Department of Veterans Affairs
Office of Inspector General

Office of Healthcare Inspections

Report No. 13-00026-176

# Community Based Outpatient Clinic Reviews at Central Arkansas Veterans Healthcare System Little Rock, AR and G.V. (Sonny) Montgomery VA Medical Center Jackson, MS

April 24, 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 |
| EKG | electrocardiogram |
| EM | emergency management |
| EOC | environment of care |
| FPPE | Focused Professional Practice Evaluation |
| FY | fiscal year |
| HCS | Healthcare System |
| LCSW | licensed clinical social worker |
| LIP | licensed independent practitioner |
| MH | mental health |
| NC | noncompliant |
| NCP | National Center for Health Promotion and Disease Prevention |
| OIG | Office of Inspector General |
| PCP | primary care provider |
| VAMC | VA Medical Center |
| 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.

We conducted an onsite inspection of the Central Arkansas Veterans HCS and the G.V. (Sonny) Montgomery VAMC CBOCs during the week of March 4, 2013.

The review covered the following topic areas:

- WH
- Vaccinations
- C&P
- EOC
- EM

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 EM onsite inspections were only conducted at the randomly selected CBOCs (see Table 1).

| VISN | Facility | CBOC Name | Location |
|---|---|---|---|
| 16 | Central Arkansas Veterans HCS | Russellville | Russellville, AR |
| | | Searcy | Searcy, AR |
| | G.V. (Sonny) Montgomery VAMC | Meridian | Meridian, MS |

**Table 1. Sites Inspected**

**Review Results:** We made recommendations in three review areas.

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

Central Arkansas Veterans HCS

- 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 service chief's documentation in VetPro reflects documents reviewed and the rationale for re-privileging at the Russellville and Searcy CBOCs.

G.V. (Sonny) Montgomery VAMC

- Ensure that cervical cancer screening results are documented in the patient's EHR.
- 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 document all required pneumococcal and tetanus vaccination administration elements and that compliance is monitored.

## Comments

The VISN and Facility Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes A–C, pages 13–18, 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
- EM

*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

[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.

were available, for tetanus and pneumococcal, respectively. The study populations consisted of patients from all CBOCs assigned to the parent facility.[3]

The C&P, EOC, and EM onsite inspections were only conducted at the randomly selected CBOCs. Three 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] |
|---|---|---|---|---|---|---|
| 16 | Central Arkansas Veterans HCS | Conway<br>Conway, AR | Rural | 2,830 | 15,648 | Mid-Size |
| | | Eldorado<br>Eldorado, AR | Rural | 1,896 | 6,298 | Mid-Size |
| | | Hot Springs<br>Hot Springs, AR | Urban | 4,533 | 14,121 | Mid-Size |
| | | Mena<br>Mena, AR | Rural | 1,614 | 4,095 | Mid-Size |
| | | Mountain Home<br>Mountain Home, AR | Rural | 3,683 | 10,836 | Mid-Size |
| | | Pine Bluff<br>Pine Bluff, AR | Urban | 2,259 | 10,101 | Mid-Size |
| | | Russellville<br>Russellville, AR | Rural | 2,021 | 12,437 | Mid-Size |
| | | Searcy<br>Searcy, AR | Rural | 2,458 | 13,300 | Mid-Size |

**Table 2. CBOC Profiles (continued on next page)**

[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).

| VISN | Parent Facility | CBOC Name | Locality[10] | Uniques, FY 2012[11] | Visits, FY 2012[12] | CBOC Size[13] |
|---|---|---|---|---|---|---|
| 16 | G.V. (Sonny) Montgomery VAMC | Columbus<br>Columbus, MS | Rural | 1,684 | 4,689 | Mid-Size |
| | | Durant (Kosciusko),<br>Kosciusko, MS | Rural | 1,804 | 4,147 | Mid-Size |
| | | Greenville<br>Greenville, MS | Rural | 2,290 | 4,459 | Mid-Size |
| | | Hattiesburg<br>Hattiesburg, MS | Urban | 4,853 | 14,323 | Mid-Size |
| | | McComb<br>McComb, MS | Rural | 2,031 | 7,935 | Mid-Size |
| | | Meridian<br>Meridian, MS | Rural | 3,674 | 12,316 | Mid-Size |
| | | Natchez (Adams County)<br>Natchez, MS | Rural | 1,512 | 4,663 | Mid-Size |

