



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

Office of Healthcare Inspections

Report No. 13-00026-258

**Community Based Outpatient
Clinic Reviews
at
Hunter Holmes McGuire
VA Medical Center
Richmond, VA**

July 26, 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
MH	mental health
MPSC	Medical Professional Standards Committee
NC	noncompliant
NCP	National Center for Health Promotion and Disease Prevention
OIG	Office of Inspector General
PSB	Professional Standards Board
VAMC	VA Medical Center
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
WH	women's health

Table of Contents

	Page
Executive Summary	i
Objectives and Scope	1
Objectives	1
Scope and Methodology	1
CBOC Profiles	3
WH and Vaccination EHR Reviews – Results and Recommendations	4
WH	4
Vaccinations	5
Onsite Reviews – Results and Recommendations	7
CBOC Characteristics	7
C&P	8
EOC and Emergency Management	9
Appendixes	
A. VISN 6 Director Comments	12
B. Hunter Holmes McGuire VAMC Director Comments	13
C. OIG Contact and Staff Acknowledgments	16
D. Report Distribution	17

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 April 1, 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
6	Hunter Holmes McGuire VAMC	Charlottesville	Charlottesville, VA
		Emporia	Emporia, VA
Table 1. Sites Inspected			

Review Results: We made recommendations in four review areas.

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

- Ensure that patients with normal cervical cancer screening results are notified of the results within the required timeframe and that notification is documented in the EHR.
- Ensure that clinicians administer pneumococcal vaccinations when indicated.
- Ensure that the PSB submits actions and recommendations to the MPSC and that meeting minutes reflect documents reviewed and the rationale for privileging or reprivileging providers at the Charlottesville and Emporia CBOCs
- Ensure that managers minimize risks associated with the handling, storing, and disposing of hazardous materials in the hazardous waste storage room at the Charlottesville CBOC.

Comments

The VISN and Facility Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes A and B, pages 12-15, for full text of the Directors' comments.) We consider recommendation 3 closed. We will follow up on the planned actions for the open recommendations 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
6	Hunter Holmes McGuire VAMC	Charlottesville (Charlottesville, VA)	Urban	2,672	15,662	Mid-Size
		Emporia (Emporia, VA)	Rural	1,338	7,867	Small
		Stafford/Fredericksburg (Fredericksburg, VA)	Urban	4,177	22,964	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 element marked as noncompliant needed improvement. Details regarding the finding follow the table.

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.
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 18 patients who received a cervical cancer screening at the Hunter Holmes McGuire VAMC’s CBOCs.

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. We reviewed 18 EHRs of patients who had normal cervical cancer screening results and determined that 2 patients were not notified within the 14 days from the date the pathology report became available.

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.

Recommendation

1. We recommended that managers ensure that patients with normal cervical cancer screening results are notified of the 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 vaccinations.¹³ The NCP provides best practices guidance on the administration of vaccinations for veterans. The CDC states that although vaccine-preventable disease levels are at or near record lows, many adults are under-immunized, missing opportunities to protect themselves against diseases such as tetanus and pneumococcal.

Adults should receive a tetanus vaccine every 10 years. At the age of 65, individuals that have never had a pneumococcal vaccination should receive one. For individuals 65 and older who have received a prior pneumococcal vaccination, one-time revaccination is recommended if they were vaccinated 5 or more years previously and were less than 65 years of age at the time of the first vaccination.

We reviewed documentation of selected vaccine administrations and interviewed key personnel. Table 4 shows the areas reviewed for this topic. The review element marked as noncompliant needed improvement. Details regarding the finding 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.
	Staff properly documented vaccine administration.
	Managers developed a prioritization plan for the potential occurrence of vaccine shortages.

Table 4. Vaccinations

Pneumococcal Vaccination Administration for Patients with Pre-Existing Conditions.

The CDC recommends that at the age of 65, individuals that have never had a pneumococcal vaccination should receive one.¹⁴ 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 10 patients with pre-existing conditions who received their first vaccine prior to the age of 65. We did not find

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

¹⁴ Centers for Disease Control and Prevention, <http://www.cdc.gov/vaccines/vpd-vac/>.

documentation in any of the EHRs indicating that their second vaccination had been administered.

Recommendation

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

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).

	Charlottesville	Emporia
VISN	6	6
Parent Facility	Hunter Holmes McGuire VAMC	Hunter Holmes McGuire VAMC
Types of Providers	Licensed Clinical Social Worker Primary Care Physician Psychiatrist Psychologist	Clinical Pharmacist Licensed Clinical Social Worker Primary Care Physician Psychiatrist
Number of MH Uniques, FY 2012	523	272
Number of MH Visits, FY 2012	2,668	1,587
MH Services Onsite	Yes	Yes
Specialty Care Services Onsite	Audiology WH	None
Ancillary Services Provided Onsite	Laboratory	Electrocardiogram Laboratory Pharmacy
Tele-Health Services	Dermatology MOVE ¹⁵ Neurology Retinal Imaging	Care Coordination Home Telehealth Dermatology Gastroenterology MH MOVE Retinal Imaging
Table 5. Characteristics		

¹⁵ VHA Handbook 1120.01, *MOVE! Weight Management Program for Veterans*, March 31, 2011.

C&P

We reviewed C&P folders, scopes of practice, meeting minutes, and VetPro information and interviewed senior managers to determine whether facilities had consistent processes to ensure that providers complied with applicable requirements as defined by VHA policy.¹⁶ 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	
Charlottesville Emporia	The Service Chief, Credentialing Board, and/or medical staff's Executive Committee list documents reviewed and the rationale for conclusions reached for granting licensed independent practitioner privileges.
	Privileges granted to providers were setting, service, and provider specific.

