



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

Office of Healthcare Inspections

Report No. 13-00026-212

**Community Based Outpatient
Clinic Reviews
at
Oklahoma City VA Medical Center
Oklahoma City, OK**

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.

To Report Suspected Wrongdoing in VA Programs and Operations

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(Hotline Information: <http://www.va.gov/oig/hotline/default.asp>)

Glossary

| | |
|------|---|
| ADA | Americans with Disabilities Act |
| AED | automated external defibrillator |
| 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 |
| IT | information technology |
| MH | mental health |
| NCP | National Center for Health Promotion and Disease Prevention |
| NC | noncompliant |
| OIG | Office of Inspector General |
| PII | personally identifiable information |
| PSB | Professional Standards Board |
| 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 March 4, 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 parent facility. 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 |
|------|--------------------|-----------|-------------|
| 16 | Oklahoma City VAMC | Ardmore | Ardmore, OK |
| | | Enid | Enid, OK |

Table 1. Sites Inspected

Review Results: We made recommendations in five review areas.

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

- Ensure that ordering providers are notified of cervical cancer screening results within defined timeframes.
- Ensure that patients are notified of cervical cancer screening results within defined timeframes.
- 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 PSB grants setting-specific clinical privileges for all providers at the Ardmore and Enid CBOCs.

- Ensure that handicap parking spaces at the Enid CBOC meet ADA requirements for parking space identification.
- Ensure that restrooms are ADA-compliant at the Ardmore and Enid CBOCs.
- Ensure that laboratory specimens are secured during transport from the Ardmore and Enid CBOCs to the parent facility.
- Ensure that IT server closets are maintained according to IT safety and security standards at the Ardmore and Enid CBOCs.
- Ensure that an AED is available at the Enid CBOC.

Comments

The VISN and Facility Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes A-B, pages 12–16, 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 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 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 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 | Oklahoma City VAMC | Ada (Ada, OK) | Rural | 1,213 | 3,348 | Small |
| | | Altus (Altus, OK) | Rural | 547 | 1,453 | Small |
| | | Ardmore (Ardmore, OK) | Rural | 1,289 | 3,761 | Small |
| | | Blackwell (Blackwell, OK) | Rural | 650 | 1,866 | Small |
| | | Enid (Enid, OK) | Rural | 890 | 2,592 | Small |
| | | Lawton (Ft. Sill, OK) | Urban | 9,494 | 77,440 | Large |
| | | Stillwater (Stillwater, OK) | Rural | 905 | 4,132 | Small |
| | | Wichita Falls (Wichita Falls, TX) | Urban | 3,114 | 13,945 | 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. Details regarding the findings follow the table.

| NC | Areas Reviewed |
|--------------------|--|
| | Cervical cancer screening results were entered into the patient's EHR. |
| X | 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 23 patients who received a cervical cancer screening at the Oklahoma City VAMC's CBOCs.

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 EHRs of 22 patients who had normal cervical cancer screening results and did not find documentation in 5 records that the ordering provider or surrogate was notified within 30 calendar days.

¹⁰ 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>.

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.

¹³ VHA Handbook 1330.01.

Patient Notification of Normal Cervical Cancer Screening Results. VHA requires that normal cervical cancer screening results must be communicated to the patient in terms easily understood by a layperson within 14 days from the date of the pathology report becoming available.¹⁴ We reviewed 22 EHRs of patients who had normal cervical cancer screening results and determined that 15 patients were not notified of results within the required 14 days from the date the pathology report became available.

Recommendations

1. We recommended that processes are strengthened to ensure that the ordering provider or surrogate is notified of normal cervical cancer screening results within the allotted timeframe and that notification is documented in the EHR.
2. We recommended that processes are strengthened 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.

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.¹⁵ 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 tetanus and pneumococcal diseases.

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, a one-time re-vaccination 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. |

¹⁴ VHA Handbook 1330.01.

¹⁵ VHA Handbook 1120.05, *Coordination and Development of Clinical Preventive Services*, October 13, 2009.

| NC | Areas Reviewed (continued) |
|------------------------------|---|
| | 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.¹⁶ 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 six 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 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 9 patients who were administered a tetanus vaccine and 39 patients who were administered a pneumococcal vaccine at the parent facility or its associated CBOCs. We did not find documentation of all the required information related to the tetanus or pneumococcal vaccine administration in any of the EHRs.

Recommendations

3. We recommended that managers ensure that clinicians administer pneumococcal vaccinations when indicated.
4. We recommended that managers ensure that clinicians document all required tetanus and pneumococcal vaccination administration elements and that compliance is monitored.

¹⁶ Centers for Disease Control and Prevention, <http://www.cdc.gov/vaccines/vpd-vac/>.

