Office of Healthcare Inspections

Report No. 13-00026-252

Community Based Outpatient Clinic Reviews at Amarillo VA Health Care System Amarillo, TX and Northern Arizona VA Health Care System Prescott, AZ

July 23, 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
EOC	environment of care
FPPE	Focused Professional Practice Evaluation
FY	fiscal year
HCS	Health Care System
LCSW	Licensed Clinical Social Worker
MH	mental health
MSEC	Medical Staff's Executive Committee
NC	noncompliant
NCP	National Center for Health Promotion and Disease Prevention
OIG	Office of Inspector General
PCP	primary care provider
PSB	Professional Standards Board
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 randomly selected CBOCs at the Amarillo VA HCS and the Northern Arizona VA HCS during the week of May 20, 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
18	Amarillo VA HCS	Lubbock	Lubbock, TX
	Northern Arizona VA HCS	Bellemont	Flagstaff, AZ
		Kingman	Kingman, AZ
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:

Amarillo VA HCS

- Establish a process to ensure that the ordering provider or surrogate is notified of normal cervical cancer screening results within the required timeframe and that notification is documented in the EHR.

- Ensure that patients with normal cervical cancer screening results are notified of results within the required timeframe and that notification is documented in the EHR.

- Ensure that clinicians document all required tetanus vaccine administration elements and that compliance is monitored.

- Ensure that the MSEC grants privileges consistent with the services provided at the Lubbock CBOC.

Northern Arizona VA HCS

- Ensure that patients with normal cervical cancer screening results are notified of results within the required timeframe and that notification is documented in the EHR.

- Ensure that clinicians screen patients for tetanus vaccinations.

- Ensure that clinicians administer tetanus vaccines when indicated.

- Ensure that clinicians administer pneumococcal vaccine when indicated.

- Ensure that clinicians document all required tetanus vaccine 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 12–19, 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

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[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. 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 the Inspectors General on Integrity and Efficiency.

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[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]
18	Amarillo VA HCS	Childress (Childress, TX)	Rural	430	1,424	Small
		Clovis (Clovis, NM)	Rural	1,831	11,120	Mid-Size
		Lubbock (Lubbock, TX)	Urban	9,869	94,649	Large
	Northern Arizona VA HCS	Anthem (Anthem, AZ)	Rural	1,358	4,802	Small
		Bellemont (Flagstaff, AZ)	Rural	1,354	3,350	Small
		Kingman (Kingman, AZ)	Rural	3,682	13,886	Mid-Size
		Lake Havasu (Lake Havasu City, AZ)	Rural	3,012	10,920	Mid-Size
		Cottonwood (Yavapai County) (Cottonwood, AZ)	Rural	2,175	8,829	Mid-Size

Table 2. CBOC Profiles

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[5] Includes all CBOCs in operation before October 1, 2011.

[6] http://vaww.pssg.med.va.gov/

[7] http://vssc.med.va.gov

[8] Ibid.

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

NC	Areas Reviewed
	Cervical cancer screening results were entered into the patient's EHR.
Amarillo VA HCS	The ordering VHA provider or surrogate was notified of results within the required timeframe.
Amarillo VA HCS Northern Arizona VA HCS	Patients were notified of results within the required 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 22 patients who received a cervical cancer screening at the Amarillo VA HCS or its associated CBOCs and 28 patients at Northern Arizona VA HCS's CBOCs.

Amarillo VA HCS

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 pathology report being issued and the notification is documented in the EHR.[13] We reviewed the EHRs of 21 patients who had normal cervical cancer screening results and

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[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] Ibid.

did not find documentation in 7 records that the ordering provider or surrogate was notified within 30 calendar days.

<u>Patient Notification of Normal Cervical Cancer Screening Results</u>. 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 21 EHRs of patients who had normal cervical cancer screening results and determined that 7 patients were not notified within the required 14 days from the date the pathology report became available.

Recommendations

1. We recommended that a process be established to ensure that the ordering provider or surrogate is notified of normal cervical cancer screening results within the required timeframe and that notification is documented in the EHR.

2. We recommended that managers ensure that patients with normal cervical cancer screening results are notified of results within the required timeframe and that notification is documented in the EHR.

Northern Arizona VA HCS

<u>Patient Notification of Normal Cervical Cancer Screening Results</u>. 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.[15] We reviewed 28 EHRs of patients who had normal cervical cancer screening results and determined that 10 patients were not notified within the required 14 days from the date the pathology report became available.

Recommendation

3. We recommended that managers ensure that patients with normal cervical cancer screening results are notified of results within the required 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 vaccines.[16] The NCP provides best practices guidance on the administration of vaccines 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.

