafted and sent to the building owner.

13. We recommended that staff secure PII on laboratory specimens during transport from the Lansing CBOC to the parent facility.

Concur

Target date for completion: September 30, 2013

A container is being used to secure all laboratory specimens with PII during transport from the Lansing CBOC to the parent facility. This container is secured with a VA purchase tie, where tampering is easily identified due to breakage. The process to ensure patient information is secured prior to transport is being monitored monthly.

VISN 12 Director Comments

Department of
Veterans Affairs

Memorandum

Date: March 12, 2013

From: Director, VA Great Lakes Health Care System (10N12)

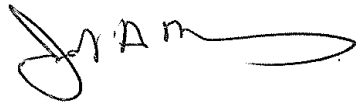
Subject: **CBOC Reviews at Captain James A. Lovell FHCC**

To: Director, Chicago Healthcare Inspections (54CH)
Acting Director, Management Review Service (VHA 10AR
MRS OIG CAP CBOC)

Attached please find CBOC Review draft response from the Captain James A. Lovell FHCC.

I have reviewed the draft report for the Captain James A. Lovell FHCC and concur with the findings and recommendations.

I appreciate the Office of Inspector General's efforts to ensure high quality of care to veterans at the Captain James A. Lovell FHCC.



Jeffrey A. Murawsky, M.D.

Captain James A. Lovell FHCC Director Comments

Department of
Veterans Affairs

Memorandum

Date: March 12, 2013
From: Director, Captain James A. Lovell FHCC (556/00)
Subject: **CBOC Reviews at Captain James A. Lovell FHCC**
To: Director, VA Great Lakes Health Care System (10N12)

I want to express my appreciation to the Office of Inspector General (OIG) Survey Team for their professional and comprehensive CBOC review conducted December 12 and 13, 2012. The results of their review validate the efforts of this Medical Center in providing high quality health care to our nation's veterans. I have reviewed the draft report for the CAPT James A. Lovell FHCC and concur with the findings and recommendations.

I appreciate the opportunity for this review as a continuing process to improve the care to our veterans



Patrick L. Sullivan, FACHE

Comments to OIG's Report

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

OIG Recommendations

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

Concur

Target date for completion: August 30, 2013

The practitioner will notify all patients of testing results within the policy timeframe by telephone or mail and document in the Electronic Health Record (EHR). Monthly chart reviews will be conducted for three consecutive months to ensure timely patient notification of cervical cancer screening results and EHR documentation with a goal of 90%.

3. We recommended that a process is established to ensure that the ordering provider or surrogate is notified of normal cervical cancer screening results within the allotted time frame and that notification is documented in the EHR.

Concur

Target date for completion: August 30, 2013

The ordering practitioner is notified of both normal and abnormal results within the policy timeframe. This notification is also documented in the EHR. Monthly chart reviews will be conducted for three consecutive months to ensure timely patient notification of cervical cancer screening results and EHR documentation with a goal of 90%.

6. 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: August 30, 2013

Clinical reminders related to pneumococcal and tetanus vaccines were modified to include fields for manufacturer name, lot number, and month and date of vaccine to ensure documentation compliance by clinicians. Monthly audits will be conducted for three months to ensure clinical documentation compliance with a goal of 90%.

8. We recommended that the Executive Committee of the Medical Staff grants privileges that are consistent with the services provided at the Evanston and McHenry CBOCs.

Concur

Target date for completion: August 30, 2013

Provider privileging forms will be revised to reflect current privileges.

14. We recommend that staff secure PII on laboratory specimens during transport from the Evanston and McHenry CBOCs to the parent facility.

Concur

Target date for completion: August 30, 2013

A product has been purchased that ensures the integrity of PII on specimens. The product is an opaque bag which includes a seal with tamper evident tape for the transportation of specimens. Monthly audits will be conducted for three months to ensure compliance with security and integrity of PII with a goal of 90%.

15. We recommended that the IT server closet at the McHenry CBOC is maintained according to IT safety and security standards.

Concur

Target date for completion: June 30, 2013

The number of personnel with access to the Communication closet has been limited to 3 personnel at the clinic, effective March 4, 2013. A Standard Operation Procedure (SOP) is being developed by the IT supervisor on proper procedures to follow when access to the communication closet is necessary. Personnel will be required to sign the control log whenever entering the communication closet. Once the SOP is developed, IT closet success log will be monitored to ensure 90% compliance with the SOP for 3 consecutive months.

OIG Contact and Staff Acknowledgments

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