**Table 2. CBOC Profiles**

[10] http://vaww.pssg.med.va.gov/
[11] http://vssc.med.va.gov
[12] http://vssc.med.va.gov
[13] 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.[14] Each year, approximately 12,000 women in the United States are diagnosed with cervical cancer.[15] 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.[16] 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 NC needed improvement. Details regarding the findings follow the table.

| NC | Areas Reviewed |
|---|---|
| G.V. (Sonny) Montgomery VAMC | 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. |
| Central Arkansas Veterans HCS<br>G.V. (Sonny) Montgomery VAMC | 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 23 patients who received a cervical cancer screening at the Central Arkansas Veterans HCS's CBOCs and 20 patients at the G.V. (Sonny) Montgomery VAMC's CBOCs.

### Central Arkansas Veterans HCS

Patient Notification of Normal Cervical Cancer Screening Results. We reviewed 23 EHRs of patients who had normal cervical cancer screening results and determined

[14] World Health Organization. Cancer of the cervix. Retrieved from: http://www.who.int/reproductivehealth/topics/cancers/en/index.html.
[15] U.S. Cancer Statistics Working Group, United States Cancer Statistics: 1999-2008 Incidence and Mortality Web-based report.
[16] VHA Handbook 1330.01, *Health Care Services for Women Veterans*, May 21, 2010.

that 7 patients were not notified within the required 14 days from the date the pathology report became available.

**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.

**G.V. (Sonny) Montgomery VAMC**

Documentation of Results. We reviewed 20 patient EHRs and did not find documentation of cervical cancer screening results in 4 EHRs.

Patient Notification of Normal Cervical Cancer Screening Results. We reviewed 17 EHRs of patients who had normal cervical cancer screening results and determined that 5 patients were not notified within the required 14 days from the date the pathology report became available.

**Recommendations**

**2.** We recommended that managers ensure that cervical cancer screening results are documented in the patient's EHR.

**3.** 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.[17] 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.

[17] 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 NC 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. |
| Central Arkansas Veterans HCS | Staff administered the pneumococcal vaccination when indicated. |
| Central Arkansas Veterans HCS<br>G.V. (Sonny) Montgomery VAMC | Staff properly documented vaccine administration. |
| | Managers developed a prioritization plan for the potential occurrence of vaccine shortages. |

**Table 4. Vaccinations**

### Central Arkansas Veterans HCS

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.[18] 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 five 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 their second vaccinations had been administered.

Documentation of Vaccination(s). Federal Law requires that documentation for administered vaccinations include specific elements, such as the vaccine manufacturer and lot number of the vaccine used.[19] We reviewed the EHRs of 45 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 any of the EHRs. We reviewed the EHRs of nine 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 seven of the EHRs.

### Recommendations

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

[18] Centers for Disease Control and Prevention, http://www.cdc.gov/vaccines/vpd-vac/.
[19] Childhood Vaccine Injury Act of 1986 (PL 99 660) sub part C, November 16, 2010.

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

### G.V. (Sonny) Montgomery VAMC

Documentation of Vaccination(s). Federal Law requires that documentation for administered vaccinations include specific elements, such as the vaccine manufacturer and lot number of the vaccine used.[20] We reviewed the EHRs of 33 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 any of the EHRs. We reviewed the EHRs of four 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 EHRs.

