



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

**Office of Healthcare Inspections**

**Report No. 13-00026-285**

**Community Based Outpatient  
Clinic Reviews  
at  
Charlie Norwood VA Medical Center  
Augusta, GA**

**August 19, 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
CPRS	Computerized Patient Record System
EHR	electronic health record
EOC	environment of care
FPPE	Focused Professional Practice Evaluation
FY	fiscal year
MH	mental health
MSEC	Medical Staff Executive Committee
NCP	National Center for Health Promotion and Disease Prevention
NC	noncompliant
OIG	Office of Inspector General
VAMC	VA Medical Center
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
WH	women's health

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## Executive Summary

**Purpose:** We evaluated select activities to assess whether the CBOCs operated in a manner that provides veterans with consistent, safe, high-quality health care.

We conducted an onsite inspection of the CBOCs during the week of June 10, 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
7	Charlie Norwood VAMC	Aiken	Aiken, SC
		Athens	Athens, GA
<b>Table 1. Sites Inspected</b>			

**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:

- Ensure that patients with normal cervical cancer screening results are notified of results within the defined timeframe and that notification is documented in the EHR.
- 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 fire drills are completed as required at the Aiken and Athens CBOCs.
- Ensure that fire extinguisher signage is installed at the Aiken CBOC as required.

- Ensure that testing of the panic alarm system is documented at the Aiken CBOC.
- Ensure patient privacy is respected at the Athens CBOC.

### **Comments**

The VISN and Facility Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes A–B, pages 12–16, for the full text of the Directors’ comments.) We will follow up on the planned actions until they are completed.

  
JOHN D. DAIGH, JR., M.D.  
Assistant Inspector General for  
Healthcare Inspections

## Objectives and Scope

### Objectives

- Evaluate whether CBOCs comply with selected VHA requirements regarding the provision of cervical cancer screening, results reporting, and WH liaisons.
- Evaluate whether CBOCs properly provided selected vaccinations to veterans according to CDC guidelines and VHA recommendations.
- Determine whether CBOC providers are appropriately credentialed and privileged in accordance with VHA Handbook 1100.19.<sup>1</sup>
- Determine whether CBOCs are in compliance with standards of operations according to VHA policy in the areas of environmental safety and emergency planning.<sup>2</sup>

### 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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<sup>1</sup> VHA Handbook 1100.19, *Credentialing and Privileging*, November 14, 2008.

<sup>2</sup> 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.<sup>3</sup>

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.<sup>4</sup>

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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<sup>3</sup> Includes all CBOCs in operation before October 1, 2011.

<sup>4</sup> 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.<sup>5</sup> 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 <sup>6</sup>	Uniques, FY 2012 <sup>7</sup>	Visits, FY 2012 <sup>8</sup>	CBOC Size <sup>9</sup>
7	Charlie Norwood VAMC	Aiken (Aiken, SC)	Urban	2,933	13,624	Mid-Size
		Athens (Athens, GA)	Rural	4,219	20,664	Mid-Size

**Table 2. CBOC Profiles**

<sup>5</sup> Includes all CBOCs in operation before October 1, 2011.

<sup>6</sup> <http://vaww.pssg.med.va.gov/>

<sup>7</sup> <http://vssc.med.va.gov>

<sup>8</sup> <http://vssc.med.va.gov>

<sup>9</sup> 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.<sup>10</sup> Each year, approximately 12,000 women in the United States are diagnosed with cervical cancer.<sup>11</sup> 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.<sup>12</sup> 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.
<b>Table 3. WH</b>	

There were 34 patients who received a cervical cancer screening at the Charlie Norwood 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 34 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.

<sup>10</sup> 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>.

<sup>11</sup> U.S. Cancer Statistics Working Group, *United States Cancer Statistics: 1999-2008 Incidence and Mortality Web-based report*.

<sup>12</sup> 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 defined timeframe and that notification is documented in the EHR.

## Vaccinations

The VHA NCP was established in 1995. The NCP establishes and monitors the clinical preventive services offered to veterans, which includes the administration of vaccines.<sup>13</sup> 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 diseases such as tetanus and pneumococcal.

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 elements marked as NC needed improvement. Details regarding the findings 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.
X	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**

Pneumococcal Vaccination Administration. The CDC recommends that at the age of 65 clinicians administer the pneumococcal vaccination.<sup>14</sup> We reviewed the EHRs of eight patients and did not find documentation in two of the EHRs that the pneumococcal vaccination 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.<sup>15</sup> We reviewed the EHRs of six patients who

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

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

<sup>15</sup> Childhood Vaccine Injury Act of 1986 (PL 99 660) sub part C, November 16, 2010.

received a tetanus vaccine administration at the parent facility or its associated CBOCs and did not find documentation of all the required information related to tetanus vaccine administration in any of the EHRs. We reviewed the EHRs of 28 patients who received a pneumococcal vaccine administration at the parent facility or its associated CBOCs and did not find documentation of all the required information related to pneumococcal vaccine administration in any of the EHRs. During the site visit, the facility drafted a corrective plan of action to address these identified areas of needed improvement.

