



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

Office of Healthcare Inspections

Report No. 13-00026-166

**Community Based Outpatient
Clinic Reviews
at
Dayton VA Medical Center
Dayton, OH**

April 11, 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

ADA	Americans with Disabilities Act
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
MH	mental health
MSEC	Medical Staff's Executive Committee
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.

We conducted an onsite inspection of the CBOCs during the week of January 28, 2013.

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 CBOC (see Table 1).

VISN	Facility	CBOC Name	Location
10	Dayton VAMC	Middletown	Middletown, OH
Table 1. Site 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:

- Ensure that patients with normal 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 facility policy for semi-annual EOC rounds includes the CBOCs and that EOC meeting minutes reflect sufficient discussion of CBOCs' issues, deficiencies, and items.

- Ensure that staff are trained and knowledgeable of the local CBOC medical and MH emergency policy.

Comments

The VISN and Facility Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes A-B, pages 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 EOC. 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 CBOC. One CBOC was 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 ⁸	CBOC Size ⁹
10	Dayton VAMC	Lima Lima, OH	Urban	3,594	19,758	Mid-Size
		Middletown Middletown, OH	Rural	3,057	22,289	Mid-Size
		Richmond Richmond, IN	Rural	3,117	22,136	Mid-Size
		Springfield Springfield, OH	Urban	3,461	28,426	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 <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 element marked as noncompliant needed improvement. Details regarding the finding follow the table.

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 15 patients who received a cervical cancer screening at the Dayton VAMC CBOCs.

Patient Notification of Normal Cervical Cancer Screening Results. We reviewed 14 EHRs of patients who had normal cervical cancer screening results and determined that 2 patients were not notified within the required 14 days 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 normal 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.¹³ 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. Details regarding the findings follow the table.

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.¹⁴ 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 five EHRs for patients with pre-existing conditions who received their first vaccine prior to the age of 65. We

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

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

did not find documentation in any of the EHRs indicating that their second vaccinations 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.¹⁵ We reviewed 38 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 34 patient EHRs. We reviewed eight 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 any of the 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.

¹⁵ 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).

	Middletown
VISN	10
Parent Facility	Dayton VAMC
Types of Providers	Licensed Clinical Social Worker Nurse Practitioner Primary Care Physician Psychiatrist
Number of MH Uniques, FY 2012	643
Number of MH Visits, FY 2012	4,213
MH Services Onsite	Yes
Specialty Care Services Onsite	Audiology Optometry Podiatry WH
Ancillary Services Provided Onsite	Electrocardiogram Laboratory Pharmacy Physical Medicine
Tele-Health Services	Care Coordination Home Tele-health Dermatology MH Tele-MOVE ¹⁶
Table 5. Characteristics	

¹⁶ 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.¹⁷ 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 MSEC.
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 MSEC.
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 MSEC.
Privileges and Scopes of Practice	
	The Service Chief, Credentialing Board, and/or MSEC 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	

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

¹⁷ 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 area identified as noncompliant need improvement. Details regarding the finding follow the table.

NC	Areas Reviewed
	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.).
	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.
	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)
X	The CBOC was included in facility-wide EOC activities.
Table 7. EOC	

EOC Rounds. The facility policy for semi-annual EOC rounds does not include the CBOCs. Additionally, the EOC minutes do not consistently reflect sufficient discussion of CBOC issues, deficiencies, and items.

Recommendation

4. We recommended that managers ensure that the facility policy for semi-annual EOC rounds includes the CBOCs and that EOC meeting minutes reflect sufficient discussion of CBOCs' issues, deficiencies, and items.

Emergency Management

VHA policy requires each CBOC to have a local policy or standard operating procedure defining how medical and MH emergencies are handled.¹⁸ Table 8 shows the areas reviewed for this topic. The review elements marked as noncompliant needed improvement. Details regarding the findings follow the table.

NC	Areas Reviewed
	There was a local medical emergency management plan for this CBOC.
X	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.
X	The staff articulated the procedural steps of the MH emergency plan.
Table 8. Emergency Management	

Staff Training. We interviewed several CBOC staff, and none could articulate the medical or MH emergency plan that was consistent with the local CBOC policy.

Recommendations

5. We recommended that managers ensure that staff are trained and knowledgeable of the local CBOC medical and MH emergency policy.

¹⁸ VHA Handbook 1006.1.