### Recommendation

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

[20] 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).

| | Russellville | Searcy | Meridian |
|---|---|---|---|
| **VISN** | 16 | 16 | 16 |
| **Parent Facility** | Central Arkansas Veterans HCS | Central Arkansas Veterans HCS | G.V. (Sonny) Montgomery VAMC |
| **Types of Providers** | LCSW<br>PCP | LCSW<br>Nurse Practitioner<br>PCP<br>Psychiatrist | LCSW<br>Nurse Practitioner<br>PCP |
| **Number of MH Uniques, FY 2012** | 466 | 460 | 1,305 |
| **Number of MH Visits, FY 2012** | 4,391 | 4,327 | 3,163 |
| **MH Services Onsite** | Yes | Yes | Yes |
| **Specialty Care Services Onsite** | No | No | No |
| **Ancillary Services Provided Onsite** | EKG<br>Laboratory<br>Nutrition Counseling<br>Pharmacy Counseling<br>Radiology | EKG<br>Laboratory<br>Nutrition Counseling<br>Pharmacy Counseling<br>Radiology | EKG<br>Laboratory |
| **Tele-Health Services** | Care Coordination<br>Home Tele-Health<br>Chaplaincy<br>MH<br>MOVE![21]<br>Retinal Imaging<br>Spinal Cord Injury | Care Coordination<br>Home Tele-Health<br>Chaplaincy<br>MH<br>MOVE!<br>Retinal Imaging<br>Spinal Cord Injury | MH<br>MOVE!<br>Retinal Imaging |

**Table 5. CBOC Characteristics**

[21] 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.[22] Table 6 shows the areas reviewed for this topic. The CBOCs identified as NC 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 |
| Russellville<br>Searcy | 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. |

[22] VHA Handbook 1100.19.

| NC | Areas Reviewed (continued) |
|---|---|
| | The determination to continue current privileges were based in part on results of Ongoing Professional Practice Evaluation activities. |
| Table 6. C&P | |

### Central Arkansas Veterans HCS – Russellville and Searcy

Documentation of Re-Privileging Decisions. According to VHA, the list of documents reviewed and the rationale for conclusions reached by the service chief must be documented. We reviewed three LIPs at the Russellville CBOC and three LIPs at the Searcy CBOC. We did not find service chief documentation in VetPro records that reflected the documents utilized to arrive at the decision to grant clinical privileges to two of three LIPs at the Russellville CBOC and two of three LIPs at the Searcy CBOC.

### Recommendation

**7.** We recommended that the service chief's documentation in VetPro reflects documents reviewed and the rationale for re-privileging at the Russellville and Searcy CBOCs.

## EOC and EM

EOC

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, infection control, and general maintenance. We reviewed relevant documents and interviewed key employees and managers. Table 7 shows the areas reviewed for this topic.

| NC | Areas Reviewed |
|---|---|
| | The CBOC was Americans with Disabilities Act compliant, including: parking, ramps, door widths, door hardware, restrooms, and counters. |
| | The CBOC was well maintained (e.g., ceiling tiles clean and in good repair, walls without holes, etc.). |
| | The CBOC was clean (walls, floors, and equipment are clean). |
| | Material safety data sheets were readily available to staff. |
| | The patient care area was safe. |
| | Access to fire alarms and fire extinguishers was unobstructed. |
| | Fire extinguishers were visually inspected monthly. |
| | Exit signs were visible from any direction. |
| | There was evidence of fire drills occurring at least annually. |
| | Fire extinguishers were easily identifiable. |
| | There was evidence of an annual fire and safety inspection. |
| | 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. |

| NC | Areas Reviewed (continued) |
|---|---|
| | Medications were secured from unauthorized access. |
| | Privacy was maintained. |
| | Patients' personally identifiable information was secured and protected. |
| | Laboratory specimens were transported securely to prevent unauthorized access. |
| | Staff used two patient identifiers for blood drawing procedures. |
| | Information technology security rules were adhered to. |
| | There was alcohol hand wash or a soap dispenser and sink available in each examination room. |
| | Sharps containers were less than 3/4 full. |
| | Safety needle devices were available for staff use (e.g., lancets, injection needles, phlebotomy needles). |
| | The CBOC was included in facility-wide EOC activities. |

**Table 7. EOC**

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

## EM

VHA policy requires each CBOC to have a local policy or standard operating procedure defining how medical and MH emergencies are handled.[23] Table 8 shows the areas reviewed for this topic.

| NC | Areas Reviewed |
|---|---|
| | There was a local medical EM 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 EM plan for this CBOC. |
| | The staff articulated the procedural steps of the MH emergency plan. |

**Table 8. EM**

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

[23] VHA Handbook 1006.1.

