Department of Veterans Affairs
Office of Inspector General

Office of Healthcare Inspections

Report No. 13-00026-207

Community Based Outpatient Clinic Reviews at North Florida/South Georgia Veterans Health System Gainesville, FL

May 31, 2013

Washington, DC 20420

Why We Did This Review

The VA OIG is undertaking a systematic review of the VHA's CBOCs to assess whether CBOCs are operated in a manner that provides veterans with consistent, safe, high-quality health care.

The Veterans' Health Care Eligibility Reform Act of 1996 was enacted to equip VA with ways to provide veterans with medically needed care in a more equitable and cost-effective manner. As a result, VHA expanded the Ambulatory and Primary Care Services to include CBOCs located throughout the United States. CBOCs were established to provide more convenient access to care for currently enrolled users and to improve access opportunities within existing resources for eligible veterans not currently served.

Veterans are required to receive one standard of care at all VHA health care facilities. Care at CBOCs needs to be consistent, safe, and of high quality, regardless of model (VA-staffed or contract). CBOCs are expected to comply with all relevant VA policies and procedures, including those related to quality, patient safety, and performance.

Glossary

C&P	credentialing and privileging
CBOC	community based outpatient clinic
CDC	Centers for Disease Control and Prevention
EHR	electronic health record
EOC	environment of care
FPPE	Focused Professional Practice Evaluation
FY	fiscal year
HS	Health System
MEC	Medical Executive Committee
MH	mental health
NCP	National Center for Health Promotion and Disease Prevention
NC	noncompliant
OIG	Office of Inspector General
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 March 25, 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 CBOCs (see Table 1).

VISN	Facility	CBOC Name	Location
8	North Florida/South Georgia Veterans HS	Ocala	Ocala, FL
		St. Marys	St. Marys, GA

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:

- Ensure that clinicians administer pneumococcal vaccinations when indicated.
- Ensure that clinicians document all required tetanus and pneumococcal vaccination administration elements and that compliance is monitored.
- Ensure that the MEC grants privileges consistent with the services provided at the Ocala CBOC.
- Ensure that fire drills are performed every 12 months at the Ocala CBOC.

- Ensure that patient privacy is maintained in the examination rooms at the Ocala and St. Marys CBOCs.

Comments

The VISN and Facility Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes A-B, pages 12–15, 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 (all ages) and 75 additional veterans (65 and older), unless fewer patients were available, for the

[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.

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

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

In this report, we make recommendations for improvement. Recommendations pertain to issues that are significant enough to be monitored by the OIG until corrective actions are implemented.

We conducted the inspection in accordance with *Quality Standards for Inspection and Evaluation* published by the Council of the 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] Table 2 below provides information relative to each of the CBOCs under the oversight of the respective parent facility.

VISN	Parent Facility	CBOC Name	Locality[6]	Uniques, FY 2012[7]	Visits, FY 2012[7]	CBOC Size[8]
8	North Florida/South Georgia Veterans HS	Jacksonville (Jacksonville, FL)	Urban	30,616	290,092	Very Large
		Lecanto (Lecanto, FL)	Rural	7,765	31,893	Large
		Marianna (Marianna, FL)	Rural	2,224	13,344	Mid-Size
		Ocala (Ocala, FL)	Urban	10,752	48,935	Very Large
		Palatka (Palatka, FL)	Rural	2,191	13,049	Mid-Size
		St. Augustine (St. Augustine, FL)	Rural	5,170	29,491	Large
		St. Marys (St. Marys, GA)	Rural	2,356	11,186	Mid-Size
		Tallahassee (Tallahassee, FL)	Urban	14,048	132,979	Very Large
		The Villages Sumter County FL (The Villages, FL)	Rural	14,793	116,796	Very Large
		Valdosta (Valdosta, GA)	Urban	4,704	16,056	Mid-Size

Table 2. Profiles

[5] Includes all CBOCs in operation before October 1, 2011
[6] http://vaww.pssg.med.va.gov/
[7] http://vssc.med.va.gov
[8] Based on the number of unique patients seen as defined by VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics*, September 11, 2008, the size of the CBOC facility is categorized as very large (> 10,000), large (5,000-10,000), mid-size (1,500-5,000), or small (< 1,500).

