Department of Veterans Affairs
Office of Inspector General

Office of Healthcare Inspections

Report No. 13-00026-10

Community Based Outpatient Clinic Reviews at Kansas City VA Medical Center Kansas City, MO

November 13, 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
EKG	electrocardiogram
EOC	environment of care
FPPE	Focused Professional Practice Evaluation
FY	fiscal year
IT	Information Technology
MH	mental health
NC	noncompliant
NCP	National Center for Health Promotion and Disease Prevention
OIG	Office of Inspector General
PCP	primary care physician
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 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 CBOCs (see Table 1).

VISN	Facility	CBOC Name	Location
15	Kansas City VAMC	Belton	Belton, MO
		Excelsior Springs	Excelsior Springs, MO
		Louisburg-Paola	Paola, KS

Table 1. Sites Inspected

Review Results: We made recommendations in four review areas.

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

- Ensure that the ordering provider or surrogate is notified of normal cervical cancer screening results within the required timeframe and that notification is documented in the EHR.
- 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 screen patients for tetanus vaccinations.
- Ensure that clinicians administer tetanus vaccines when indicated.

- Ensure that clinicians administer pneumococcal vaccines when indicated.
- Ensure that clinicians document all required pneumococcal vaccine administration elements and that compliance is monitored.
- Ensure the medical staff's Executive Committee grants privileges consistent with the services provided at the Belton, Excelsior Springs, and Louisburg-Paola CBOCs.
- Ensure that handicap parking spaces, as required by the ADA, are added at the Louisburg-Paola CBOC.
- Ensure that the restrooms meet the ADA requirements at the Belton 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 12–16, 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. Three 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]
15	Kansas City VAMC	Belton (Belton, MO)	Urban	1,963	5,552	Mid-Size
		Cameron (Cameron, MO)	Rural	1,238	4,583	Small
		Excelsior Springs (Excelsior Springs, MO)	Rural	1,694	5,795	Mid-Size
		Louisburg-Paola (Paola, KS)	Rural	1,181	3,820	Small
		Nevada (Nevada, MO)	Rural	1,858	9,555	Mid-Size
		Warrensburg (Warrensburg, MO)	Rural	2,278	7,769	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] http://vssc.med.va.gov
[9] Based on the number of unique patients seen as defined by VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics*, September 11, 2008, the size of the CBOC facility is categorized as very large (> 10,000), large (5,000-10,000), mid-size (1,500-5,000), or small (< 1,500).

WH and Vaccination EHR Reviews Results and Recommendations

WH

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

VHA policy outlines specific requirements that must be met by facilities that provide services for women veterans.[12] We reviewed EHRs, meeting minutes and other relevant documents, and interviewed key WH employees. Table 3 shows the areas reviewed for this topic. The review elements marked as NC needed improvement. Details regarding the findings follow the table.

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

Table 3. WH

There were 18 patients who received a cervical cancer screening at the Kansas City VAMC's CBOCs.

Provider Notification. VHA requires that normal cervical cancer screening results must be reported to the ordering provider or surrogate within 30 calendar days of the report being issued and the notification is documented in the EHR.[13] We reviewed the EHRs of 17 patients who had normal cervical cancer screening results and did not find documentation in 4 records that the ordering provider or surrogate was notified within 30 calendar days.

[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 1330.01.

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 17 EHRs of patients who had normal cervical cancer screening results and determined that 7 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]

Recommendations

1. We recommended that a process is established to ensure that the ordering provider or surrogate is notified of normal cervical cancer screening results within the required timeframe and that notification is documented in the EHR.

2. 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.[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.
X	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

[14] VHA Handbook 1330.01, *Health Care Services for Women Veterans*, May 21, 2010.
[15] VHA Handbook 1120.05, *Coordination and Development of Clinical Preventive Services*, October 13, 2009.

Tetanus Vaccination Screening. Through clinical reminders, VHA requires that CBOC clinicians screen patients for tetanus vaccinations.[16] We reviewed 70 patients' EHRs and did not find documentation of tetanus vaccination screening in 36 of the EHRs.

