Department of Veterans Affairs
Office of Inspector General

Office of Healthcare Inspections

Report No. 13-00026-290

Community Based Outpatient Clinic Reviews at Carl Vinson VA Medical Center Dublin, 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.

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
IT	information technology
MH	mental health
MSDS	material safety data sheet
MSEC	Medical Staff Executive Committee
NCP	National Center for Health Promotion and Disease Prevention
NC	noncompliant
OI&T	Office of Information and Technology
OIG	Office of Inspector General
VAMC	VA Medical Center
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
WH	women's health

Table of Contents

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 3, 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	Carl Vinson VAMC	Brunswick	Brunswick, GA
		Macon	Macon, GA

Table 1. Sites Inspected

Review Results: We made recommendations in two review areas.

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

- Ensure that clinicians document all required tetanus and pneumococcal vaccination administration elements and that compliance is monitored.
- Conduct chemical inventories and update MSDS lists twice a year at the Brunswick CBOC.
- Ensure that the Chief of OI&T implements required security measures at the Macon CBOC.
- Ensure that managers document completion of EOC rounds and identify deficiencies in the parent facility's EOC Committee minutes for the Brunswick and Macon CBOCs.

Comments

The VISN and Facility Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes A–B, pages 11–14, for the full text of the Directors' comments.) We will follow up on the planned actions until they are completed.

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

Objectives and Scope

Objectives

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

Scope and Methodology

Scope

We reviewed selected clinical and administrative activities to evaluate compliance with requirements related to patient care quality and the EOC. In performing the reviews, we assessed clinical and administrative records as well as completed onsite inspections at randomly selected sites. Additionally, we interviewed managers and employees. The review covered the following five activities:

- WH
- Vaccinations
- C&P
- EOC
- Emergency Management

Methodology

To evaluate the quality of care provided to veterans at CBOCs, we conducted EHR reviews for the WH and vaccinations topic areas. For WH, the EHR reviews consisted of a random sample of 50 women veterans (23–64 years of age). For vaccinations, the EHR reviews consisted of random samples of 75 veterans (all ages) and 75 additional veterans (65 and older), unless fewer patients were available, for the tetanus and

[1] VHA Handbook 1100.19, *Credentialing and Privileging,* November 14, 2008.
[2] VHA Handbook 1006.1, *Planning and Activating Community-Based Outpatient Clinics,* May 19, 2004.

pneumococcal reviews, respectively. The study populations consisted of patients from all CBOCs assigned to the parent facility.[3]

The C&P, EOC, and emergency management onsite inspections were only conducted at the randomly selected CBOCs. Two CBOCs were randomly selected from the 56 sampled parent facilities, with sampling probabilities proportional to the numbers of CBOCs eligible to be inspected within each of the parent facilities.[4]

In this report, we make recommendations for improvement. Recommendations pertain to issues that are significant enough to be monitored by the OIG until corrective actions are implemented.

We conducted the inspection in accordance with *Quality Standards for Inspection and Evaluation* published by the Council of the Inspectors General on Integrity and Efficiency.

[3] Includes all CBOCs in operation before October 1, 2011.
[4] Includes 96 CBOCs in operation before October 1, 2011, that had 500 or more unique enrollees.

CBOC Profiles

To evaluate the quality of care provided to veterans at CBOCs, we designed reviews with an EHR component to capture data for patients enrolled at all of the CBOCs under the parent facility's oversight.[5] The table below provides information relative to each of the CBOCs under the oversight of the respective parent facility.

VISN	Parent Facility	CBOC Name	Locality[6]	Uniques, FY 2012[7]	Visits, FY 2012[8]	CBOC Size[9]
7	Carl Vinson VAMC	Albany (Albany, GA)	Urban	5,114	22,457	Large
		Brunswick (Brunswick, GA)	Urban	3,116	22,882	Mid-Size
		Macon (Macon, GA)	Urban	6,056	19,766	Large

Table 2. CBOC Profiles

[5] Includes all CBOCs in operation before October 1, 2011.
[6] http://vaww.pssg.med.va.gov/
[7] http://vssc.med.va.gov
[8] http://vssc.med.va.gov
[9] Based on the number of unique patients seen as defined by VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics,* September 11, 2008, the size of the CBOC facility is categorized as very large (> 10,000), large (5,000-10,000), mid-size (1,500-5,000), or small (< 1,500).

