



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

**Office of Healthcare Inspections**

**Report No. 13-03415-31**

**Community Based Outpatient Clinic  
and Primary Care Clinic Reviews  
at  
Michael E. DeBakey  
VA Medical Center  
Houston, Texas**

**January 8, 2014**

**Washington, DC 20420**

**To Report Suspected Wrongdoing in VA Programs and Operations**

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**(Hotline Information: [www.va.gov/oig/hotline](http://www.va.gov/oig/hotline))**

## Glossary

AUD	alcohol use disorder
CBOC	community based outpatient clinic
DWHP	designated women's health provider
EHR	electronic health record
EOC	environment of care
MI	motivational interviewing
MH	mental health
NM	not met
OIG	Office of Inspector General
OPC	Outpatient Clinic
PACT	Patient Aligned Care Teams
PCC	primary care clinic
PCP	primary care provider
RN	Registered Nurse
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
WH	women's health

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## Executive Summary

**Review Purpose:** The purpose of the review was to evaluate selected activities to determine whether the community based outpatient clinics (CBOCs) and primary care clinics provide safe, consistent, and high-quality health care for our veterans. We conducted a site visit during the week of November 4, 2013, at the following randomly selected CBOC under the oversight of the Michael E. DeBakey VA Medical Center, which is located in Veterans Integrated Service Network 16:

- Richmond VA Outpatient Clinic, Richmond, TX

**Review Results:** We conducted four focused reviews and had no findings for the Environment of Care and Designated Women's Health Providers' Proficiency reviews. However, we made recommendations in the following two review areas:

Alcohol Use Disorder. Ensure that CBOC/PCC:

- Staff consistently complete diagnostic assessments for patients with a positive alcohol screen.
- Registered Nurse Care Managers receive motivational interviewing within 12 months of appointment to Patient Aligned Care Teams (PACT).
- Registered Nurse Care Managers receive health coaching training within 12 months of appointment to PACT.

Medication Management. Ensure that CBOC/PCC staff:

- Document that medication reconciliation was completed at each episode of care where medications were administered, prescribed, or modified.
- Document the evaluation of the patient's level of understanding for the medication education.

### Comments

The VISN and Facility Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes C-D, pages 15–16, 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, Scope, and Methodology**

### **Objectives**

CBOC and PCC reviews are elements of the OIG's efforts to ensure that our Nation's veterans receive high-quality VA health care services. As such, CBOC and PCC reviews are recurring evaluations of selected primary care operations that focus on patient care quality and the EOC. In general, our objectives are to:

- Determine whether the CBOCs are compliant with EOC requirements.
- Determine whether CBOCs/PCCs are compliant with VHA requirements in the care of patients with AUD.
- Determine compliance with requirements for the clinical oversight and patient education of fluoroquinolones for outpatients.
- Evaluate if processes are in place for DWHPs to maintain proficiency in WH.

### **Scope**

To evaluate for compliance with requirements related to patient care quality and the EOC, we conducted an onsite inspection, reviewed clinical and administrative records, and discussed processes and validated findings with managers and employees. The review covered the following four focused review topics:

- EOC
- AUD
- Medication Management
- DWHP Proficiency

The scope of this review is limited to the established objectives. Issues and concerns that come to our attention that are outside the scope of this standardized inspection will be reviewed and referred accordingly.

## Methodology

The onsite EOC inspection was only conducted at a randomly selected CBOC that had not been previously inspected.<sup>a</sup> Details of the targeted study populations for the AUD, Medication Management, and DWHP Proficiency focused reviews are noted in Table 1.

**Table 1. CBOC/PCC Focused Reviews and Study Populations**

<b>Review Topic</b>	<b>Study Population</b>
AUD	All CBOC and PCC patients screened within the study period of July 1, 2012, through June 30, 2013, and who had a positive Alcohol Use Disorders Identification Test Consumption score <sup>b</sup> and all providers and RN Care Managers assigned to PACT prior to October 1, 2012.
Medication Management	All outpatients with an original prescription ordered for one of the three selected fluoroquinolones from July 1, 2012, through June 30, 2013.
DWHP Proficiencies	All WH PCPs designated as DWHPs as of October 1, 2012, and who remained as DWHPs until September 30, 2013.

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.

The review was done in accordance with OIG standard operating procedures for CBOC and PCC reviews.

<sup>a</sup> Includes 93 CBOCs in operation before March 31, 2013.

<sup>b</sup> The AUDIT-C is a brief alcohol screen that reliably identifies patients who are hazardous drinkers or have active alcohol use disorders. Scores range from 0-12.

## Results and Recommendations

### EOC

The purpose of this review was to evaluate whether CBOC managers have established and maintained a safe and clean EOC as required.<sup>1</sup>

We reviewed relevant documents and conducted a physical inspection of the Richmond CBOC. The table below shows the areas reviewed for this topic. The facility generally met requirements. We made no recommendations.