Tetanus Vaccine Administration. The CDC recommends that, when indicated, clinicians administer the tetanus vaccine.[17] We reviewed the EHRs of 34 patients and did not find documentation in 4 of the EHRs that the tetanus vaccine had been administered.

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.[18] 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 two patients with pre-existing conditions who received their first vaccine prior to the age of 65 and did not find documentation in either 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.[19] We reviewed the EHRs of 34 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 8 of the EHRs.

Recommendations

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

4. We recommended that managers ensure that clinicians administer tetanus vaccines when indicated.

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

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

[16] VHA Handbook 1120.05, *Coordination and Development of Clinical Preventive Services*, October 13, 2009.
[17] Centers for Disease Control and Prevention, http://www.cdc.gov/vaccines/vpd-vac/.
[18] Centers for Disease Control and Prevention, http://www.cdc.gov/vaccines/vpd-vac/.
[19] 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).

	Belton	Excelsior Springs	Louisburg-Paola
VISN	15	15	15
Parent Facility	Kansas City VAMC	Kansas City VAMC	Kansas City VAMC
Types of Providers	PCP	Licensed Clinical Social Worker Nurse Practitioner PCP Psychiatrist	PCP Psychologist
Number of MH Uniques, FY 2012	11	41	97
Number of MH Visits, FY 2012	19	107	402
MH Services Onsite	Yes	Yes	Yes
Specialty Care Services Onsite	None	None	None
Ancillary Services Provided Onsite	EKG Laboratory	EKG Laboratory Pharmacy	EKG Laboratory
Tele-Health Services	EKG MH Retinal Imaging Care Coordination Home Telehealth	EKG Retinal Imaging MH Primary Care Care Coordination Home Telehealth	EKG 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.[20] Table 6 shows the areas reviewed for this topic. The CBOCs identified as NC needed improvement. Details regarding the findings follow the table.

NC	Areas Reviewed
	Each provider's license was unrestricted.
New Provider	
	Efforts were made to obtain verification of clinical privileges currently or most recently held at other institutions.
	FPPE was initiated.
	Timeframe for the FPPE was clearly documented.
	The FPPE outlined the criteria monitored.
	The FPPE was implemented on first clinical start day.
	The FPPE results were reported to the medical staff's Executive Committee.
Additional New Privilege	
	Prior to the start of a new privilege, criteria for the FPPE were developed.
	There was evidence that the provider was educated about FPPE prior to its initiation.
	FPPE results were reported to the medical staff's Executive Committee.
FPPE for Performance	
	The FPPE included criteria developed for evaluation of the practitioners when issues affecting the provision of safe, high-quality care were identified.
	A timeframe for the FPPE was clearly documented.
	There was evidence that the provider was educated about FPPE prior to its initiation.
	FPPE results were reported to the medical staff's Executive Committee.
Privileges and Scopes of Practice	
	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.
Belton Excelsior Springs Louisburg-Paola	Privileges granted to providers were setting, service, and provider specific.

[20] 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	

Clinical Privileges. VHA policy requires that privileges granted to an applicant must be setting specific and based on the procedures and types of services that are provided within that setting. At the Belton, Excelsior Springs, and Louisburg-Paola CBOCs, we found that a provider had privileges for procedures that were not performed at their respective CBOCs. For example, we found privileges granted for endo-tracheal intubation and admitting patients.

Recommendation

7. We recommended that the medical staff's Executive Committee grants privileges consistent with the services provided at the Belton, Excelsior Springs, and Louisburg-Paola CBOCs.

EOC and Emergency Management

EOC

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

NC	Areas Reviewed
Belton Louisburg-Paola	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.

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

Table 7. EOC

Handicap Parking. The ADA requires handicap parking spaces. [21] We found there were no designated handicap spaces in the parking lot at the Louisburg-Paola CBOC.

Restrooms. The ADA requires that facility doors are equipped with handles that are easy to grasp with one hand and do not require tight grasping, pinching, or twisting of the wrist to operate. Additionally, the ADA requires that controls and operating mechanisms shall be operable with one hand and shall not require tight grasping, pinching, or twisting of the wrist. The restroom door handles required a tight grasp and twisting motion to open, and the sink faucets required twisting of the wrist to operate at the Belton CBOC.