WH and Vaccination EHR Reviews Results and Recommendations

WH

Cervical cancer is the second most common cancer in women worldwide.[9] Each year, approximately 12,000 women in the United States are diagnosed with cervical cancer.[10] The first step of care is screening women for cervical cancer with the Papanicolaou test or "Pap" test. With timely screening, diagnosis, notification, and treatment, the cancer is highly preventable and associated with long survival and good quality of life.

VHA policy outlines specific requirements that must be met by facilities that provide services for women veterans.[11] We reviewed EHRs, meeting minutes and other relevant documents, and interviewed key WH employees. Table 3 shows the areas reviewed for this topic.

NC	Areas Reviewed
	Cervical cancer screening results were entered into the patient's EHR.
	The ordering VHA provider or surrogate was notified of results within the defined timeframe.
	Patients were notified of results within the defined timeframe.
	Each CBOC has an appointed WH Liaison.
	There is evidence that the CBOC has processes in place to ensure that WH care needs are addressed.

Table 3. WH

There were 33 patients who received a cervical cancer screening at the North Florida/South Georgia Veterans HS's CBOCs.

Generally the CBOCs assigned to the North Florida/South Georgia Veterans HS were compliant with the review areas; therefore, we made no recommendations.

Vaccinations

The VHA NCP was established in 1995. The NCP establishes and monitors the clinical preventive services offered to veterans, which includes the administration of vaccinations.[12] The NCP provides best practices guidance on the administration of

[9] World Health Organization, *Comprehensive Cervical Cancer Prevention and Control: A Healthier Future for Girls and Women*, Retrieved (4/25/2013): http://www.who.int/reproductivehealth/topics/cancers/en/index.html.
[10] U.S. Cancer Statistics Working Group, United States Cancer Statistics: 1999-2008 Incidence and Mortality Web-based report.
[11] VHA Handbook 1330.01, *Health Care Services for Women Veterans*, May 21, 2010.
[12] VHA Handbook 1120.05, *Coordination and Development of Clinical Preventive Services*, October 13, 2009.

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 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.
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.[13] 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 27 patients with pre-existing conditions who received their first vaccine prior to the age of 65. We did not find documentation in four 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.[14] We reviewed the EHRs of 11 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 5 of the EHRs. We reviewed the EHRs of 41 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 36 of the EHRs.

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

Recommendations

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

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

Onsite Reviews
Results and Recommendations

CBOC Characteristics

We formulated a list of CBOC characteristics that includes identifiers and descriptive information for the randomly selected CBOCs (see Table 5).

	Ocala	St. Marys
VISN	8	8
Parent Facility	North Florida/South Georgia Veterans HS	North Florida/South Georgia Veterans HS
Types of Providers	Licensed Clinical Social Worker Primary Care Physician Psychiatrist Psychologist Pharmacist	Licensed Clinical Social Worker Primary Care Physician Psychologist Pharmacist
Number of MH Uniques,[15] FY 2012	1,399	503
Number of MH Visits, FY 2012	5,943	1,794
MH Services Onsite	Yes	Yes
Specialty Care Services Onsite	None	WH
Ancillary Services Provided Onsite	None	Electrocardiogram
Tele-Health Services	Dermatology MOVE[16] Spinal Cord Injury	Dermatology MH MOVE[16] Neurology

Table 5. Characteristics

[15] http://vssc.med.va.gov
[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. 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
	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.
Ocala	Privileges granted to providers were setting, service, and provider specific.

[17] 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	

Clinical Privileges. VHA requires that privileges must be setting specific.[18] The MEC granted clinical privileges to two providers for a procedure (thoracentesis) that was not performed at the Ocala CBOC.

Recommendation

3. We recommended that the MEC grants privileges consistent with the services provided at the Ocala CBOC.

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 NC needed improvement. Details regarding the findings follow the table.

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.
Ocala	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.

[18] VHA Handbook 1100.19.

NC	Areas Reviewed (continued)
	Medications were secured from unauthorized access.
Ocala St. Marys	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

Life Safety. The JC requires that fire drills occur every 12 months in business occupancies where patients are seen or treated.[19] Managers at the Ocala CBOC did not conduct fire drills every 12 months. Fire drills were completed July 5, 2011, and August 18, 2012, 13 months apart.