**Table 2. EOC**

NM	Areas Reviewed	Findings
	The CBOC's location is clearly identifiable from the street as a VA CBOC.	
	The CBOC has interior signage available that clearly identifies the route to and location of the clinic entrance.	
	The CBOC is Americans with Disabilities Act accessible.	
	The furnishings are clean and in good repair.	
	The CBOC is clean.	
	The CBOC maintains a written, current inventory of hazardous materials and waste that it uses, stores, or generates.	
	An alarm system and/or panic buttons are installed in high-risk areas (e.g., MH clinic).	
	Alcohol hand wash or soap dispenser and sink are available in the examination rooms.	
	Sharps containers are secured.	
	Safety needle devices are available.	
	The CBOC has a separate storage room for storing medical (infectious) waste.	
	The CBOC conducts fire drills at least every 12 months.)	
	Means of egress from the building are unobstructed.	
	Access to fire alarm pull stations is unobstructed.	
	Access to fire extinguishers is unobstructed.	
	The CBOC has signs identifying the locations of fire extinguishers.	
	Exit signs are visible from any direction.	



NM	Areas Reviewed	Findings
	No expired medications were noted during the onsite visit.	
	All medications are secured from unauthorized access.	
	PII is protected on laboratory specimens during transport so that patient privacy is maintained.	
	Adequate privacy is provided to patients in examination rooms.	
	Documents containing patient-identifiable information are not visible or unsecured.	
	Window coverings provide privacy.	
	The CBOC has a designated examination room for women veterans.	
	Adequate privacy is provided to women veterans in the examination room.	
	The Information Technology network room/server closet is locked.	
	All computer screens are locked when not in use.	
	Staff use privacy screens on monitors to prevent unauthorized viewing in high-traffic areas.	
	EOC rounds are conducted semi-annually (at least twice in a 12-month period).	
	The CBOC has an AED.	
	AED batteries are current (within the manufacturer's posted expiration date).	
	Safety inspections are performed on the CBOC medical equipment in accordance with VA and Joint Commission standards.	
	The parent facility includes the CBOC in required education, training, planning, and participation leading up to the annual disaster exercise.	
	The parent facility's Emergency Management Committee evaluates CBOC emergency preparedness activities, participation in annual disaster exercise, and staff training/education relating to emergency preparedness requirements.	

## AUD

The purpose of this review was to determine whether the facility's CBOCs and PCCs complied with selected alcohol use screening and treatment requirements.<sup>2</sup>

We reviewed relevant documents. We also reviewed 40 EHRs and validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

**Table 3. AUD**

NM	Areas Reviewed	Findings
	Alcohol use screenings are completed during new patient encounters, and at least annually.	
X	Diagnostic assessments are completed for patients with a positive alcohol screen.	Staff did not complete diagnostic assessments for 14 (35 percent) of 40 patients who had positive alcohol use screens.
	Education and counseling about drinking levels and adverse consequences of heavy drinking are provided for patients with positive alcohol screens and drinking levels above National Institute of Alcohol Abuse and Alcoholism guidelines.	
	Documentation reflects the offer of further treatment for patients diagnosed with alcohol dependence.	
	For patients with AUD who decline referral to specialty care, CBOC/PCC staff monitored them and their alcohol use.	
	Counseling, education, and brief treatments for AUD are provided within 2 weeks of positive screening.	
X	CBOC/PCC RN Care Managers have received MI training within 12 months of appointment to PACT.	We found that 32 (57 percent) of 56 RN Care Managers did not receive MI training within 12 months of appointment to PACT.
X	CBOC/PCC RN Care Managers have received National Center for Prevention approved health coaching training (most likely <i>TEACH for Success</i> ) within 12 months of appointment to PACT.	We found that 30 (54 percent) of 56 RN Care Managers did not receive health coaching training within 12 months of appointment to PACT.
	The facility complied with any additional elements required by VHA or local policy.	

## **Recommendations**

1. We recommended that CBOC/PCC staff consistently complete diagnostic assessments for patients with a positive alcohol screen.
2. We recommended that CBOC/PCC RN Care Managers receive MI training within 12 months of appointment to PACT.
3. We recommended that CBOC/PCC RN Care Managers receive health coaching training within 12 months of appointment to PACT.

## Medication Management

The purpose of this review was to determine whether appropriate clinical oversight and education were provided to outpatients prescribed oral fluoroquinolone antibiotics.<sup>3</sup>

We reviewed relevant documents. We also reviewed 40 EHRs and validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

**Table 4. Fluoroquinolones**

NM	Areas Reviewed	Findings
X	Clinicians documented the medication reconciliation process that included the fluoroquinolone.	We did not find documentation that medication reconciliation was completed in 11 (28 percent) of 40 patient EHRs.
	Written information on the patient's prescribed medications was provided at the end of the outpatient encounter.	
	Medication counseling/education for the fluoroquinolone was documented in the patients' EHRs.	
X	Clinicians documented the evaluation of each patient's level of understanding for the education provided.	Clinicians did not document the level of understanding for 10 (25 percent) of 40 patients.
	The facility complied with local policy.	

## Recommendations

4. We recommended that CBOC/PCC staff document that medication reconciliation was completed at each episode of care where medications were administered, prescribed, modified or may influence care given.

5. We recommended that CBOC/PCC staff document the evaluation of patient's level of understanding for the medication education.

## DWHP Proficiency

The purpose of this review was to determine whether the facility’s CBOCs and PCCs complied with selected DWHP proficiency requirements.<sup>4</sup>

We reviewed the facility self-assessment, VHA and local policies, primary care management module data, and supporting documentation for DWHPs’ proficiencies. The table below shows the areas reviewed for this topic. The facility generally met requirements. We made no recommendations.