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[14] VHA Handbook 1330.01.

[15] Ibid.

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

Adults should receive a tetanus vaccine every 10 years. At the age of 65, individuals who have never had a pneumococcal vaccination should receive one. For individuals 65 and older who have received a prior pneumococcal vaccine, 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
Northern Arizona VA HCS	Staff screened patients for the tetanus vaccination.
Northern Arizona VA HCS	Staff administered the tetanus vaccine when indicated.
	Staff screened patients for the pneumococcal vaccination.
Northern Arizona VA HCS	Staff administered the pneumococcal vaccine when indicated.
Amarillo VA HCS Northern Arizona VA HCS	Staff properly documented vaccine administration.
	Managers developed a prioritization plan for the potential occurrence of vaccine shortages.
Table 4. Vaccinations	

Amarillo VA HCS

Documentation of Tetanus Vaccination. Federal Law requires that documentation for administered vaccines include specific elements, such as the vaccine manufacturer and lot number of the vaccine used.[17] We reviewed the EHRs of nine patients who received a tetanus vaccination at the parent facility or its associated CBOCs. We did not find documentation of all the required information related to tetanus vaccine administration in three of the EHRs.

Recommendation

4. We recommended that managers ensure that clinicians document all required tetanus vaccine administration elements and that compliance is monitored.

Northern Arizona VA HCS

Tetanus Vaccination Screening. Through clinical reminders, VHA requires that CBOC clinicians screen patients for tetanus vaccinations.[18] We reviewed 75 patients' EHRs and did not find documentation of tetanus vaccination screening in 23 of the EHRs.

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[17] Childhood Vaccine Injury Act of 1986 (PL 99 660) sub part C, November 16, 2010.
[18] VHA Handbook 1120.05.

Tetanus Vaccine Administration. The CDC recommends that, when indicated, clinicians administer the tetanus vaccine.[19] We reviewed the EHRs of 52 patients and did not find documentation in 11 of the EHRs that the tetanus vaccine had been administered.

Pneumococcal Vaccine Administration for Patients with Pre-Existing Conditions. The CDC recommends that at the age of 65, individuals who have never had a pneumococcal vaccine should receive one.[20] For individuals 65 and older who have received a prior pneumococcal vaccine, 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 two patients with pre-existing conditions who received their first vaccine prior to the age of 65. We did not find documentation in either of the EHRs indicating that their second vaccines had been administered.

Documentation of Tetanus Vaccination. Federal Law requires that documentation for administered vaccines include specific elements, such as the vaccine manufacturer and lot number of the vaccine used.[21] We reviewed the EHRs of four patients who received the tetanus vaccine at the parent facility or its associated CBOCs. We did not find documentation of all the required information related to tetanus vaccine administration in any of the EHRs.

Recommendations

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

6. We recommended that managers ensure that clinicians administer tetanus vaccines when indicated.

7. We recommended that managers ensure that clinicians administer pneumococcal vaccines when indicated.

8. We recommended that managers ensure that clinicians document all required tetanus vaccine administration elements and that compliance is monitored.

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[19] Centers for Disease Control and Prevention, http://www.cdc.gov/vaccines/vpd-vac/.
[20] Ibid.
[21] 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).

	Lubbock	Bellemont	Kingman
VISN	18	18	18
Parent Facility	Amarillo VA HCS	Northern Arizona VA HCS	Northern Arizona VA HCS
Types of Providers	LCSW Nurse Practitioner Physician Assistant PCP Psychiatrist Psychologist	LCSW Physician Assistant PCP	LCSW PCP Psychologist
Number of MH Uniques, FY 2012	1,853	252	470
Number of MH Visits, FY 2012	13,675	1,008	4,068
MH Services Onsite	Yes	Yes	Yes
Specialty Care Services Onsite	Dental Dermatology Optometry Podiatry Urology WH	Audiology WH	WH
Ancillary Services Provided Onsite	EKG Laboratory Pharmacy Physical Medicine Radiology	EKG Laboratory	EKG Laboratory
Tele-Health Services	MH Retinal Imaging	Cardiology Dermatology MH Oncology Pulmonology Retinal Imaging Care Coordination Home Telehealth	Cardiology MH Retinal Imaging
Table 5. Characteristics			

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 CBOC identified as NC needed improvement. Details regarding the finding 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 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.
Lubbock	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	

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[22] VHA Handbook 1100.19.

Amarillo VA HCS – Lubbock

Clinical Privileges. VHA policy requires that privileges granted to an applicant must be setting specific and based on the procedures and types of services that are provided within that setting.[23] We found that the MSEC granted clinical privileges for procedures that were not performed at the Lubbock CBOC. For example, we found that two of three providers were granted privileges that included admitting and inpatient privileges.