Privacy. The JC requires that patient privacy is maintained.[20] Five of 12 examination rooms at the Ocala CBOC and 5 of 6 at the St. Marys CBOC did not have privacy curtains installed, and the foot of the examination tables was facing the door.

Recommendations

4. We recommended that fire drills are performed every 12 months at the Ocala CBOC.

5. We recommended that patient privacy is maintained in the examination rooms at the Ocala and St. Marys CBOCs.

Emergency Management

VHA policy requires each CBOC to have a local policy or standard operating procedure defining how medical and MH emergencies are handled.[21] Table 8 shows the areas reviewed for this topic.

[19] The Joint Commission Comprehensive Accreditation Manual for Hospitals, 2011 Edition, Standard EC.02.03.03
[20] JC Standard RI 01.01.01.
[21] VHA Handbook 1006.1.

NC	Areas Reviewed
	There was a local medical emergency management plan for this CBOC.
	The staff articulated the procedural steps of the medical emergency plan.
	The CBOC had an automated external defibrillator onsite for cardiac emergencies.
	There was a local MH emergency management plan for this CBOC.
	The staff articulated the procedural steps of the MH emergency plan.

Table 8. Emergency Management

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

VISN 8 Director Comments

Department of Veterans Affairs **Memorandum**

Date: May 3, 2013

From: Network Director (10N8)

Subject: **CBOC Reviews at North Florida/South Georgia Veterans HS**

To: Director, Bay Pines Office of Healthcare Inspections (54SP)

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

1. I have reviewed and concur with the findings and recommendations in the report of the CBOC Reviews at the North Florida/South Georgia Veterans HS.

2. Corrective action plans have been either completed or established with planned completion dates, as detailed in the attached report.

Thank you,

Nevin M. Weaver

Nevin M. Weaver, FACHE

North Florida/South Georgia Veterans HS Director Comments

Department of Veterans Affairs **Memorandum**

Date: May 2, 2013

From: Acting Director, North Florida/South Georgia Veterans HS (573)

Subject: **CBOC Reviews at North Florida/South Georgia Veterans HS**

To: Director, VISN 8 (10N8)

1. I have reviewed and concur with the findings and recommendations in the report of the CBOC Review.

2. Corrective action plans have been established with planned completion dates, as detailed in the attached report.

Nancy Reissener
acting Director

Nancy Reissener

Comments to OIG's Report

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

OIG Recommendations

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

Concur

Target date for completion: May 10, 2013

A Clinical Reminder has been implemented for patients receiving initial pneumococcal vaccination prior to age 65 and will alert providers to administer second vaccination after patient turns 65. This reminder is being imported from Bay Pines VA Health Care System and will be available the week of May 6th, 2013. Monitoring of the process will be conducted monthly until compliance is greater than 90 percent for 3 consecutive months and will be reported to Performance Improvement Council.

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

Concur

Target date for completion: Completed

The template for documentation of all required administration elements has been revised and all elements are now required fields. Monitoring of the process since the change has resulted in 99 percent compliance.

3. We recommended that the MEC grants privileges consistent with the services provided at the Ocala CBOC.

Concur

Target date for completion: Completed

The form used to document Physician Primary Care Core Privileges was updated to include ability to select site-specific privileges consistent with services provided. The revised form was approved at the March 27, 2013 MEC and is currently in use. Monitoring of site-specific privileges will be reported at MEC.

4. We recommended that fire drills are performed every 12 months at the Ocala CBOC.

Concur

Target date for completion: Completed

A listing of all fire drill dates has been developed for the year and ensures drills are completed with frequency less than 12 months. Fire drill frequency will be monitored quarterly at EOC Committee.

5. We recommended that patient privacy is maintained in the examination rooms at the Ocala and St. Marys CBOCs.

Concur

Target date for completion: June 30, 2013

Privacy curtains have been ordered and will be placed in the examination rooms upon arrival. When possible, examination tables were repositioned so the foot is not facing door. "Exam in Progress" signs were placed outside rooms where repositioning is not possible. Monitoring of privacy compliance will be accomplished on EOC/Women Veteran Program rounds and reported to EOC.

OIG Contact and Staff Acknowledgments

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