WH and Vaccination EHR Reviews Results and Recommendations

WH

Cervical cancer is the second most common cancer in women worldwide.[10] Each year, approximately 12,000 women in the United States are diagnosed with cervical cancer.[11] The first step of care is screening women for cervical cancer with the Papanicolaou test or "Pap" test. With timely screening, diagnosis, notification, and treatment, the cancer is highly preventable and associated with long survival and good quality of life.

VHA policy outlines specific requirements that must be met by facilities that provide services for women veterans.[12] We reviewed EHRs, meeting minutes and other relevant documents, and interviewed key WH employees. Table 3 shows the areas reviewed for this topic.

NC	Areas Reviewed
	Cervical cancer screening results were entered into the patient's EHR.
	The ordering VHA provider or surrogate was notified of results within the defined timeframe.
	Patients were notified of results within the defined timeframe.
	Each CBOC has an appointed WH Liaison.
	There is evidence that the CBOC has processes in place to ensure that WH care needs are addressed.

Table 3. WH

There were 24 patients who received a cervical cancer screening at the Carl Vinson VAMC's CBOCs.

Generally the CBOCs assigned to the Carl Vinson VAMC were compliant with the review areas; therefore, we made no recommendations.

Vaccinations

The VHA NCP was established in 1995. The NCP establishes and monitors the clinical preventive services offered to veterans, which includes the administration of vaccines.[13] 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

[10] World Health Organization, *Comprehensive Cervical Cancer Prevention and Control: A Healthier Future for Girls and Women*, Retrieved (4/25/2013): http://www.who.int/reproductivehealth/topics/cancers/en/index.html.
[11] U.S. Cancer Statistics Working Group, United States Cancer Statistics: 1999-2008 Incidence and Mortality Web-based report.
[12] VHA Handbook 1330.01, *Health Care Services for Women Veterans,* May 21, 2010.
[13] VHA Handbook 1120.05, *Coordination and Development of Clinical Preventive Services*, October 13, 2009.

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 Vaccinations. Federal Law requires that documentation for administered vaccinations include specific elements, such as the vaccine manufacturer and lot number of the vaccine used.[14] We reviewed the EHRs of three patients who 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 27 of the EHRs.

Recommendation

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

[14] 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).

	Brunswick	Macon
VISN	7	7
Parent Facility	Carl Vinson VAMC	Carl Vinson VAMC
Types of Providers	Licensed Clinical Social Worker Primary Care Physician Psychiatrist Podiatrist	Licensed Clinical Social Worker Nurse Practitioner Physician Assistant Primary Care Physician Psychologist
Number of MH Uniques, FY 2012	573	897
Number of MH Visits, FY 2012	2,304	5,436
MH Services Onsite	Yes	Yes
Specialty Care Services Onsite	Dermatology Optometry Podiatry WH	None
Ancillary Services Provided Onsite	Electrocardiogram Laboratory Prosthetics	None
Tele-Health Services	Dermatology MOVE[15] Retinal Imaging Wound Care	Dermatology 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.

NC	Areas Reviewed
	Each provider's license was unrestricted.
New Provider	
	Efforts were made to obtain verification of clinical privileges currently or most recently held at other institutions.
	FPPE was initiated.
	Timeframe for the FPPE was clearly documented.
	The FPPE outlined the criteria monitored.
	The FPPE was implemented on first clinical start day.
	The FPPE results were reported to the MSEC.
Additional New Privilege	
	Prior to the start of a new privilege, criteria for the FPPE were developed.
	There was evidence that the provider was educated about FPPE prior to its initiation.
	FPPE results were reported to the MSEC.
FPPE for Performance	
	The FPPE included criteria developed for evaluation of the practitioners when issues affecting the provision of safe, high-quality care were identified.
	A timeframe for the FPPE was clearly documented.
	There was evidence that the provider was educated about FPPE prior to its initiation.
	FPPE results were reported to the MSEC.
Privileges and Scopes of Practice	
	The Service Chief, Credentialing Board, and/or MSEC list documents reviewed and the rationale for conclusions reached for granting licensed independent practitioner privileges.
	Privileges granted to providers were setting, service, and provider specific.
	The determination to continue current privileges was based in part on results of Ongoing Professional Practice Evaluation activities.