### **Recommendations**

- 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).

	<b>Aiken</b>	<b>Athens</b>
<b>VISN</b>	7	7
<b>Parent Facility</b>	Charlie Norwood VAMC	Charlie Norwood VAMC
<b>Types of Providers</b>	Licensed Clinical Social Worker Nurse Practitioner Primary care Physician Psychiatrist	Licensed Clinical Social Worker Nurse Practitioner Primary Care Physician Psychiatrist Psychologist
<b>Number of MH Uniques, FY 2012</b>	701	1,196
<b>Number of MH Visits, FY 2012</b>	4,073	7,812
<b>MH Services Onsite</b>	Yes	Yes
<b>Specialty Care Services Onsite</b>	WH	WH
<b>Ancillary Services Provided Onsite</b>	Electrocardiogram Laboratory	Electrocardiogram Laboratory
<b>Tele-Health Services</b>	MH MOVE <sup>16</sup> Retinal Imaging Care Coordination Home Telehealth	Cardiology MH MOVE Retinal Imaging Surgery Wound Care Care Coordination Home Telehealth

**Table 5. Characteristics**

<sup>16</sup> 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.<sup>17</sup> Table 6 shows the areas reviewed for this topic.

NC	Areas Reviewed
	Each provider's license was unrestricted.
<b>New Provider</b>	
	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.
<b>Additional New Privilege</b>	
	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.
<b>FPPE for Performance</b>	
	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.
<b>Privileges and Scopes of Practice</b>	
	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 activities.
<b>Table 6. C&amp;P</b>	

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

<sup>17</sup> 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 CBOCs identified as NC needed improvement. Details regarding the findings follow the table.

NC	Areas Reviewed
	The CBOC was American 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.
Aiken Athens	There was evidence of fire drills occurring at least annually.
Aiken	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.
Aiken	The alarm system or panic button(s) installed in high-risk areas was tested.
	The CBOC had a process to identify expired medications.
	Medications were secured from unauthorized access.
Athens	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).

NC	Areas Reviewed (continued)
	The CBOC was included in facility-wide EOC activities.
<b>Table 7. EOC</b>	

Fire Safety. The Joint Commission requires fire drills be conducted at least annually.<sup>18</sup> The Aiken and Athens CBOCs exceeded the 12-month requirement for completing fire drills, 15 months and 18 months, respectively.

Fire Extinguishers. The National Fire Protection Association Life Safety Code requires identification of fire extinguisher locations when they are obscured from view.<sup>19</sup> The Aiken CBOC had no signage identifying the location of fire extinguishers. Four fire extinguishers were recessed in an exit alcove obscured from view.

Panic Alarms. VHA policy requires that facilities implement, utilize, and regularly test appropriate physical security precautions and equipment to include, as appropriate, security surveillance television, computer-based panic alarm systems, stationary panic alarms, electronic personal panic alarms.<sup>20</sup> The Aiken CBOC provides MH services and has panic alarms. We did not find documentation that staff tested the panic alarm system.

Patient Privacy. The Joint Commission requires that the hospital respect the patient's right to privacy when seeking medical care.<sup>21</sup> Six exam rooms at the Athens CBOC did not have privacy curtains and had the foot of exam tables facing the entry door without the installation of privacy curtains.

## Recommendations

4. We recommended that the facility ensures fire drills are completed as required at the Aiken and Athens CBOCs.
5. We recommended that fire extinguisher signage is installed at the Aiken CBOC as required.
6. We recommended that testing of the panic alarm system is documented at the Aiken CBOC.
7. We recommended that the facility ensures patient privacy is respected at the Athens CBOC.

<sup>18</sup> JC.EC.02.03.01 & JC.EC.02.03.03 EP5

<sup>19</sup> National Fire Protection Association, Standard for Portable Fire Extinguishers, 10 6.1.3.3.1.

<sup>20</sup> VHA Directive 2012-026, *Sexual Assaults & Other Defined Public Safety Incidents in VHA Facilities*, September 27, 2012.

<sup>21</sup> JC.RI.01.01.01, EP7.



## Emergency Management

VHA policy requires each CBOC to have a local policy or standard operating procedure defining how medical and MH emergencies are handled.<sup>22</sup> Table 8 shows the areas reviewed for this topic.

<b>NC</b>	<b>Areas Reviewed</b>
	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.
<b>Table 8. Emergency Management</b>	

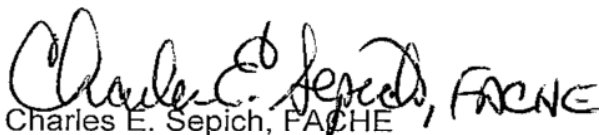
All CBOCs were compliant with the review areas; therefore, we made no recommendations.

