Department of Veterans Affairs
Office of Inspector General

Office of Healthcare Inspections

Report No. 13-00026-08

Community Based Outpatient Clinic Reviews at Richard L. Roudebush VA Medical Center Indianapolis, IN

November 7, 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

ADA	Americans with Disabilities Act
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
NC	noncompliant
NCP	National Center for Health Promotion and Disease Prevention
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 CBOC during the week of August 26, 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 CBOC (see Table 1).

VISN	Facility	CBOC Name	Location
11	Richard L. Roudebush VAMC	Terre Haute	Terre Haute, IN

Table 1. Sites Inspected

Review Results: We made recommendations in three review areas.

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

- Ensure that patients with normal cervical cancer screening results are notified within the required timeframe and that notification is documented in the EHR.
- Ensure that clinicians screen patients for tetanus vaccinations.
- Ensure that clinicians administer pneumococcal vaccines when indicated.
- Ensure that clinicians document all required pneumococcal vaccine administration elements and that compliance is monitored.
- Ensure that handicap parking spaces meet ADA requirements at the Terre Haute CBOC.

- Ensure that processes be strengthened to ensure that EOC Committee minutes reflect discussion regarding deficiencies identified during EOC rounds and that all identified issues are tracked, trended, and corrected at the Terre Haute 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 the full text of the Directors' comments.) 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. One CBOC was 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[6]	Locality[7]	Uniques FY 2012[8]	Visits FY 2012[9]	CBOC Size[10]
11	Richard L. Roudebush VAMC	Bloomington (Bloomington, IN)	Urban	4,781	16,037	Mid-Size
		Terre Haute (Terre Haute, IN)	Rural	4,722	18,531	Mid-Size

Table 2. Profiles

[5] Includes all CBOCs in operation before October 1, 2011.
[6] The Martinsville (Martinsville, IN) CBOC became operational on October 15, 2011, and is therefore not listed in the CBOC Profiles.
[7] http://vaww.pssg.med.va.gov/
[8] http://vssc.med.va.gov
[9] http://vssc.med.va.gov
[10] 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.[11] Each year, approximately 12,000 women in the United States are diagnosed with cervical cancer.[12] 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.[13] 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 23 patients who received a cervical cancer screening at the Richard L. Roudebush 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 the EHRs of 17 patients who had normal cervical screening results and determined that 4 patients were not notified within the required 14 days from the date the pathology report became available. These notifications must be documented in the EHR.[14]

[11] 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.
[12] U.S. Cancer Statistics Working Group, United States Cancer Statistics: 1999-2008 Incidence and Mortality Web-based report.
[13] VHA Handbook 1330.01, *Health Care Services for Women Veterans*, May 21, 2010.
[14] VHA Handbook 1330.01.

Recommendation

1. We recommended that managers ensure that patients with normal cervical cancer screening results are notified 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.[15] The NCP provides best practices guidance on the administration of vaccines for veterans. The CDC states that although vaccine-preventable disease levels are at or near record lows, many adults are under-immunized, missing opportunities to protect themselves against tetanus and pneumococcal diseases.

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, 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 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
X	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.

Table 4. Vaccinations

Tetanus Vaccination Screening. Through clinical reminders, VHA requires that CBOC clinicians screen patients for tetanus vaccinations.[16] We reviewed 73 patients' EHRs and did not find documentation of tetanus vaccination screening in 63 of the EHRs.

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.[17] 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 six patients with pre-existing

[15] VHA Handbook 1120.05, *Coordination and Development of Clinical Preventive Services*, October 13, 2009.
[16] VHA Handbook 1120.05.
[17] Centers for Disease Control and Prevention, http://www.cdc.gov/vaccines/vpd-vac/.

conditions who received their first vaccine prior to the age of 65 and did not find documentation in any of the EHRs indicating that their second vaccinations had been administered.

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.[18] We reviewed the EHRs of 20 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.

Recommendations

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

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

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

[18] 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 CBOC (see Table 5).

	Terre Haute
VISN	11
Parent Facility	Richard L. Roudebush VAMC
Types of Providers	Nurse Practitioner Primary Care Physician
Number of MH Uniques, FY 2012	712
Number of MH Visits, FY 2012	9,703
MH Services Onsite	Yes
Specialty Care Services Onsite	WH
Ancillary Services Provided Onsite	Electrocardiogram Laboratory Radiology
Tele-Health Services	Dermatology MH Retinal Imaging Care Coordination Home Telehealth

Table 5. Characteristics

C&P

We reviewed C&P folders, scopes of practice, meeting minutes, and VetPro information and interviewed senior managers to determine whether facilities had consistent processes to ensure that providers complied with applicable requirements as defined by VHA policy.[19] 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.

[19] 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 CBOC was 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 review elements marked as NC needed improvement. Details regarding the findings follow the table.

NC	Areas Reviewed
X	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).
	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.
	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).
X	The CBOC was included in facility-wide EOC activities.