Table 6. C&P

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

[16] 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 ADA-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).
Brunswick	There is a written, current inventory of hazardous materials
	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.
	Laboratory specimens were transported securely to prevent unauthorized access.
	Staff used two patient identifiers for blood drawing procedures.
Macon	IT 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).
Brunswick Macon	The CBOC was included in facility-wide EOC activities.

Table 7. EOC

Hazardous Materials. VA requires facilities to conduct chemical inventories twice a year.[17] The Brunswick CBOC's chemical inventory/MSDS listing does not show evidence of the required semi-annual review.

IT Security. VA requires that IT closets that contain equipment or information critical to the information infrastructure be secured.[18] Also, an access log must be maintained that includes name and organization of the person visiting, signature of the visitor, form of identification, date of access, time of entry and departure, purpose of visit, and name and organization of person visited. We inspected the IT closet at the Macon CBOC and found the access log to this area was not maintained. Lack of oversight for IT space access and sharing of allocated IT space could lead to potential loss of secure information.

EOC Rounds. EOC rounds did occur semi-annually at the Brunswick and Macon CBOCs. However, the EOC Committee minutes document only parent facility space toured and deficiencies identified during EOC rounds at the parent facility. The facility did not document completion of the CBOC EOC rounds, and identified deficiencies were not tracked by the facility EOC Committee.

Recommendations

2. We recommended that managers conduct chemical inventories and update MSDS lists twice a year at the Brunswick CBOC.

3. We recommended that the Chief of OI&T implements required security measures at the Macon CBOC.

4. We recommended that managers document completion of EOC rounds and identify deficiencies in the parent facility's EOC Committee minutes for the Brunswick and Macon 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.[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.

[17] VA Directive 0059, *VA Chemicals Management and Pollution Prevention*, 25 May 2012, Paragraph 4.d.(8).
[18] VA Handbook 6500, *Information Security Program,* September 18, 2007.
[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 7 Director Comments

Department of Veterans Affairs **Memorandum**

Date: July 31, 2013

From: Director, VISN 7 (10N7)

Subject: **CBOC Reviews at Carl Vinson VAMC**

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

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

1. Attached is the Action Plan developed by the Carl Vinson VA Medical Center in response to the recommendations received during their recent OIG CBOC review.

2. I concur with the findings and will ensure the corrective Action Plan is implemented.

3. If you have any questions please contact Robin Hindsman, VISN 7 QMO, at (678) 924-5723.

Charles E. Sepich, FACHE

Carl Vinson VAMC Director Comments

Department of Veterans Affairs **Memorandum**

Date: July 22, 2013

From: Director, Carl Vinson VAMC (557/00)

Subject: **CBOC Reviews at Carl Vinson VAMC**

To: Director, VISN 7 (10N7)

1. Thank you for the opportunity to review the OIG report on the CBOC Review of Carl Vinson VAMC. We concur with the commendations, and will ensure completion as described in the Action Plan.

2. Please find attached our responses to each recommendation provided in the attached plan.

3. If you have any questions regarding the response to the recommendations, feel free to call me at (478) 272-1210 ext. 2401.

Comments to OIG's Report

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

OIG Recommendations

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

Concur

Target date for completion: August 21, 2013

Registered Nurses/Licensed Practical Nurses will continue to administer vaccinations and document in CPRS all required information. CBOC Nurse Managers will randomly run a computerized patient record system report to validate compliance with documentation.

2. We recommended that managers conduct chemical inventories and update MSDS lists twice a year at the Brunswick CBOC.

Concur

Target date for completion: July 15, 2013

CBOC Nurse Managers will ensure that a review date is added to the inventory list page of the MSDS book and will conduct reviews and updates of the MSDS book twice a year.

3. We recommended that the Chief of OI&T implements required security measures at the Macon CBOC.

Concur

Target date for completion: August 1, 2013

- The Chief of OI&T will work with the Macon Nurse Manger to ensure that the IT closet has a proper access log to determine those who have entered the IT closet.

- IT closet access log will be used in conjunction with the current video surveillance that was in place during the time of the survey.

4. We recommended that managers document completion of EOC rounds and identify deficiencies in the parent facility's EOC Committee minutes for the Brunswick and Macon CBOCs.

Concur

Target date for completion: July 23, 2013

The parent facility's EOC Committee meets the fourth Tuesday of each month. The CBOC Administrative Officer will collect data from each CBOC and provide monthly reports to the EOC Committee.

OIG Contact and Staff Acknowledgments

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