¹⁷ Childhood Vaccine Injury Act of 1986 (PL 99 660) sub part C, November 16, 2010.

Onsite Inspections 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).

| | Ardmore | Enid |
|---|--|--|
| VISN | 16 | 16 |
| Parent Facility | Oklahoma City VAMC | Oklahoma City VAMC |
| Types of Providers | Nurse Practitioner Primary Care Physician | Nurse Practitioner Primary Care Physician |
| Number of MH Uniques,¹⁸ FY 2012 | 155 | 81 |
| Number of MH Visits, FY 2012 | 427 | 280 |
| MH Services Onsite | No | No |
| Specialty Care Services Onsite | WH | WH |
| Ancillary Services Provided Onsite | No | No |
| Tele-Health Services | Retinal Imaging MH | Retinal Imaging MH |
| Table 5. Characteristics | | |

¹⁸ <http://vssc.med.va.gov>.

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 CBOCs 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. |
| Ardmore Enid | Privileges granted to providers were setting, service, and provider specific. |

¹⁹ VHA Handbook 1100.19.

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

Clinical Privileges. VHA requires that clinical privileges must be setting specific and only granted within the scope of the setting mission.²⁰ The PSB granted privileges for two providers, one provider at the Ardmore CBOC and one provider at the Enid CBOC, that were not setting specific.

Recommendation

5. We recommended that the PSB grants setting-specific clinical privileges for all providers at the Ardmore and Enid CBOCs.

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 |
|-----------------|--|
| Ardmore Enid | 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. |

²⁰ VHA Handbook 1100.19.

| NC | Areas Reviewed (continued) |
|---------------------|---|
| | Patients' PII was secured and protected. |
| Ardmore Enid | Laboratory specimens were transported securely to prevent unauthorized access. |
| | Staff used two patient identifiers for blood drawing procedures. |
| Ardmore Enid | 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 | |

Handicap Parking. ADA requires that handicapped parking spaces are to be identified with signage.²¹ The Enid CBOC did not have signage identifying handicapped parking spaces.

Restroom Access. The ADA requires that controls and operating mechanisms shall be operable with one hand and shall not require tight grasping, pinching or twisting of the wrist.²² Additionally, mirrors, lavatories and dispensers in accessible restrooms are to be mounted within specified height ranges. At the Ardmore CBOC, access to the patient restroom required twisting of the wrist to open the door. At the Ardmore and Enid CBOCs, the patient restrooms had mirrors, lavatories, and dispensers mounted outside the required height ranges.²³

PII. We found that the transportation of laboratory specimens was not secured at the Ardmore and Enid CBOCs. CBOC staff placed the specimens in unsecured containers, and contracted carriers transported the specimens to the parent facility for processing. The specimens disclosed the patients' names and social security numbers. The containers were unsecured; therefore, staff could not ensure the security of patients' PII.

IT Security. VA requires that IT closets that contain equipment or information critical to the information infrastructure be secured.²⁴ Also, an access log must be maintained that includes name and organization of the person visiting, signature of the visitor, form of identification, date of access, time of entry and departure, purpose of visit, and name and organization of person visited. We inspected the IT closet at the Ardmore and Enid CBOCs. In addition to the IT infrastructure, a medication refrigerator was stored in the closet and accessible to multiple staff members at the Ardmore CBOC. Other supplies such as, paint and carpet bundles were stored in the IT closet at the Enid CBOC. Additionally, the access logs to these areas were not maintained. Lack of oversight for

²¹ ADA, Chapter 5, *General Site and Building Elements*, 2010 Standards.

²² ADA, Chapter 6, *Lavatories and Sinks*, 2010 Standards.

²³ ADA, 2010 Standards.

²⁴ VA Handbook 6500, *Information Security Program*, September 18, 2007.

IT space access and sharing of allocated IT space could lead to potential loss of secure information.

Recommendations

- 6. We recommended that handicapped parking spaces at the Enid CBOC meet ADA requirements for parking space identification.
- 7. We recommended that restroom access is improved for disabled veterans at the Ardmore and Enid CBOCs.
- 8. We recommended that laboratory specimens are secured during transport from the Ardmore and Enid CBOCs to the parent facility.
- 9. We recommended that the IT server closets are maintained according to IT safety and security standards at the Ardmore and Enid 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.²⁵ Table 8 shows the areas reviewed for this topic. The CBOC identified 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. |
| | The staff articulated the procedural steps of the medical emergency plan. |
| Enid | 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 | |

AED. The Enid CBOC did not have an AED onsite. The absence of an AED may lead to an undesirable clinical outcome in the event of an emergency.

Recommendation

- 10. We recommended that managers ensure that an AED is available at the Enid CBOC.

²⁵ VHA Handbook 1006.1.