Table 7. EOC

Handicap Parking. The ADA requires that handicap accessible parking spaces must be located on the shortest accessible route of travel to an accessible facility entrance.[20] We found that three handicap parking spaces were located in the middle of the parking lot and not close to the CBOC entrance.

EOC Rounds. Six months of EOC Committee meeting minutes were reviewed, and the minutes did not reflect discussion regarding deficiencies identified during EOC rounds. Additionally, the deficiencies identified at the Terre Haute CBOC have not been tracked and trended to ensure that the identified issues were corrected.

Recommendations

5. We recommended that handicap parking spaces meet ADA requirements at the Terre Haute CBOC.

6. We recommended that processes be strengthened to ensure that EOC Committee minutes reflect discussion regarding deficiencies identified during EOC rounds and that all identified issues are tracked, trended, and corrected at the Terre Haute 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.[21] Table 8 shows the areas reviewed for this topic.

NC	Areas Reviewed
	There was a local medical emergency management plan for this CBOC.
	The staff articulated the procedural steps of the medical emergency plan.
	The CBOC had an automated external defibrillator onsite for cardiac emergencies.
	There was a local MH emergency management plan for this CBOC.
	The staff articulated the procedural steps of the MH emergency plan.

Table 8. Emergency Management

[20] http://www.ada.gov/restripe.htm
[21] VHA Handbook 1006.1.

The CBOC was compliant with the review areas; therefore, we made no recommendations.

Appendix A

VISN 11 Director Comments

Department of Veterans Affairs **Memorandum**

Date: October 10, 2013

From: Director, VISN 11 (10N11)

Subject: **CBOC Reviews at Richard L. Roudebush VAMC**

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

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

I have reviewed the OIG Community Based Outpatient Clinic Reviews at the Richard L. Roudebush VAMC and concur with the responses as provided by the Medical Center Director.

If you have any questions or would like to discuss this response, please contact Dr. MaryPat Pousak, VISN 11 Clinical Program Manager, at 734-222-4293.

Thank you,

Paul Bockelman

Paul Bockelman, MBA, FACHE

Appendix B

Richard L. Roudebush VAMC Director Comments

Department of Veterans Affairs **Memorandum**

Date: October 8, 2013

From: Director, Richard L. Roudebush VAMC (583/00)

Subject: **CBOC Reviews at Richard L. Roudebush VAMC**

To: Director, VISN 11 (10N11)

This memorandum serves as concurrence with the recommendations found in the draft report of the Office of Inspector General Community Based Outpatient Clinic Reviews at Richard L. Roudebush VAMC.

I appreciate the opportunity for this review as a continuous process to improve the care to our Veterans.

Thank You,

Thomas Mattice, FACHE

Richard L. Roudebush VA Medical Center Director

Comments to OIG's Report

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

OIG Recommendations

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

Concur

Target date for completion: October 31, 2013

Pathology and Laboratory Service added normal cervical cancer test results to their electronic notification process to the ordering provider and to the Women's Health Coordinator – implementation date: October 31, 2013. CBOC staff was provided education related to test result notification per facility Medical Center Memorandum and required documentation in the patient's medical record - completion date: September 27, 2013. The Women's Veteran Program Manager will perform random chart audits to determine compliance with reporting normal test result within 14 days.

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

Concur

Target date for completion: October 31, 2013

CBOC patients presenting for a scheduled appointment will be screened for the Tdap vaccine utilizing a clinical reminder. The CBOC Coordinator will monitor compliance and report to the appropriate oversight board.

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

Concur

Target date for completion: October 31, 2013

The pneumovax clinical reminder is being modified to meet current requirements for pneumococcal vaccination - implementation date: October 31, 2013. The CBOC staff will be educated on changes to clinical reminder and current recommendation for pneumococcal vaccination by October 25, 2013. The CBOC Coordinator will perform random chart audits to ensure compliance with administration of the pneumococcal vaccine when indicated.

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

Concur

Target date for completion: October 30, 2013

The vaccination documentation template for pneumococcal was updated to include all required elements and recommendation for revaccination – to be completed by October 20, 2013. CBOC staff received education on required documentation and revaccination standards – completed September 30, 2013. The CBOC Coordinator will perform random chart audits to monitor compliance for required vaccine documentation.

5. We recommended that handicap parking spaces meet ADA requirements at the Terre Haute CBOC.

Concur

Target date for completion: September 12, 2013

The CBOC landlord identified handicap parking spaces in front of the ramp leading to the clinic entrance – completed September 12, 2013.

6. We recommended that processes be strengthened to ensure that EOC Committee minutes reflect discussion regarding deficiencies identified during EOC rounds and that all identified issues are tracked, trended, and corrected at the Terre Haute CBOC.

Concur

Target date for completion: October 31, 2013

Deficiencies identified on CBOC EOC rounds will be discussed monthly in the EOC Board meeting to include the monitoring, trending, and resolution of identified deficiencies – implementation date: October 31, 2013.

OIG Contact and Staff Acknowledgments

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