**Table 5. DWHP Proficiency**

<b>NM</b>	<b>Areas Reviewed</b>	<b>Findings</b>
	CBOC and PCC DWHPs maintained proficiency requirements.	
	CBOC and PCC DWHPs were designated with the WH indicator in the Primary Care Management Model.	

## CBOC Profiles

This review evaluates the quality of care provided to veterans at all of the CBOCs under the parent facility's oversight.<sup>c</sup> The table below provides information relative to each of the CBOCs.

Location	State	Station #	Locality <sup>e</sup>	CBOC Size <sup>f</sup>	Uniques <sup>d</sup>				Encounters <sup>d</sup>			
					MH <sup>g</sup>	PC <sup>h</sup>	Other <sup>i</sup>	All	MH <sup>g</sup>	PC <sup>h</sup>	Other <sup>i</sup>	All
Beaumont	TX	580BY	Urban	Very Large	2,497	9,795	10,613	10,834	9,116	41,827	56,253	107,196
Conroe	TX	580GD	Urban	Large	2,159	8,440	6,272	9,155	8,329	17,433	21,249	47,011
Galveston County	TX	580GC	Rural	Large	1,747	5,878	6,269	7,691	10,145	14,368	19,519	44,032
Charles Wilson VA OPC	TX	580BZ	Rural	Large	1,729	6,249	7,352	7,493	8,961	14,709	50,477	74,147
Richmond	TX	580GG	Urban	Mid-Size	956	3,337	2,956	3,880	3,000	8,488	10,329	21,817
Lake Jackson	TX	580GF	Urban	Mid-Size	609	2,005	1,958	2,425	2,286	5,870	7,987	16,143
Katy	TX	580GE	Urban	Mid-Size	368	1,265	1,077	1,961	648	1,613	1,622	3,883

<sup>c</sup> Includes all CBOCs in operation before March 31, 2013.

<sup>d</sup> Unique patients and Total Encounters – Source: MedSAS outpatient files; completed outpatient appointments indicated by a valid stop code during the July 1, 2012, through June 30, 2013, timeframe at the specified CBOC.

<sup>e</sup> [http://vaww.pssg.med.va.gov/PSSG/DVDC/FY2013\\_Q1\\_VAST.xlsx](http://vaww.pssg.med.va.gov/PSSG/DVDC/FY2013_Q1_VAST.xlsx)

<sup>f</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).

<sup>g</sup> Mental Health includes stop codes in the 500 series, excluding 531 and 563, in the primary position.

<sup>h</sup> Primary Care includes the stop code list in the primary position: 323 – Primary Care; 322 – Women's Clinic; 348 – Primary Care Group; 350 – Geriatric Primary Care; 531 – MH Primary Care Team-Individual; 563 – MH Primary care Team-Group; 170 – Home Based Primary Care (HBPC) Physician.

<sup>i</sup> All other non-Primary Care and non-MH stop codes in the primary position.

## CBOC Services Provided

In addition to primary care integrated with WH and MH care, the CBOCs provide various specialty care, ancillary, and tele-health services. The following table lists the services provided at each CBOC.

<b>CBOC</b>	<b>Specialty Care Services<sup>j</sup></b>	<b>Ancillary Services<sup>k</sup></b>	<b>Tele-Health Services<sup>l</sup></b>
Beaumont	Optometry Medicine Specialties Anesthesiology Hematology Oncology	Laboratory Audiology Radiology Diabetic Retinal Screening Social Work Electrocardiography Nutrition Pharmacy Sleep Medicine Vascular Lab	Tele Primary Care Tele Case Management
Conroe	Orthopedics Ear, Nose and Throat Hematology	Diabetic Retinal Screening Pharmacy Sleep Medicine Social Work MOVE! Program <sup>m</sup>	Tele Primary Care Tele Case Management
Galveston County	Optometry	Diabetic Retinal Screening Radiology Audiology Pharmacy Social Work MOVE! Program Sleep Medicine	Tele Primary Care
Charles Wilson VA OPC	Optometry Medicine Specialties Oncology	Laboratory Radiology Diabetic Retinal Screening Electrocardiography MOVE! Program Sleep Medicine Nutrition Social Work Pharmacy Vascular Lab	Tele Primary Care
Richmond	---	Audiology Radiology Pharmacy Social Work	Tele Primary Care
Lake Jackson	---	Radiology Pharmacy Social Work MOVE! Program Sleep Medicine	Tele Primary Care
Katy	Optometry	Diabetic Retinal Screening Audiology Social Work Pharmacy	Tele Primary Care

<sup>j</sup> Specialty Care Services refer to non-Primary Care and non-MH services provided by a physician.