VISN 16 Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: May 13, 2013
From: Director, VISN 16 (10N16)
Subject: **CBOC Reviews at Oklahoma City VAMC**
To: Director, 54SD Healthcare Inspections Division (54SD)
Acting Director, Management Review Service (VHA 10AR
MRS OIG CAP CBOC)

1. The South Central VA Health Care Network (VISN 16) has reviewed the response from the Oklahoma City VA Medical Center and concurs with the response.
2. If you have any questions, please contact Reba T. Moore, VISN 16 Accreditation Specialist, at (601) 206-7022.



Rica Lewis-Payton, MHA, FACHE
Network Director

Oklahoma City VAMC Acting Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: May 9, 2013
From: Acting Director, Oklahoma City VAMC (635/00)
Subject: **CBOC Reviews at Oklahoma City VAMC**
To: Director, VISN 16 (10N16)

1. We appreciate the opportunity to work with the Office of Inspector General as we continuously strive to improve the quality of healthcare for America's Veterans.
2. I concur with the findings and recommendations of the OIG CBOC Survey Team. The importance of this review is acknowledged as we continually strive to provide the best possible care.
3. If you have any questions, please contact Adrienne Riesenbeck, Director, Office of Performance and Quality, at (405) 456-3146.



Jimmy A. Murphy
Acting 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 processes are strengthened to ensure that the ordering provider or surrogate is notified of normal cervical cancer screening results within the allotted timeframe and that notification is documented in the EHR.

Concur

Target date for completion: April 1, 2013

Processes were enhanced in January 2013 to ensure that the ordering provider or surrogate is notified of normal cervical cancer screening results within the allotted timeframe and that notification is documented in the EHR. The laboratory notifies the Women's Veteran Health Coordinator and ordering provider of all cervical cancer screening results. Medical record reviews indicate 100% compliance for the months of February and March 2013. Will continue to monitor.

2. We recommended processes are strengthened 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.

Concur

Target date for completion: April 1, 2013

Processes were enhanced in January 2013 to ensure that patients with normal cervical cancer screening results are notified of results within the defined time frame and that notification is documented in the EHR. The Women's Veteran Health Coordinator monitors veteran notification of cervical cancer screening results to ensure that veterans are notified within the defined time frame. Target for compliance is 95%. Medical record reviews for February and March show 97% and 100% compliance respectively. Will continue to monitor.

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

Concur

Target date for completion: April 30, 2013

The pneumococcal vaccination clinical reminder was updated to identify when the pneumococcal vaccination is due. Random medical record reviews are conducted to assess compliance. Target for compliance is 95%. For April, 70 charts were reviewed indicating 92% compliance. Will continue to monitor.

4. 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: April 30, 2013

The documentation templates for the tetanus and pneumococcal vaccinations were updated to include all required elements. Random medical record reviews are conducted monthly to assess compliance. Medical record reviews indicate 100% compliance for the month of April. Will continue to monitor.

5. We recommended that the PSB grants setting-specific clinical privileges for all providers at the Ardmore and Enid CBOCs.

Concur

Target date for completion: July 1, 2013

Clinical privileges for all providers at the Ardmore and Enid CBOCs were reviewed and updated to ensure clinical privileges are setting-specific. All providers are in the process of being re-credentialed.

6. We recommended that handicapped parking spaces at the Enid CBOC meet ADA requirements for parking space identification.

Concur

Target date for completion: April 30, 2013

Appropriate signage was installed identifying handicapped parking spaces at the Enid CBOC on April 30, 2013.

7. We recommended that restroom access is improved for disabled veterans at the Ardmore and Enid CBOCs.

Concur

Target date for completion: April 26, 2013

Modifications to the restrooms to meet ADA requirements at both Enid and Ardmore CBOCs were completed to improve access for disabled veterans.

8. We recommended that laboratory specimens are secured during transport from the Ardmore and Enid CBOCs to the parent facility.

Concur

Target date for completion: April 17, 2013

As of April 17, 2013, the Ardmore and Enid CBOCs mail lab specimens to the parent facility using a tamper resistant bag supplied by UPS.

9. We recommended that the IT server closets are maintained according to IT safety and security standards at the Ardmore and Enid CBOCs.

Concur

Target date for completion: April 23, 2013

The IT closets at Ardmore and Enid CBOCs were cleaned out. Only IT equipment remains in the IT closets. Staff at Ardmore and Enid CBOCs were educated on the use of IT sign-in sheets, and the sign-in sheets are utilized.

10. We recommended that managers ensure that an AED is available at the Enid CBOC.

Concur

Target date for completion: May 31, 2013

The Enid CBOC ordered an AED on April 24, 2013. Upon arrival the AED will be placed in the Enid CBOC.

OIG Contact and Staff Acknowledgments

| | |
|----------------------------|---|
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