Recommendations

8. We recommended that handicap parking spaces, as required by the ADA, are added at the Louisburg-Paola CBOC.

9. We recommended that the restrooms meet the ADA requirements at the Belton 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.[22] Table 8 shows the areas reviewed for this topic.

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

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

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

VISN 15 Director Comments

Department of Veterans Affairs **Memorandum**

Date: October 8, 2013

From: Director, VISN 15 (10N15)

Subject: **CBOC Reviews at Kansas City VAMC**

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

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

Attached, please find the initial status response for the Kansas City VA Medical Center Community Based Outpatient Clinic Reviews in Belton, MO; Excelsior Springs, MO; and Paola, KS (conducted the week of August 26, 2013).

I have reviewed and concur with the Medical Center Director's response. Thank you for this opportunity to focus on continuous performance improvement.

For additional questions, please feel free to contact Jimmie Bates, VISN 15 Quality Management Officer at 816-701-3014.

William P. Patterson, MD, MSS
Network Director
VA Heartland Network (VISN 15)

Kansas City VAMC Director Comments

Department of Veterans Affairs **Memorandum**

Date: October 7, 2013

From: Director, Kansas City VAMC (589/00)

Subject: **CBOC Reviews at Kansas City VAMC**

To: Director, VISN 15 (10N15)

Attached, please find the responses to the OIG-CBOC Review.

Kent Hill
Director, Kansas City VA Medical Center

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 a process is established to ensure that the ordering provider or surrogate is notified of normal cervical cancer screening results within the required timeframe and that notification is documented in the EHR.

Concur

Target date for completion: November 30, 2013

The Primary Care Team is working with IT staff to modify the existing template for notification on test results to include, specifically, cervical cancer screening results. With this revised template there is a new process related to cervical cancer screening results. The results come to the provider or surrogate through a view alert. Once the provider has the results, the patient notification process can begin. When the patient is notified of the test results by the provider, the provider has to initiate this resulting template and that will provide documentation that the provider is aware of the results and the patient has been notified.

2. 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: November 30, 2013

The primary care team is working with IT staff to modify the existing template for patient notification of test results to include specifically cervical screening results.

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

Concur

Target date for completion: January 30, 2014

A clinical reminder is under development by a primary care provider team. It is anticipated that it will take 2 months to build, and then 1-2 months to train and implement.

4. We recommended that managers ensure that clinicians administer tetanus vaccines when indicated.

Concur

Target date for completion: January 30, 2014

A clinical reminder is under development by a primary care provider team. It is anticipated that it will take 2 months to build, and then 1-2 months to train and implement.

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

Concur

Target date for completion: Completed

Facility has implemented a replacement of the previous reminder supporting the correct pneumococcal vaccine is administered.

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

Concur

Target date for completion: Completed

Facility has implemented a replacement of the previous reminder supporting the correct pneumococcal vaccine is administered. The clinical reminder report will be reviewed monthly for documentation and achievement of greater than 90 percent compliance.

7. We recommended that the medical staff's Executive Committee grants privileges consistent with the services provided at the Belton, Excelsior Springs, and Louisburg-Paola CBOCs.

Concur

Target date for completion: December 6, 2013

Clinical privileges for providers currently assigned to CBOC locations will be reviewed and any privileges not consistent with the location of service will be administratively suspended pending final action in the next privileging cycle. This interim action will be completed by November 1, 2013. Templates used for clinical privileges for primary care providers assigned to CBOC duty stations will be revised to eliminate options for any privileges not consistent with CBOC location. These templates will be used for all new appointments and reappointments in the clinical privileging process.

8. We recommended that handicap parking spaces, as required by the ADA, are added at the Louisburg-Paola CBOC.

Concur

Target date for completion: November 30, 2013

Contracting Office is working with the owner of the CBOC to accomplish this modification.

9. We recommended that the restrooms meet the ADA requirements at the Belton CBOC.

Concur

Target date for completion: November 30, 2013

Contracting Office is working with the owner of the CBOC to accomplish this modification.

OIG Contact and Staff Acknowledgments

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