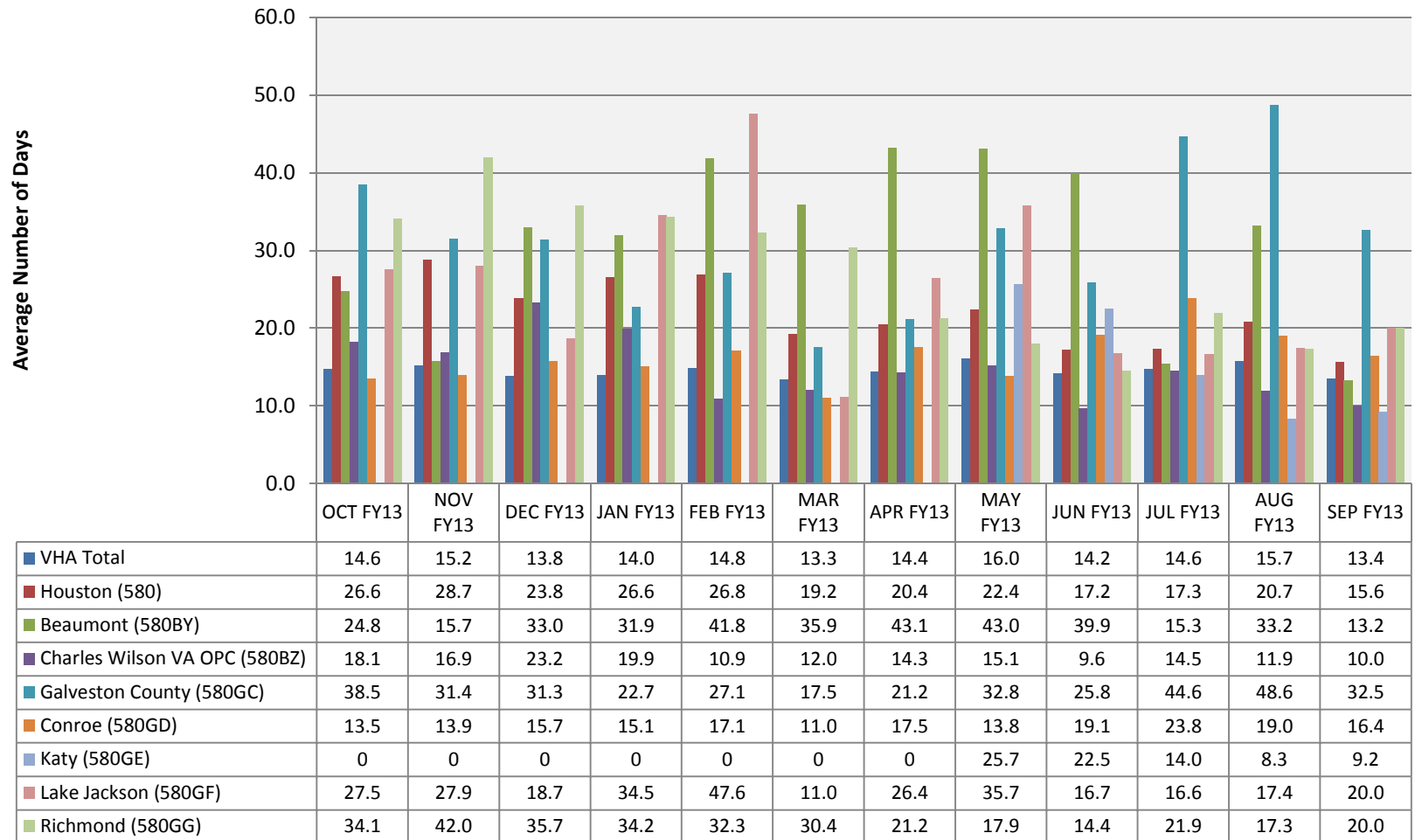
<sup>k</sup> Ancillary Services refer to non-Primary Care and non-MH services that are not provided by a physician.

<sup>l</sup> Tele Health Services refer to services provided under the VA Tele Health program (<http://www.telehealth.va.gov/>)

<sup>m</sup> VHA Handbook 1120.01, *MOVE! Weight Management Program for Veterans*, March 31, 2011.