# VISN 16 Director Comments

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

**Date:** April 11, 2013

**From:** Director, VISN 16 (10N16)

**Subject:** **CBOC Reviews at Central Arkansas Veterans HCS and G.V. (Sonny) Montgomery VAMC**

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

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

The South Central Veterans Affairs Health Care Network concurs with the recommendations presented in the OIG CBOC review of the Central Arkansas Veterans Healthcare System and the G.V. (Sonny) Montgomery Veterans Affairs Medical Center.

(original signed by:)

Rica Lewis-Payton, MHA, FACHE
Director, South Central VA Health Care Network (10N16)

# Central Arkansas Veterans HCS Director Comments

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

**Date:** April 8, 2013

**From:** Director, Central Arkansas Veterans HCS (598/00)

**Subject:** **CBOC Reviews at Central Arkansas Veterans HCS**

**To:** Director, VISN 16 (10N16)

I concur with the recommendations presented in the OIG CBOC review of the Central Arkansas Veterans Healthcare System. Actions taken as a result of these recommendations can be found on the following pages.

Michael R. Winn
Director, Central Arkansas Veterans HCS (598/00)

# 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: 8/7/2013

Action Plan:

a. Medical Technologists enter PAP results into the VISTA system which sends a mandatory alert to the provider. The clinical PACT Team member will contact the Veteran and document in CPRS.

b. Nurse Manager in coordination with Primary Care leadership will complete audit tools on an ongoing basis for compliance.

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

Concur

Target date for completion: 8/7/2013

Action Plan:

a. All CBOC's and all hospital based primary care clinics have been educated regarding the pneumococcal immunization recommendations for vaccination.

b. Nurse Manager in coordination with Primary Care leadership will complete audit tools on an ongoing basis for 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: 8/7/2013

Action Plan:

a. Clinical reminder was amended to convert all required documentation (lot number, manufacturer, etc.), these fields are mandatory.

b. Nurse Manager in coordination with Primary Care leadership will complete audit tools on an ongoing basis for compliance.

**7.** We recommended that the service chief's documentation in VetPro reflects documents reviewed and the rationale for re-privileging at the Russellville and Searcy CBOCs.

Concur

Target date for completion: 8/7/2013

Action Plan:

The Credentialing and Privileging Coordinator have completed education to the Clinical Service Chiefs. Monitoring will be through the pre Professional Standards Committee meeting. This standard element of review will be added to the pre PSC meeting to assure that Vet Pro documents are complete.

# G.V. (Sonny) Montgomery VAMC Director Comments

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

**Date:** April 9, 2013

**From:** Director, G.V. (Sonny) Montgomery VAMC (586/00)

**Subject:** **CBOC Reviews at G.V. (Sonny) Montgomery VAMC**

**To:** Director, VISN 16 (10N16)

Please see below the facility response to the recommendations made by the OIG review team during their recent visit to the Meridian CBOC the week of March 4, 2013.

Joe D. Battle
Director, G.V. (Sonny) Montgomery VAMC (586/00)

# 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 cervical cancer screening results are documented in the patient's EHR.

Concur

Target date for completion: 4/30/13

The cervical screening template in the Computerized Patient Record System (CPRS) was revised to include all required information. CBOC Staff will now be required to utilize the template to document results for all cervical screening. Appropriate providers will be educated on the use of the template by the CBOC Regional Manager.

**3.** 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: 4/30/13

Notification of normal cervical screening results will now be documented in CPRS and reported to the Veteran within 14 days of receipt by a designated Nurse in each CBOC.

**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: 4/30/13

The Reminder Resolution Note Template for pneumococcal and tetanus vaccination was revised to include all required vaccination administration elements. We are also in the process of revising the note templates to include all required elements for all other vaccines administered by the facility. A memo from the Chief of Staff will be sent to all Clinical Providers educating them on the required use of the template.

# OIG Contact and Staff Acknowledgments

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