



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

Office of Healthcare Inspections

Report No. 13-00026-272

**Community Based Outpatient
Clinic Reviews
at
VA Connecticut Healthcare System
West Haven, CT**

August 20, 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
EHR	electronic health record
EOC	environment of care
FPPE	Focused Professional Practice Evaluation
FY	fiscal year
HCS	Healthcare System
MH	Mental Health
NC	noncompliant
NCP	National Center for Health Promotion and Disease Prevention
OIG	Office of Inspector General
PII	personally identifiable information
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 June 24, 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
1	VA Connecticut HCS	New London VA Primary Care Center	New London, CT
		Stamford VA Primary Care Center	Stamford, CT

Table 1. Sites Inspected

Review Results: We made recommendations in three review areas.

Recommendations: The VISN Director and the Acting Facility Director, in conjunction with the respective CBOC managers, should take appropriate actions 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 EHR.
- Ensure that clinicians document all required pneumococcal vaccine administration elements and that compliance is monitored.
- Ensure that laboratory specimens are secured during transport from the New London and Stamford CBOCs and CBOCs' contract laboratories to the parent facility.

- Ensure that all identified EOC deficiencies and corrective actions are tracked and trended for the New London and Stamford CBOCs.

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 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 Centers for Disease Control and Prevention 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 parent facility.

VISN	Parent Facility	CBOC Name	Locality ⁶	Uniques FY 2012 ⁷	Visits FY 2012 ⁷	CBOC Size ⁸
1	VA Connecticut HCS	Danbury (Danbury, CT)	Urban	1,697	6,444	Mid-Size
		New London VA Primary Care Center (New London, CT)	Urban	4,513	13,844	Mid-Size
		Stamford VA Primary Care Center (Stamford, CT)	Urban	1,813	4,782	Mid-Size
		Waterbury VA Primary Care Center (Waterbury, CT)	Urban	2,623	9,802	Mid-Size
		Windham VA Primary Care ⁹ (Willimantic, CT)	Rural	1,653	3,648	Mid-Size
		Winsted VA Primary Care (Winsted, CT)	Rural	2,001	6,470	Mid-Size

Table 2. Profiles

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

⁶ <http://vaww.pssg.med.va.gov/>

⁷ <http://vssc.med.va.gov>

⁸ Based on the number of unique patients seen as defined by VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics*, September 11, 2008, the size of the CBOC facility is categorized as very large (> 10,000), large (5,000-10,000), mid-size (1,500-5,000), or small (< 1,500).

⁹ The Windham VA Primary Care was deactivated on June 22, 2013, but EHR reviews were performed to evaluate care provided during FY11-FY12.

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 NC 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 33 patients who received a cervical cancer screening at the VA Connecticut HCS’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 31 EHRs of patients who had normal cervical cancer screening results and determined that 5 patients were not notified within the required 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 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.¹³ The NCP provides best practices guidance on the administration of vaccines for veterans. The Centers for Disease Control and Prevention 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 who 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 NC needed improvement. Details regarding the finding follow the table.

NC	Areas Reviewed
	Staff screened patients for the tetanus vaccination.
	Staff administered the tetanus vaccine when indicated.
	Staff screened patients for the pneumococcal vaccination.
	Staff administered the pneumococcal vaccine when indicated.
X	Staff properly documented vaccine administration.
	Managers developed a prioritization plan for the potential occurrence of vaccine shortages.

Table 4. Vaccinations

Documentation of Pneumococcal Vaccination. Federal Law requires that documentation for administered vaccines include specific elements, such as the vaccine manufacturer and lot number of the vaccine used.¹⁴ We reviewed the EHRs of 37 patients who received 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 14 of the EHRs.

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

¹⁴ Childhood Vaccine Injury Act of 1986 (PL 99 660) sub part C, November 16, 2010.

Recommendation

2. We recommended that managers ensure that clinicians document all required pneumococcal vaccine 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).

	New London	Stamford
VISN	1	1
Parent Facility	VA Connecticut HCS	VA Connecticut HCS
Types of Providers	Clinical Pharmacist Primary Care Physician Psychiatrist Psychologist	Primary Care Physician Psychiatrist Psychologist
Number of MH Uniques, FY 2012	736	231
Number of MH Visits, FY 2012	3,534	975
MH Services Onsite	Yes	Yes
Specialty Care Services Onsite	WH	WH
Ancillary Services Provided Onsite	Electrocardiogram	Electrocardiogram
Tele-Health Services	MH MOVE ¹⁵ Neurology Care Coordination Home Telehealth	MH MOVE Care Coordination Home Telehealth
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.

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.
	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	

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

EOC and Emergency Management

EOC

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, infection control, and general maintenance. We reviewed relevant documents and interviewed key employees and managers. Table 7 shows the areas reviewed for this topic. The CBOCs identified as NC needed improvement. Details regarding the findings follow the table.

NC	Areas Reviewed
	The CBOC was compliant with the American Disabilities Act, 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' PII was secured and protected.
New London Stamford	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.