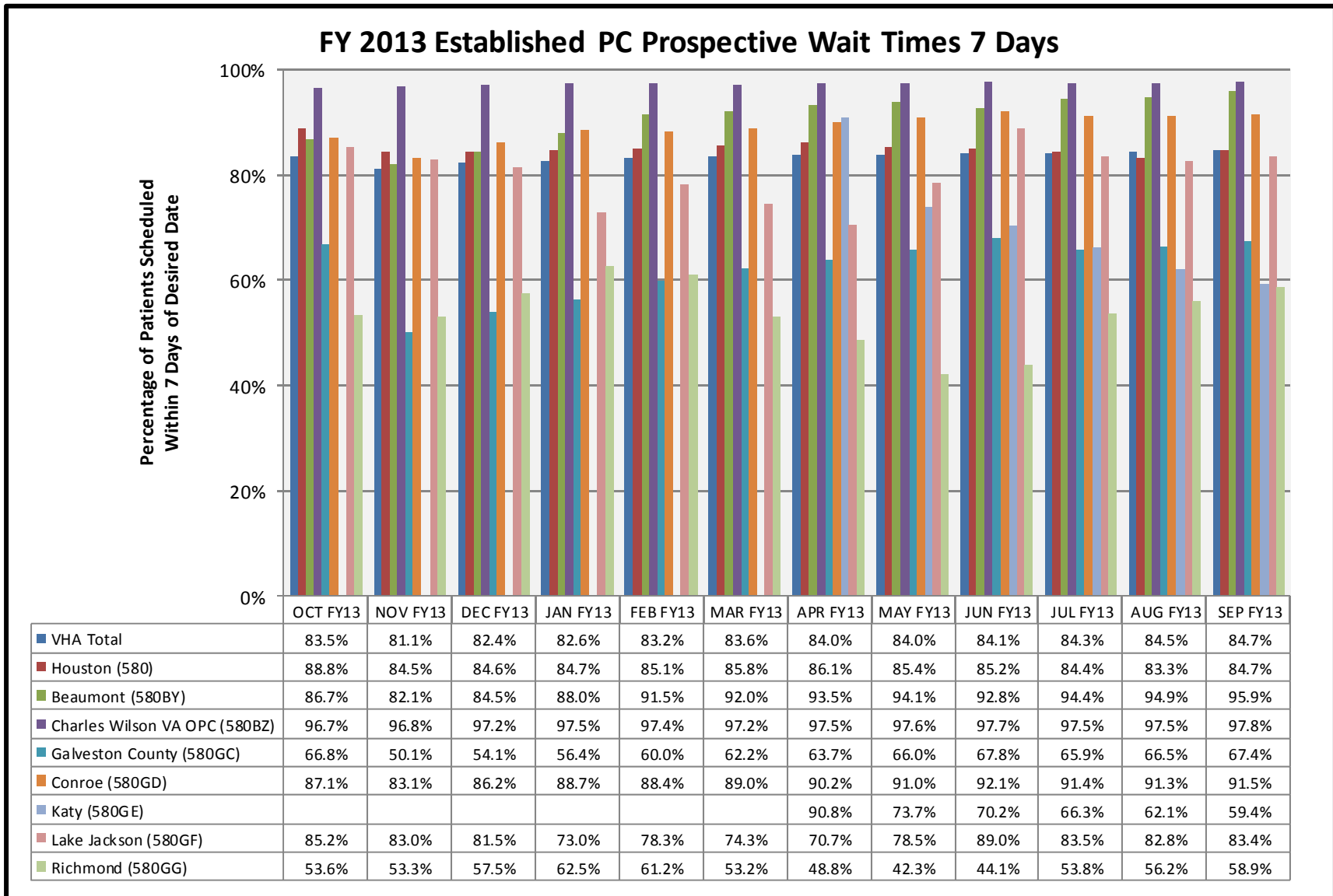
## PACT Compass Metrics

### FY 2013 Average 3rd Next Available in PC Clinics



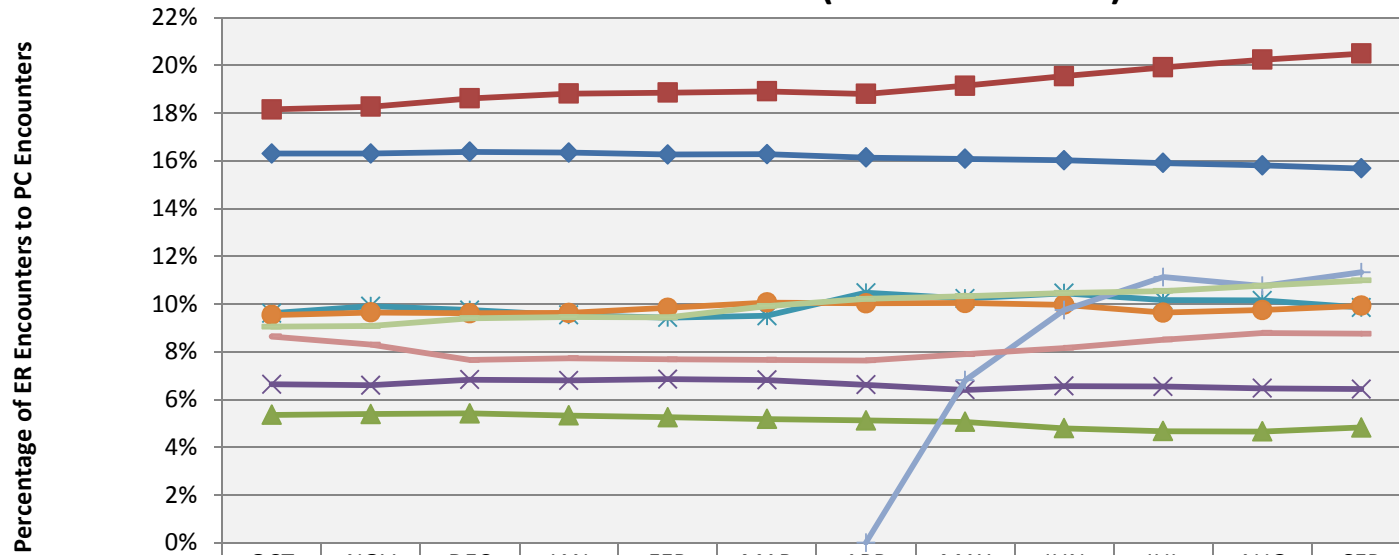
**Data Definition.**<sup>5</sup> The average waiting time in days until the next third open appointment slot for completed primary care appointments in stop code 350. Completed appointments in stop code 350 for this metric include completed appointments where a 350 stop code is in the primary position on the appointment or one of the telephone stop codes is in the primary position, and 350 stop code is in the secondary position. The data is averaged from the national to the division level.