¹⁶ 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	

Privileging Process. VHA requires that PSB recommendations be submitted to the medical staff's Executive Committee for review and approval and that the decision of the medical staff's Executive Committee be documented (the minutes must reflect the documents reviewed and the rationale for the stated conclusion).¹⁷ The meeting minutes of both the MPSC and the medical staff's Executive Committee did not include documentation of the review or approval of privileging and reprivileging recommendations for four of seven providers at the Charlottesville CBOC and one of two providers at the Emporia CBOC.

Recommendation

3. We recommended that the PSB submits actions and recommendations to the MPSC and that meeting minutes reflect documents reviewed and the rationale for privileging or reprivileging providers at the Charlottesville and Emporia 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 CBOC identified as noncompliant 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.
Charlottesville	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.

¹⁷ VHA Handbook 1100.19.

NC	Areas Reviewed (continued)
	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	

Hazardous Waste Storage. The Joint Commission requires the minimization of risks associated with the handling, storing, and disposing of hazardous materials.¹⁸ We found the hazardous waste storage room door open and accessible to patients and visitors at the Charlottesville CBOC.

Recommendation

4. We recommended that managers minimize risks associated with the handling, storing, and disposing of hazardous materials in the hazardous waste storage room at the Charlottesville CBOC.

Emergency Management

VHA policy requires each CBOC to have a local policy or standard operating procedure defining how medical and MH emergencies are handled.¹⁹ 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.

¹⁸ The Joint Commission Hospital Accreditation Program Manual 2009 Addition, Standard IC 02.02.01.

¹⁹ VHA Handbook 1006.1.

NC	Areas Reviewed (continued)
	There was a local MH emergency management plan for this CBOC.
	The staff articulated the procedural steps of the MH emergency plan.
Table 8. Emergency Management	

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

VISN 6 Director Comments**Department of
Veterans Affairs****Memorandum**

Date: July 9, 2013

From: Director, VISN 6 (10N6)

Subject: **CBOC Reviews at Hunter Holmes McGuire VAMC**

To: Director, 54DC Healthcare Inspections Division (54DC)
Acting Director, Management Review Service (VHA 10AR
MRS OIG CAP CBOC)

I have reviewed the draft report of the Hunter Holmes McGuire VAMC CBOC's review. I concur with the findings and the response by the facilities.

Please contact Lisa Shear, VISN 6 QMO, at 919-956-5541 if there are any questions.

/s/

Daniel F. Hoffmann, FACHE

Network Director (VISN 6)

Hunter Holmes McGuire VAMC Director Comments

Department of
Veterans Affairs

Memorandum

Date: July 8, 2013
From: Director, Hunter Holmes McGuire VAMC (652/00)
Subject: **CBOC Reviews at Hunter Holmes McGuire VAMC**
To: Director, VISN 6 (10N6)

I have reviewed the findings from the review of the Hunter Holmes McGuire VAMC CBOC's conducted April 1-3, 2013 by the Office of the Inspector General (OIG).

I concur with the findings. The facility response and action plans are attached. The actions from Recommendation 3 have been completed and we request closure of that recommendation. The data will be placed on the OIG share drive and sent by separate email.

If there are any questions, please contact R. Crystal Polatty, MD at 804-675-5000.

/s/

John A. Brandecker

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

Concur

Target date for completion: Completed April 12, 2013.

Staff have been re-educated and the Women's Health Coordinator will monitor compliance monthly. 100% of CBOC cervical results will be reviewed and data reported to the Women's Health Committee (which reports to Medical Executive Board (MEB)).

Monitor Numerator/Denominator (N/D) will be number of test notifications documented within 14 days of result availability=N/number of cervical cancer screens performed=D. 30 results will be reviewed each month unless less than 30. If less than 30, 100% will be reviewed. The results will also be reported to the Quality Executive Board (QEB) monthly until > 90% each month for at least 3 months.

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

Concur

Target date for completion: June 20, 2013.

A clinical reminder for re-vaccination in the > 65 years of age population has been developed and implemented. At the end of each month, all opportunities (visits by susceptible veterans) will be monitored for compliance with a target of > 90% of eligible veterans receiving re-vaccination. Monitor will be number revaccinated/number eligible. The clinical reminder report will be used to collect the data. 100% of clinical reminders due will be run. Data will be monitored and reported to QEB monthly until > 90% each month for at least 3 months.

3. We recommended that the PSB submits actions and recommendations for privileging and reprivileging to the MPSC and that meeting minutes reflect documents reviewed and the rationale for privileging or reprivileging at the Charlottesville and Emporia CBOCs.

Concur

Target date for completion: Completed October 2012.

Detailed reports from the Medical Professional Standards Committee (MPSC) have been presented to the MEB since October 2012. Documentation of 4 months of compliance is available and will be placed on the OIG share drive and sent by separate email.

Monthly minutes will be monitored by the Medical Executive Board.

4. We recommended that managers minimize risks associated with the handling, storing, and disposing of hazardous materials in the hazardous waste storage room at the Charlottesville CBOC.

Concur

Target date for completion: September 15, 2013.

A work order has been placed ensure automatic door closure on this biohazard room. The Administrative Practice Manager of the Charlottesville CBOC will conduct random reviews to ensure that the door to the dirty utility room is locked. Monitor will be number of times door found locked/number of times inspected. A minimum of 10 inspections will occur per month. Results will be presented to the QEB monthly until >90% compliance with locked door for at least 3 months.

OIG Contact and Staff Acknowledgments

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