NC	Areas Reviewed (continued)
	Sharps containers were less than 3/4 full.
	Safety needle devices were available for staff use (e.g., lancets, injection needles, phlebotomy needles).
New London Stamford	The CBOC was included in facility-wide EOC activities.
Table 7. EOC	

PII. We found that the transportation of laboratory specimens from the New London and Stamford CBOCs and CBOCs' contract laboratories to the main facility was not secured. CBOC and contract laboratory staff placed specimens in unsecured containers, and a contract courier 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.¹⁷

EOC Rounds. EOC rounds were regularly performed at the New London and Stamford CBOCs and appropriate corrective actions were taken. However, deficiencies and corrective actions were not tracked and trended by the EOC Committee.

Recommendations

- 3.** We recommended that laboratory specimens are secured during transport from the New London and Stamford CBOCs and CBOCs' contract laboratories to the parent facility.
- 4.** We recommended that all identified EOC deficiencies and corrective actions are tracked and trended for the New London and Stamford 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.¹⁸ 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 procedural steps of the medical emergency plan.
	The CBOCs had an automated external defibrillator onsite for cardiac emergencies.
	There was a local MH emergency management plan for this CBOC.

¹⁷ The Health Insurance Portability and Accountability Act (HIPAA), 1996.

¹⁸ VHA Handbook 1006.1.

NC	Areas Reviewed (continued)
	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.

VISN 1 Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: July 26, 2013

From: Director, VISN 1 (10N1)

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

To: Director, Bedford Regional Office of Healthcare Inspections
(54BN)

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

I have reviewed and concur with the action plans included in the attached memorandum regarding the Status Request — Community Based Outpatient Clinic Reviews for New London VA Primary Care Clinic and Stamford VA Primary Care Clinic, CT.

/es/

Michael Mayo-Smith, MD, MPH
Network Director

VA Connecticut HCS Acting Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: July 24, 2013
From: Acting Director, VA Connecticut HCS (689/00)
Subject: **CBOC Reviews at VA Connecticut HCS**
To: Director, VISN 1 (10N1)

I have reviewed and concur with the action plans included in the attached memorandum regarding the Status Request — Community Based Outpatient Clinic Reviews for New London VA Primary Care Clinic and Stamford VA Primary Care Clinic, CT.

Sincerely,

/es/
John Callahan
Acting Facility 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 results within the required timeframe and that notification is documented in the EHR.

Concur

Target date for completion: 8/5/13

VA Connecticut immediately addressed the issue with key stakeholders from the CBOC's and women's health. A cervical screening tracking tool is already in use and was being reviewed monthly by the CBOC care teams. The tool will now be reviewed weekly to assure all normal screening results are followed up on within the required timeframe and documented in CPRS. Reeducation on the process took place at the 7/18/2013 Process Management Meeting with the Firm Chiefs in Primary Care, along with an email to CBOC staff and Women's Healthcare Champions group sent on 7/23/2013 outlining the process. Additional email education follow up will occur by 8/5/2013 to the CBOC nursing staff. The Head Nurse Manager for the CBOC will audit the tracking tool for 30 charts per month (5 per CBOC if available) for a minimum of 3 months until 100% compliance is achieved, then subsequent audits will be done quarterly. The audit will be reported to QM via the Nursing Director for Primary Care.

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

Concur

Target date for completion: 8/6/2013

VA Connecticut key stakeholders reviewed clinical reminders to assure required elements were included. Email reeducation to appropriate staff will occur by 7/26/13 by the Nursing Director for Primary Care and at the Primary Care and CBOC staff meetings on August 5th and 6th, 2013. Beginning in August, the Head Nurse Manager of the CBOC will audit 30 charts per month for patients who have received pneumococcal vaccine for compliance with required documentation. Chart audit will be done for a minimum of 3 months until 100% compliance is achieved, then subsequent audits will be done quarterly and will be reported to QM via the Nursing Director for Primary Care.

3. We recommended that laboratory specimens are secured during transport from the New London and Stamford CBOCs and CBOCs' contract laboratories to the parent facility.

Concur

Target date for completion: 8/19/13

VA Connecticut met with key stakeholders from leadership, the lab, CBOC, patient safety, privacy and quality management to discuss the most appropriate way to ensure security of specimens during transport. Lab service will revise their SOP related to the transport process from CBOC and contract laboratory to the parent facility and the education applicable to staff and the contract courier on changes to the process. Numbered lock tags will be used to secure the transport bags. Specimen Control sheets will be updated to include the tag number for cross reference upon receipt of the specimen to the parent facility. A representative number of specimens from each sending CBOC and contract laboratory site will be sampled each month for at least 3 months until 90% or greater compliance is reached. Monitoring will then be done on an annual basis and reported to QM via the Lab Quality Assurance staff.

4. We recommended that all identified EOC deficiencies and corrective actions are tracked and trended for the New London and Stamford CBOCs.

Concur

Target date for completion: 9/23/13

VA Connecticut addressed the recommendation with the Chair, EOC committee and Quality Management as key stakeholders. EOC rounds were revised and redistributed to the EOC committee both in paper and electronic format on 7/22/13. Rounds were reviewed to ensure all areas were covered. The Head Nurse Manager, pending hiring of an Administrative Officer for the CBOC's, will be added to the EOC membership for the August 28, 2013 meeting. Beginning with the September meeting, each monthly EOC meeting will have a roll up and summary of the previous months rounds as an agenda item and attachment to allow discussion of any unresolved issues. Monitoring will occur via the standing agenda item inclusion and minutes are being voted on electronically for acceptance. New London CBOC will be revisited for rounds planned in September 2013 and Stamford in November 2013.

OIG Contact and Staff Acknowledgments

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