**Data Definition.<sup>5</sup>** The percent of patients scheduled within 7 days of the desired date. Data source is the Wait Times Prospective Wait Times measures. The total number of scheduled appointments for primary care-assigned patients in PCCs 322, 323, and 350. Data is collected twice a month on the 1st and the 15th. Data reported is for the data pulled on the 15th of the month. There is no fiscal year to date score for this measure. Blank cells indicate the absence of reported data.

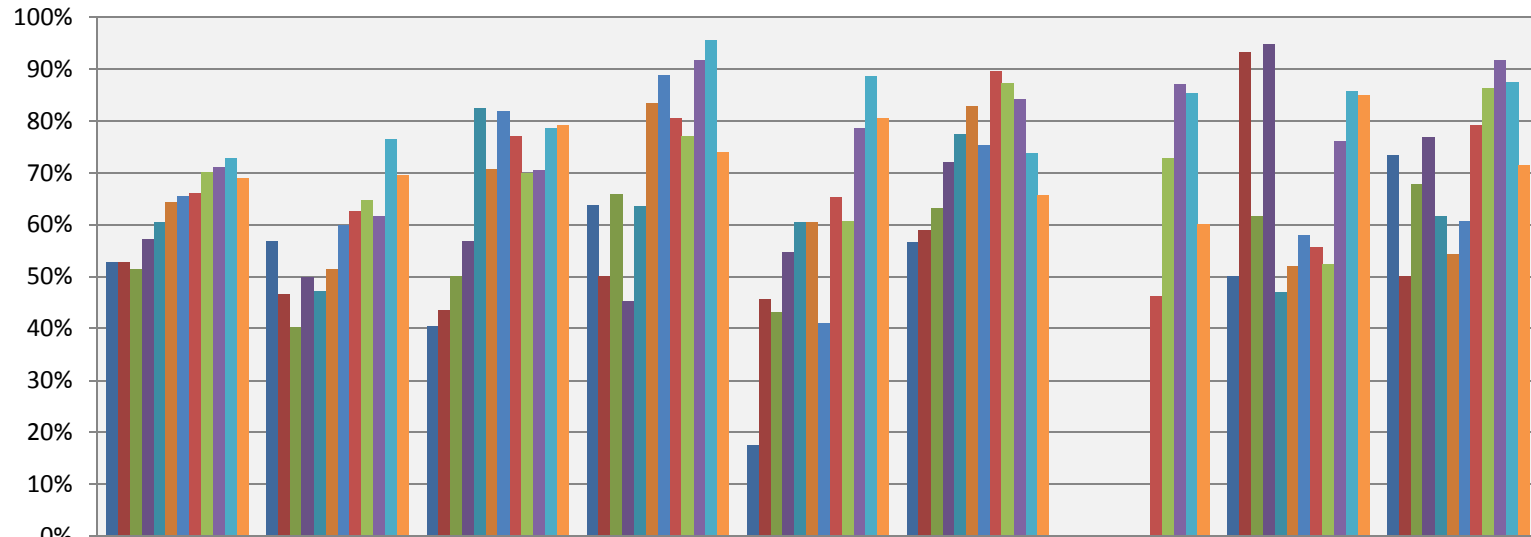
### FY 2013 Ratio of ER Encounters While on Panel to PC Encounters While on Panel (FEE ER Included)



	OCT FY13	NOV FY13	DEC FY13	JAN FY13	FEB FY13	MAR FY13	APR FY13	MAY FY13	JUN FY13	JUL FY13	AUG FY13	SEP FY13
VHA Total	16.3%	16.3%	16.4%	16.3%	16.3%	16.3%	16.1%	16.1%	16.0%	15.9%	15.8%	15.7%
Houston (580)	18.1%	18.3%	18.6%	18.8%	18.9%	18.9%	18.8%	19.1%	19.5%	19.9%	20.2%	20.5%
Beaumont (580BY)	5.4%	5.4%	5.4%	5.3%	5.3%	5.2%	5.1%	5.1%	4.8%	4.7%	4.7%	4.8%
Charles Wilson VA OPC (580BZ)	6.6%	6.6%	6.8%	6.8%	6.8%	6.8%	6.6%	6.4%	6.6%	6.5%	6.5%	6.4%
Galveston County (580GC)	9.6%	9.9%	9.7%	9.5%	9.4%	9.5%	10.5%	10.2%	10.4%	10.2%	10.1%	9.9%
Conroe (580GD)	9.5%	9.6%	9.6%	9.6%	9.8%	10.1%	10.0%	10.0%	10.0%	9.6%	9.7%	9.9%
Katy (580GE)							0.0%	6.8%	9.7%	11.1%	10.8%	11.3%
Lake Jackson (580GF)	8.6%	8.3%	7.7%	7.7%	7.7%	7.7%	7.6%	7.9%	8.2%	8.5%	8.8%	8.8%
Richmond (580GG)	9.0%	9.1%	9.4%	9.4%	9.4%	9.9%	10.2%	10.3%	10.5%	10.5%	10.8%	11.0%

**Data Definition.**<sup>5</sup> This is a measure of where the patient receives his or her primary care and by whom. A low percentage is better. The formula is the total VHA ER/Urgent Care/FEE ER Encounters WOP (including FEE ER visits) *divided by* the number of primary care encounters WOP with the patient's assigned primary care (or associate) provider plus the total VHA ER/Urgent Care/FEE ER Encounters (including FEE ER visits) WOP plus the number of primary care encounters WOP with a provider other than the patient's PCP/AP.