Recommendation

9. We recommended that the PSB grants privileges consistent with the services provided at the Lubbock 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.

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.
	Medications were secured from unauthorized access.
	Privacy was maintained.
	Patients' personally identifiable information was secured and protected.

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[23] VHA Handbook 1100.19.

NC	Areas Reviewed (continued)
	Laboratory specimens were transported securely to prevent unauthorized access.
	Staff used two patient identifiers for blood drawing procedures.
	Adherence to information technology security rules.
	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.

Emergency Management

VHA policy requires each CBOC to have a local policy or standard operating procedure defining how medical and MH emergencies are handled.[24] 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	

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

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[24] VHA Handbook 1006.1.

VISN 18 Director Comments

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

Date: July 9, 2013

From: Network Director, VISN 18 (10N18)

Subject: **CBOC Reviews at Amarillo VA HCS and Northern Arizona VA HCS**

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

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

I concur with the recommendations for improvement contained in the Draft CBOC Reviews at Amarillo VAHCS and Northern Arizona VAHCS. If you have any questions or concerns, please contact Sally Compton, Executive Assistant to the Network Director, VISN 18, at 602-222-2699.

Susan P. Bowers

Susan P. Bowers

Amarillo VA HCS Director Comments

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

Date: July 3, 2013

From: Director, Amarillo VA HCS (504/00)

Subject: **CBOC Reviews at Amarillo VA HCS**

To: Director, VISN 18 (10N18)

Thank you for the opportunity to review the draft report of recommendations from the OIG CBOC review conducted at the Lubbock CBOC. We have reviewed the report from the site visit and concur with the recommendations; corrective action plans with target dates for completion are attached.

ANDREW M. WELCH, MHA, FACHE

Medical Center Director

Comments to OIG's Report

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

OIG Recommendations

1. We recommended that a process is established to ensure that the ordering provider or surrogate is notified of normal cervical cancer screening results within the required timeframe and that notification is documented in the EHR.

Concur

Target date for completion: Completed, July 5, 2013

To ensure that the ordering provider or surrogate is notified of normal cervical cancer screening results within the required timeframe and that notification is documented in the EHR, the Women Veterans Program Manager (WVPM) established an alert monitoring process in October 2012 to track normal cervical cancer screening notifications. In June 2013, the process was improved to ensure that review results were tracked, trended and reported monthly to the leadership and clinical service chiefs through the Performance Improvement Committee (PIC). Monthly screening notification review results were added to the PIC Dashboard and are presented at the Executive Leadership Board monthly. The WVPM is responsible for contacting any Providers with changing trends. An audit of 26 patient records for January-April 2013 revealed 100% timely notification and documentation. In addition, an automated CPRS view alert was added to the ordering provider alert menu to ensure that patient notification results are documented within CPRS.

2. We recommended that managers ensure that patients with normal cervical cancer screening results are notified of results within the required timeframe and that notification is documented in the EHR.

Concur

Target date for completion: Completed, July 5, 2013

In order to ensure that patients with normal cervical cancer screening results are notified of results within the required timeframe and that notification is documented in the Electronic Health Record (EHR), view alerts are monitored by the Women Veterans Program Manager (WVPM) to ensure timely provider follow-up and patient notification. When providers are alerted via an EHR alert in CPRS that the cytopathology results are available, the patient notification results are documented using one of two methods:

   a. A note is entered into CPRS after phone notification by the provider or surrogate to the patient.

b. A patient results letter is sent to the patient and scanned into VISTA Imaging or a note is entered in CPRS with the patient results and letter information.

A Medical Center Memorandum was developed and signed in February 2013 outlining cervical cancer screening and procedures in accordance with the VHA Handbook 1330.02. Monthly review results are monitored through the Performance Improvement Committee Dashboard and reported to the Performance Improvement Committee and Executive Leadership Board.

4. We recommended that managers ensure that clinicians document all required tetanus vaccine administration elements and that compliance is monitored.

Concur

Target date for completion: Completed, May 22, 2013

As of May 22, 2013, an expiration date was added to the Tetanus Vaccine Clinical Reminder template and required documentation elements were edited to mandatory fields. The Clinical Application Coordinator developed a report template which is tracked, trended and reported monthly to the Performance Improvement Committee with a target of 85% compliance.

9. We recommended that the MSEC grants privileges consistent with the services provided at the Lubbock CBOC.

Concur

Target date for completion: Completed; May 28, 2013

The Medical Staff Office has reviewed and revised all privileges to ensure the requested privileges are consistent with the services provided at the Lubbock CBOC. The form used to document Physician Primary Care Core Privileges was updated to include the ability to select site-specific privileges consistent with services provided. The revised form was approved at the Medical Executive Committee on May 28, 2013 and is currently in use. Monitoring of site-specific privileges will be reported monthly during Medical Executive Committee meetings.

