Department of Veterans Affairs
Office of Inspector General

Office of Healthcare Inspections

Report No. 13-00026-223

Community Based Outpatient Clinic Reviews at VA Pacific Islands Health Care System Honolulu, HI

June 25, 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

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
HCS	Health Care System
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
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 18, 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
21	VA Pacific Islands HCS	Guam	Agana Heights, GU
		Hilo	Hilo, HI

Table 1. Sites Inspected

Review Results: We made recommendations in two review areas.

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

- Ensure that clinicians screen patients for tetanus vaccinations.
- 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 a hazard assessment is conducted at the Hilo CBOC to determine if an emergency eyewash station is warranted.

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 (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]
21	VA Pacific Islands HCS	American Samoa (Pago Pago, AS)	Rural	803	6,201	Small
		Guam (Agana Heights, GU)	Urban	2,203	13,785	Mid-Size
		Hilo (Hilo, HI)	Rural	2,155	15,578	Mid-Size
		Kailua-Kona (Kailua-Kona, HI)	Rural	1,358	8,875	Small
		Lihue (Lihue, HI)	Rural	1,317	11,137	Small
		Maui (Kahului, HI)	Rural	1,976	12,525	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.

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 five patients who received a cervical cancer screening at the VA Pacific Islands HCS's CBOCs.

Generally the CBOCs assigned to the VA Pacific Islands HCS 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.[13] The NCP provides best practices guidance on the administration of vaccinations for veterans. The CDC states that although vaccine-preventable disease

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

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
X	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

Tetanus Vaccination Screening. Through clinical reminders, VHA requires that CBOC clinicians screen patients for tetanus vaccinations.[14] We reviewed 75 patients' EHRs and did not find documentation of tetanus vaccination screening in 62 of the EHRs.

Pneumococcal Vaccination Administration for Patients with Pre-Existing Conditions. The CDC recommends that at the age of 65, individuals that have never had a pneumococcal vaccination should receive one.[15] For individuals 65 and older who have received a prior pneumococcal vaccination, a one-time revaccination is recommended if they were vaccinated 5 or more years previously and were less than 65 years of age at the time of the first vaccination. We reviewed the EHRs of three 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.[16] We reviewed the EHRs of three patients who were administered a tetanus vaccine at the parent facility or its associated CBOCs and did not find documentation of all the required information related to tetanus vaccine

[14] VHA Handbook 1120.05, *Coordination and Development of Clinical Preventive Services*, October 13, 2009.
[15] Centers for Disease Control and Prevention, http://www.cdc.gov/vaccines/vpd-vac/.
[16] Childhood Vaccine Injury Act of 1986 (PL 99 660) sub part C, November 16, 2010.

administration in two of the EHRs. We reviewed the EHRs of 38 patients who were administered a pneumococcal vaccine at the parent facility or its associated CBOCs and did not find documentation of all the required information related to pneumococcal vaccine administration in 37 of the EHRs.

Recommendations

1. We recommended that managers ensure that clinicians screen patients for tetanus vaccinations.

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

3. 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).

	Guam	Hilo
VISN	21	21
Parent Facility	VA Pacific Islands HCS	VA Pacific Islands HCS
Types of Providers	Clinical Pharmacist Licensed Clinical Social Worker Primary Care Physician Psychiatrist Psychologist	Clinical Pharmacist Licensed Clinical Social Worker Nurse Practitioner Primary Care Physician Psychiatrist Psychologist
Number of MH Uniques,[17] FY 2012	830	825
Number of MH Visits, FY 2012	3,682	4,946
MH Services Onsite	Yes	Yes
Specialty Care Services Onsite	Gastrointestinal Podiatry Rheumatology Endocrinology Nephrology	Cardiology Gastrointestinal Optometry Orthopedics Rheumatology Nephrology
Ancillary Services Provided Onsite	Electrocardiogram	Electrocardiogram Laboratory
Tele-Health Services	Care Coordination Home Telehealth Endocrinology Mental Health Nephrology Rheumatology	Dermatology Mental Health Nephrology

Table 5. Characteristics

[17] 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.[18] 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 was based in part on results of Ongoing Professional Practice Evaluation activities.

Table 6. C&P

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

[18] 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 CBOC identified as NC needed improvement. Details regarding the finding 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.
Hilo	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).
	The CBOC was included in facility-wide EOC activities.

Table 7. EOC

Eyewash Station. VHA policy requires that a hazard assessment be performed in all areas to determine where emergency eyewash stations are needed.[19] At the Hilo CBOC, we did not find an emergency eyewash station in the laboratory where blood and body fluid specimens are collected. In addition, a hazard assessment had not been performed to determine if an eyewash station was warranted.

Recommendation

4. We recommended that a hazard assessment be conducted at the Hilo CBOC to determine if an emergency eyewash station is warranted.