### FY 13 2-Day Contact Post Discharge Ratio



	VHA Total	Houston (580)	Beaumont (580BY)	Charles Wilson VA OPC (580BZ)	Galveston County (580GC)	Conroe (580GD)	Katy (580GE)	Lake Jackson (580GF)	Richmond (580GG)
■ OCT FY13	52.8%	56.9%	40.4%	63.8%	17.5%	56.5%		50.0%	73.3%
■ NOV FY13	52.9%	46.5%	43.4%	50.0%	45.7%	59.0%		93.3%	50.0%
■ DEC FY13	51.5%	40.2%	50.0%	65.9%	43.1%	63.2%		61.5%	67.9%
■ JAN FY13	57.2%	49.9%	56.9%	45.2%	54.8%	72.0%		94.7%	76.9%
■ FEB FY13	60.4%	47.1%	82.5%	63.5%	60.5%	77.4%		47.1%	61.5%
■ MAR FY13	64.4%	51.4%	70.7%	83.3%	60.5%	82.8%		52.0%	54.3%
■ APR FY13	65.5%	59.8%	81.8%	88.9%	41.0%	75.3%	0.0%	57.9%	60.7%
■ MAY FY13	66.1%	62.5%	77.1%	80.5%	65.2%	89.5%	46.2%	55.6%	79.2%
■ JUN FY13	70.1%	64.7%	70.0%	77.1%	60.7%	87.2%	72.7%	52.4%	86.4%
■ JUL FY13	71.1%	61.6%	70.5%	91.7%	78.6%	84.2%	87.1%	76.2%	91.7%
■ AUG FY13	72.7%	76.4%	78.6%	95.6%	88.7%	73.8%	85.3%	85.7%	87.5%
■ SEP FY13	68.9%	69.4%	79.2%	73.9%	80.4%	65.6%	60.0%	85.0%	71.4%

**Data Definition.**<sup>5</sup> Total Discharges Included in 2-day Contact Post Discharge Ratio: The total VHA and FEE Inpatient Discharges for assigned primary care patients for the reporting timeframe. Discharges resulting in death and discharges where a patient is readmitted within 2 days of discharge are excluded from this metric. Blank cells indicate the absence of reported data.

## VISN Director Comments

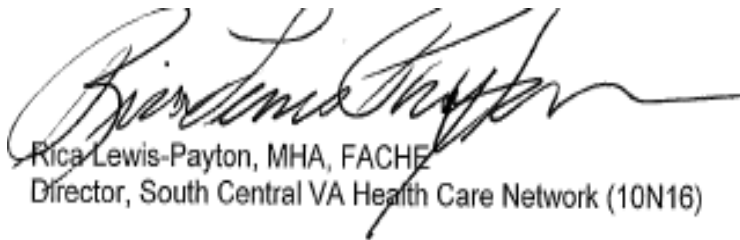
**Department of  
Veterans Affairs**

**Memorandum**

**Date:** December 17, 2013  
**From:** Director, South Central VA Health Care Network (10N16)  
**Subject:** **CBOC and PCC Reviews at Michael E. DeBakey  
VA Medical Center, Houston, TX**  
**To:** Director, Dallas Office of Healthcare Inspections (54DA)

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

1. The South Central VA Health Care Network (VISN 16) has reviewed and concurs with the draft Community Based Outpatient Clinic and Primary Care Clinic Report submitted by the Michael E. DeBakey VA Medical Center, Houston, TX.
2. If you have questions regarding the information submitted, please contact Reba T. Moore, VISN16 Accreditation Specialist at 601-206-7022.



Rica Lewis-Payton, MHA, FACHE  
Director, South Central VA Health Care Network (10N16)

## Facility Director Comments

Department of  
Veterans Affairs

Memorandum

**Date:** December 17, 2013

**From:** Director, Michael E. DeBakey VA Medical Center (580/00)

**Subject:** **CBOC and PCC Reviews at Michael E. DeBakey  
VA Medical Center, Houston, TX**

**To:** Director, South Central VA Health Care Network (10N16)

1. The Michael E. DeBakey VA Medical Center has reviewed and concurs with the findings included in the draft Community Based Outpatient Clinic and Primary Care Clinic Report. A response is provided along with target dates of completion for each recommendation.
2. If you have questions or need additional information, please contact Marcella Louis, Director, Quality Management Service at 713-794-8926 or [Marcella.louis@va.gov](mailto:Marcella.louis@va.gov).



Adam C. Walmus, MHA, FACHE  
Director, Michael E. DeBakey VA Medical Center (580/00)

## Comments to OIG's Report

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

### **OIG Recommendations**

**Recommendation 1.** We recommended that CBOC/PCC staff consistently complete diagnostic assessments for patients with a positive alcohol screen.