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Northern Arizona VA HCS Director Comments

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

Date: July 2, 2013

From: Director, Northern Arizona VA HCS (649/00)

Subject: **CBOC Reviews at Northern Arizona VA HCS**

To: Director, VISN 18 (10N18)

I have reviewed and concur with the findings and recommendations by the Office of the Inspector General in their review of the Community Based Outpatient Clinics at Kingman and Flagstaff, Arizona.

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

Donna K. Jacobs
Medical Center Director

Comments to OIG's Report

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

OIG Recommendations

3. We recommended that managers ensure that patients with normal cervical cancer screening results are notified of results within the required timeframe and that notification is documented in the EHR.

Concur

Target date for completion: August 1, 2013

In order to ensure that patients with normal cervical cancer screenings receive notification of test results within the required timeframe and that the notification is documented in the EHR, the Primary Care Service Line Manager will educate and counsel key staff on guidelines within VHA Directive 2009-019 "Ordering and Reporting of Test Results" and NAVAHCS HCSM 11-COS-51 "Communication of Patient Results." This education will focus on normal cervical cancer screening result notification and documentation in the EHR. Compliance with documenting notification of normal cervical cancer screening results will be monitored via chart audits completed by the Women's Health Coordinator with quarterly results reported to the Medical Records Committee of which the Quality Programs Board has oversight. To ensure there is sustainable change, once a benchmark of 90% is achieved quarterly audits will continue for an additional two quarters.

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

Concur

Target date for completion: August 1, 2013

In order to ensure that clinicians screen patients for tetanus vaccination, a clinical reminder has been implemented. In collaboration with the Clinical Application Coordinator, this clinical reminder was initiated by the CBOC Manager in January, 2013 at which time CBOC staff received education on this new clinical reminder and the VHA guidelines for tetanus vaccination. Compliance with screening patients for tetanus vaccination will be monitored via chart audits completed by the CBOC Manager with results reported quarterly to the Medical Records Committee of which the Quality Programs Board has oversight. To ensure there is sustainable change, once a benchmark of 90% is achieved quarterly audits will continue for an additional two quarters.

6. We recommended that managers ensure that clinicians administer tetanus vaccines when indicated.

Concur

Target date for completion: August 1, 2013

In order to ensure that clinicians administer tetanus vaccines when indicated, a clinical reminder has been implemented. In collaboration with the Clinical Application Coordinator, this clinical reminder was initiated by the CBOC Manager in January, 2013. At this time, the CBOC staff received education on this new clinical reminder and the VHA guidelines for tetanus vaccination. Compliance with administration of the tetanus vaccine will be monitored via chart audits completed by the CBOC manager with results reported quarterly to the Medical Records Committee of which the Quality Programs Board has oversight. To ensure there is sustainable change, once a benchmark of 90% is achieved quarterly audits will continue for an additional two quarters.

7. We recommended that managers ensure that clinicians administer pneumococcal vaccines when indicated.

Concur

Target date for completion: August 1, 2013

To ensure that clinicians administer pneumococcal vaccines when indicated, the clinical reminder for pneumococcal vaccine will be updated by Clinical Application Coordinator to meet pneumococcal guidelines for all adults over the age of 65; including a trigger for those who have previously been vaccinated. Compliance with administration of the vaccine will be monitored via chart audits completed by the CBOC Manager with results reported quarterly to the Medical Records Committee of which the Quality Programs Board has oversight. To ensure there is sustainable change, once a benchmark of 90% is achieved quarterly audits will continue for an additional two quarters.

8. We recommended that managers ensure that clinicians document all required tetanus vaccine administration elements and that compliance is monitored.

Concur

Target date for completion: August 1, 2013

In order to ensure that clinicians document all required tetanus vaccine administration elements, a clinical reminder containing all required elements for documentation was implemented. The clinical reminder contains all required tetanus vaccine administration elements and will be updated quarterly by the Clinical Application Coordinator to ensure correct data is documented. This clinical reminder was initiated by the CBOC Manager in January, 2013 at which time staff received education on this new clinical reminder. Use of the clinical reminder will be monitored via chart audits completed by the CBOC manager with results reported quarterly to the Medical Records Committee of which the

Quality Programs Board has oversight. To ensure there is sustainable change, once a benchmark of 90% is achieved quarterly audits will continue for an additional two quarters.

OIG Contact and Staff Acknowledgments

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