<sup>22</sup> VHA Handbook 1006.1.

**VISN 7 Director Comments****Department of  
Veterans Affairs****Memorandum**

**Date:** July 24, 2013  
**From:** Director, VISN 7 (10N7)  
**Subject:** **CBOC Reviews at Charlie Norwood VAMC**  
**To:** Director, 54AT Healthcare Inspections Division (54AT)  
Acting Director, Management Review Service (VHA 10AR  
MRS OIG CAP CBOC)

1. I have reviewed the recommendations from the OIG CBOC review and concur.
2. I have also reviewed the submitted action plan and concur with the improvement plans as indicated. If you have any questions please contact the Augusta POC or Robin Hindsman QMO VISN 7 678-924-5723..

  
Charles E. Sepich, FAACHE

**Charlie Norwood VAMC Director Comments****Department of  
Veterans Affairs****Memorandum**

**Date:** July 23, 2013

**From:** Interim Director, Charlie Norwood VAMC (509/00)

**Subject:** **OIG/CBOC Reviews at Charlie Norwood VAMC**

**To:** Director, VA Southeast Network, VISN 7 (10N7)

1. I have reviewed the draft report and concur with the report's recommendations.
2. Thank you for the opportunity to review the draft report. Attached is the complete corrective action plan for the report's recommendations. If you have any questions, please contact Kimberlie Denmark, RN, Chief, Quality Management Service, at 706-733-0188, extension 2447.

  
Michelle Cox-Henley, RN, MSN

Attachment

## 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 defined timeframe and that notification is documented in the EHR.

Concur

An excel data base has been established to verify that normal cervical cancer screening results have been communicated to patients within 14 days. The EHR will be reviewed for documentation of patient notification and compliance to the defined timeframe. Compliance will be tracked with a sustained goal of 90 percent. Continued compliance will be the responsibility of the Women's Health Manager or designee. The VISN 7 corporate data warehouse quality management team will work with Augusta to develop an automated process for ensuring timely communication of screening results and medical record documentation.

Target Date: November 30, 2013

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

Concur

Using the National Center for Health Promotion and Disease Prevention guidance on the administration of vaccines for veterans, a mandatory reminder and tracking system in the EHR system has been implemented to identify eligible patients. Eligible patients who have not received the pneumococcal vaccination will be identified and contacted by phone or letter. Continued compliance will be the responsibility of the Clinical/Medical director or designee for ongoing documentation. Random audits will be conducted for the patients eligible for pneumococcal vaccinations according to the CDC recommendations with a goal of 90 percent sustained compliance. The VISN 7 chronic disease knowledge management unit of the quality management team has developed a corporate data site where 100 percent of patients who require pneumococcal vaccinations will be identified and tracked.

Target Date: November 30, 2013

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

Concur

On June 11, 2013, revisions were made to the existing vaccine administration template in CPRS to include areas for clinicians to document the vaccine information sheet (VIS) edition date, manufacturer and lot number to meet all of the required information for vaccinations. CBOC staff were inserviced on the elements required. The new screens were verified to include all elements and are now designed as mandatory fields. Random audits will be conducted for required elements for tetanus and pneumococcal vaccines according to CDC recommendations with a goal of 90 percent sustained compliance. VISN 7 clinical reminders team will make the required corrections to the CPRS clinical reminder to ensure that all elements are documented.

Target Date: November 30, 2013

**4.** We recommended that the facility ensures fire drills are completed as required at the Aiken and Athens CBOCs.

Concur

The CBOC facilities have scheduled fire drills on a 12 month schedule not to exceed 30 days from the due date of the last drill. An electronic calendar notification system has been developed to ensure compliance and tracking. Continued monitoring and compliance will be the responsibility of the Safety Officer or designee. A fire drill was conducted at Aiken CBOC on June 11<sup>th</sup> and the Athens drill is on schedule and in compliance.

Completed

**5.** We recommended that fire extinguisher signage is installed at the Aiken CBOC as required.

Concur

Prominently displayed fire extinguisher signage in the hallway of Aiken CBOC has been installed in the areas of limited visibility to ensure the location of the fire extinguishers can be easily seen.

Completed

**6.** We recommended that testing of the panic alarm system is documented at the Aiken CBOC.

Concur

The Aiken CBOC has a Panic Alarm electronic system and regularly tests the system. To ensure tests are documented monthly, a tool has been developed and implemented. The Panic Alarm testing for this month occurred on July 17<sup>th</sup> and results have been

recorded in the log. An audit of the log will be reviewed monthly and tracked for compliance by the Facility Safety Officer for all CBOCs.

Target Date: November 30, 2013

7. We recommended that the facility ensures patient privacy is respected at the Athens CBOC.

Concur

Until a new location for the Athens CBOC is determined, privacy screens have been ordered and will be available in the provider rooms currently not equipped with a privacy curtain.

Target Date: August 31, 2013

## OIG Contact and Staff Acknowledgments

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