Concur

Target date for completion: **January 15, 2014**

**Facility response:** The Alcohol Use Clinical Reminder template for providers has been revised to include further diagnostic assessments for patients with a positive alcohol screen. CBOC and Primary Care providers will be educated on the revised template. Monthly monitoring will be conducted with reporting to the Clinical Executive Board.

**Recommendation 2.** We recommended that CBOC/PCC RN Care Managers receive MI training within 12 months of appointment to PACT.

Concur

Target date for completion: **February 15, 2014**

**Facility response:** Trainings have been scheduled to begin in January 2014 and will be conducted monthly. The target audience is all existing RN Care Managers, as well as all new appointments to PACT to ensure completion within 12 months of appointment. Monthly monitoring will be conducted with reporting to the Clinical Executive Board.

**Recommendation 3.** We recommended that CBOC/PCC RN Care Managers receive health coaching training within 12 months of appointment to PACT.

Concur

Target date for completion: **February 15, 2014**

**Facility response:** Trainings have been scheduled to begin in January 2014 and will be conducted every other month. The target audience is all existing RN Care Managers, as well as all new appointments to PACT to ensure completion within 12 months of appointment. Monthly monitoring will be conducted with reporting to the Clinical Executive Board.

**Recommendation 4.** We recommended that CBOC/PCC staff document that medication reconciliation was completed at each episode of care where medications were administered, prescribed, modified or may influence care given.

Concur

Target date for completion: **February 15, 2014**

**Facility response:** CBOC/PCC management will conduct training for providers to reiterate medication reconciliation documentation requirements. Monthly monitoring will be conducted with focused training and follow-up for evidence of continued non-compliance. Results of monitoring will be reported to the Clinical Executive Board.

**Recommendation 5.** We recommended that CBOC/PCC staff document the evaluation of patient's level of understanding for the medication education.

Concur

Target date for completion: **January 30, 2014**

**Facility response:** The existing Computerized Patient Record System (CPRS) medication reconciliation template will be modified to include language that demonstrates the level of understanding of medication education for the patient/caregiver whenever there is a modification in the medication regimen. This documentation will be completed by the provider as part of the medication reconciliation process. Monthly monitoring of documentation of the patient's level of understanding of medication education will be conducted with reporting to the Clinical Executive Board.

## OIG Contact and Staff Acknowledgments

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

<sup>1</sup> References used for the EOC review included:

- United States Access Board, *Americans with Disabilities Act Accessibility Guidelines (ADAAG)*, September 2, 2002.
- VHA Center for Engineering, Occupational Safety, and Health, *Emergency Management Program Guidebook*, March 2011.
- US Department of Health and Human Services, Health Insurance Portability and Accountability Act, *The Privacy Rule*, August 14, 2002.
- VHA Center for Engineering, Occupational Safety, and Health, *Online National Fire Protection Association Codes, Standards, Handbooks, and Annotated Editions of Select Codes and Standards*, July 9, 2013.
- US Department of Labor, Occupational Safety and Health Administration, *Laws and Regulations*.
- US Department of Labor, Occupational Safety and Health Administration, *Guidelines for Preventing Workplace Violence*, 2004.
- The Joint Commission, *Joint Commission Comprehensive Accreditation and Certification Manual*, July 1, 2013.
- VA Directive 324, *Test, Training, Exercise, and Evaluation Program*, April 5, 2012.
- VHA Directive 0059, *VA Chemicals Management and Pollution Prevention*, May 25, 2012.
- VHA Directive 2011-007, *Required Hand Hygiene Practices*, February 16, 2011.
- VHA Directive 2012-026, *Sexual Assaults & Other Defined Public Safety Incidents in VHA Facilities*, September 27, 2012.
- VHA Handbook 1006.1, *Planning and Activating Community-Based Outpatient Clinics*, May 19, 2004.
- VHA Handbook 1250.05, *Interior Design Operations and Signage*, July 1, 2011.
- VHA Handbook 1330.01, *Health Care Services for Women Veterans*, May 21, 2010.
- VHA Handbook 6500, *Risk Management Framework for VA Information System*, September 20, 2012.

<sup>2</sup> References used for the AUD review included:

- VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics*, September 11, 2008.
- VHA Handbook 1120.02, *Health Promotion Disease Prevention (HPDP) Program*, July 5, 2012.

<sup>3</sup> References used for the Medication Management review included:

- VHA Handbook 1108.05, *Outpatient Pharmacy Services*, May 30, 2006.
- VHA Handbook 1108.07, *Pharmacy General Requirements*, April 17, 2008.
- VHA Directive 2011-012, *Medication Reconciliation*, March 9, 2011.
- The Joint Commission Standards for Acute Care Hospitals, Medication Management (MM.05.01.01).
- VHA Directive 2012-011 *Primary Care Standards*, April 11, 2012.
- The Joint Commission Standards for Acute Care Hospitals, Medication Management (MM.06.01.01)

<sup>4</sup> References used for the DWHP review included:

- VHA Handbook 1330.01 *Health Care Services for Women Veterans*, May 21, 2010.
- VHA Handbook 1100.19, *Credentialing and Privileging*, November 14, 2008.

<sup>5</sup> Reference used for PACT Compass data graphs:

- Department of Veterans' Affairs, *Patient Aligned Care Teams Compass Data Definitions*, August 29, 2013.