Emergency Management

VHA policy requires each CBOC to have a local policy or standard operating procedure defining how medical and MH emergencies are handled.[20] Table 8 shows the areas reviewed for this topic.

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

Table 8. Emergency Management

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

[19] VHA Directive 2009-026, *Location, Selection, Installation, Maintenance, and Testing of Emergency Eyewash and Shower Equipment*, May 13, 2009.
[20] VHA Handbook 1006.1.

VISN 21 Director Comments

Department of Veterans Affairs **Memorandum**

Date: May 30, 2013

From: Director, VISN 21 (10N21)

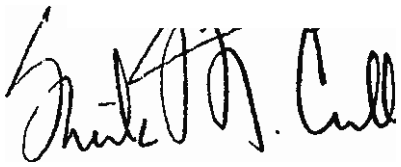
Subject: **CBOC Reviews at VA Pacific Islands HCS**

To: Director, 54SD Healthcare Inspections Division (54SD)

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

1. Thank you for the opportunity to review the draft OIG CBOC report from your recent site visit to Hilo and Guam CBOCs. Attached you will find the action plan developed by the facility in response to the four recommendations received.

2. Should you have any questions please contact Terry Sanders, Deputy Quality Manager for Network 21 at (707) 562-8370.



Sheila M. Cullen

VA Pacific Islands HCS Acting Director Comments

Department of Veterans Affairs **Memorandum**

Date: May 29, 2013

From: Acting Director, VA Pacific Islands HCS (459/00)

Subject: **CBOC Reviews at VA Pacific Islands HCS**

To: Director, VISN 21 (10N21)

Enclosed is the VA Pacific Island Health Care System after action report. Responses to the four OIG-CBOC recommendations which resulted from the survey conducted March 19 – 21, 2013 are included.

If you have any questions pertaining to this after action report, please contact Jacqueline R. White, Chief Quality Management at telephone (808) 433-0683.

Sincerely,

William F. Dubbs, M.D.

Comments to OIG's Report

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

OIG Recommendations

1. We recommended that managers ensure that clinicians screen patients for tetanus vaccinations.

Concur

Target date for completion: July 31, 2013

The Tdap clinical reminder was activated to ensure that clinicians screen patients for the need for tetanus vaccination. Staff will be educated at the next two weekly Primary Care meetings as to VHA expectation to administer and document in CPRS on the Tdap immunization template. On a daily basis, at the end of the day, the PACT teams will run a report of any missed Tdap immunizations and call Veteran to offer immunization. This telephone contact and veteran's response will be documented in the medical record. In addition, Quality Management Services (QMS) on a monthly basis will a run a clinical reminder report for Tdap immunizations to assess for Tdap administration compliance. Primary Care will assess monthly the effectiveness of running the daily missed Tdap immunizations report by reviewing the monthly VAPIHCS clinical reminder report at PACT meetings and at the Quality Improvement Committee monthly with the QMS compliance report.

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

Concur

Target date for completion: July 31, 2013

All clinicians were educated at a Friday PACT meeting after the OIG survey, regarding VHA pneumococcal immunization guidelines. On a daily basis, at the end of the day, the PACT teams will run a report of any missed pneumococcal immunizations and call Veteran to offer immunization. This telephone contact and veteran's response will be documented in the medical record. In addition, QMS on a monthly basis will a run a clinical reminder report for pneumococcal immunizations to assess for pneumococcal administration compliance. Primary Care will monthly assess the effectiveness of running the daily missed pneumococcal immunizations report by reviewing the monthly VAPIHCS clinical reminder report at PACT meetings and at the Quality Improvement Committee monthly with the QMS compliance report.

3. 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: July 31, 2013

The Tdap and pneumococcal immunization templates were reviewed by PC Leadership, Pharmacy and the Facility CAC staff immediately after OIG-CBOC survey to assure all required elements are in the note and templates were formatted so that all elements have to be documented for the note to be signed off on. All Primary Care staff were educated at a Friday PACT meeting after the OIG survey regarding documentation requirements for Tdap and pneumococcal immunization. QMS on a monthly basis will run a clinical reminders report for the month for Tdap in addition to pneumococcal, as noted above to evaluate for compliance. This data will be presented at PACT and Quality Improvement Committee meetings monthly.

4. We recommended that a hazard assessment be conducted at the Hilo CBOC to determine if an emergency eyewash station is warranted.

Concur

Target date for completion: June 21, 2013

From discussion with Organization leadership and CBOC management it was determined that eye wash stations were warranted at all CBOC sites. Six eye wash stations have been ordered by Engineering Service, one eye wash station per CBOC. The eye wash station for Hilo is projected for installation no later than June 21, 2013.

OIG Contact and Staff Acknowledgments

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