VISN 10 Director Comments**Department of
Veterans Affairs****Memorandum**

Date: March 20, 2013

From: Director, VISN 10 (10N10)

Subject: **CBOC Reviews at Dayton VAMC**

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

1. I have reviewed the draft report of the Community Based Outpatient Clinic Review at the Dayton VA Medical Center, Middletown CBOC. I concur with the recommendations and the Medical Center Director's response.
2. Thank you for this opportunity of review, focused towards continuous performance improvement. If you have any questions, please contact Lisa Durham, Chief Quality Management, Dayton VAMC at (937) 268-6511, extension 7630.

(original signed by:)

Jack G. Hetrick, FACHE
Network Director
VISN 10

Dayton VAMC Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: March 18, 2013
From: Director, Dayton VAMC (552/00)
Subject: **CBOC Reviews at Dayton VAMC**
To: Director, VISN 10 (10N10)

1. Thank you for the opportunity to review the draft report of the Community Based Outpatient Clinic Review at the Dayton VA Medical Center, Middletown CBOC.
2. I have reviewed the document and concur with the recommendations. Corrective action plans have been established with planned completion dates, as detailed in the attached report.
3. If you have any questions, please contact Lisa Durham, Chief, Quality Management at (937) 268-6511, extension 7630.

(original signed by:)
Glenn A. Costie, FACHE
CEO / Medical Center Director

Comments to OIG's Report

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

OIG Recommendations

1. We recommended that managers ensure that patients with normal 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

All Primary Care PACTs will be re-educated at the March 26, 2013 staff meeting of the importance of timely notification of normal Cervical Cancer Screening (CCS) results. Medical Center policy 11-56 "Ordering and Reporting Test Results" will be reviewed. Monthly chart audits will be completed for six months by CBOC Women's Health Liaison and RN case manager to include timely patient notification of normal CCS results and documentation of this notification in the patient's electronic health. The monitor results will be reported monthly to the Clinical Executive Board and quarterly for two quarters to the Women Veterans Health Committee.

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

Concur

Target date for completion: September 30, 2013

This finding resulted from a current clinical reminder not recognizing Veterans requiring a second vaccination. In December of 2012, a new clinical reminder was built for the Pneumovax Revaccination to capture:

- a. Anyone who had had only one pneumovax vaccine prior to the age of 65 (because of high risk) but \geq five years ago

Providers were briefed at the provider staff meeting on March 12, 2013 on the new clinical reminder. Primary Care will monitor compliance of the pneumovax booster monthly for six months. The monitor results will be reported monthly to the Clinical Executive Board.

3. 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

It was noted in January of 2013 that there was not a place for the manufacturer to be documented in the clinical reminder. A manufacturer field was added. Primary Care will monitor compliance with documenting all required vaccination administration elements monthly for six months. The monitor results will be reported monthly to the Clinical Executive Board.

4. We recommended that managers ensure that the facility policy for semi-annual EOC rounds includes the CBOCs and that EOC meeting minutes reflect sufficient discussion of CBOCs' issues, deficiencies, and items.

Concur

Target date for completion: September 30, 2013

A standing agenda item was added to the Environment of Care and Safety Committee for "CBOC EOC issues". This section will include identification, date, and location of all CBOC EOC deficiencies and progress toward resolution until closure utilizing an action tracking tool. The EOC and Safety Committee minutes will be forwarded to Quality Management Service monthly for six months for review of discussion of CBOCs identified issues and EOC deficiencies. The action tracking tool will also be monitored to assure that all action items are being tracked to completion. This monitoring will continue for six months to assure there is consistent meeting discussion and tracking of action items is established. The monitor results will be reported monthly to the Administrative Executive Board.

5. We recommended that managers ensure that staff are trained and knowledgeable of the local CBOC medical and MH emergency policy.

Concur

Target date for completion: September 30, 2013

The Middletown CBOC Emergency Operations Plan was reviewed by all staff members on February 12, 2013. A monitor was developed to review staff knowledge of the Medical and Mental Health Emergency process in the CBOC. The Nurse Manager will monitor all staff knowledge monthly for six months. The monitor results will be reported monthly to the EOC and Safety committee.

OIG Contact and Staff Acknowledgments

Contact	For more information about this report, please contact the OIG at (202) 461-4720.
Contributors	Melanie Oppat, MEd, LDN, Project Leader Joanne Wasko, LCSW, Team Leader Donald Braman, RN Margie Chapin, JD, RT Jennifer Christensen, DPM Sonia Whig, MS, LDN Cynthia Gallegos, Program Support Assistant

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