Department of Veterans Affairs
Office of Inspector General

Office of Healthcare Inspections

Report No. 13-03416-56

Community Based Outpatient Clinic and Primary Care Clinic Reviews at VA Montana Health Care System Fort Harrison, Montana

February 5, 2014

Washington, DC 20420

To Report Suspected Wrongdoing in VA Programs and Operations
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Glossary

ADA	Americans with Disabilities Act
AED	automated external defibrillator
AUD	alcohol use disorder
CBOC	community based outpatient clinic
DWHP	designated women's health provider
EHR	electronic health record
EMC	Emergency Management Committee
EMP	Emergency Management Plan
EOC	environment of care
FY	fiscal year
IT	information technology
MH	mental health
MI	motivational interviewing
MM	medication management
NA	not applicable
NIAAA	National Institute on Alcohol Abuse and Alcoholism
NM	not met
OIG	Office of Inspector General
PACT	Patient Aligned Care Team
PCC	primary care clinic
PCP	primary care provider
PII	personally identifiable information
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 patient care activities to determine whether the community based outpatient clinics (CBOCs) and primary care clinic (PCC) provide safe, consistent, and high-quality health care for our veterans. We conducted site visits during the week of November 4, 2013, at the following CBOCs which are under the oversight of the VA Montana Health Care System and Veterans Integrated Service Network 19:

- Cut Bank CBOC, Cut Bank, MT
- Miles City CBOC, Miles City, MT

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

Environment of Care. Ensure that:

- Access to the clinic and the restroom are compliant with the Americans with Disability Act.
- Hazardous materials inventory reviews occur twice within a 12-month period at the Cut Bank and Miles City CBOCs.
- Signage identifying the location of fire extinguishers and exits is installed at the Cut Bank CBOC.
- Information Technology (IT) server closets at the Cut Bank and Miles City CBOCs are maintained according to IT safety and security standards.
- Computer screens are secured to eliminate viewing of personally identifiable information at the Miles City CBOC.
- An AED is available at the Miles City CBOC.
- Parent facility documents Emergency Management Preparedness-specific training completed for the clinical providers at the Cut Bank and Miles City CBOCs.
- Parent facility's Emergency Management Committee evaluates the Cut Bank and Miles City CBOCs' emergency preparedness activities, participation in annual disaster exercises, and staff training/education relating to emergency preparedness requirements.

Alcohol Use Disorder. Ensure that CBOC/PCC:

- Staff consistently document diagnostic assessments for patients with a positive alcohol screen.
- Staff provide education and counseling regarding the National Institute on Alcohol Abuse and Alcoholism limits for patients with positive alcohol screen.
- Staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.
- Registered Nurse Care Managers receive motivational interviewing training within 12 months of appointment to Patient Aligned Care Teams.

Medication Management. Ensure that CBOC/PCC staff:

- Document medication reconciliation that includes the newly prescribed fluroquinolone in the electronic health record.
- Provide medication counseling/education that includes fluoroquinolones.
- Document the evaluation of patient's level of understanding for medication education.

Comments

The VISN and Facility Directors agreed with the CBOC and PCC review findings and recommendations and provided acceptable improvement plans. (See Appendixes C and D, pages 17–18, for the full text of the Directors' comments.) We consider recommendation 6 closed. 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
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Objectives, Scope, and Methodology

Objectives

The CBOC and PCC reviews are an element of the OIG's efforts to ensure that our Nation's veterans receive high-quality VA health care services. As such, the 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 onsite inspections, reviewed clinical and administrative records, and discussed processes and validated findings with managers and employees. The review covered the following four activities:

- EOC
- AUD
- MM
- 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 inspections were only conducted at randomly selected CBOCs that had not been previously inspected.[a] Details of the targeted study populations for the AUD, MM, and DWHP Proficiency focused reviews are noted in Table 1.

[a] Includes 93 CBOCs in operation before March 31, 2013.

Table 1. CBOC and PCC Focused Reviews and Study Populations

Review Topic	Study Population
AUD	All CBOC and PCC patients screened within the study period of July 1, 2012, through June 30, 2013, and who had a positive AUDIT-C score[b] and all providers and RN Care Managers assigned to PACT prior to October 1, 2012.
MM	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.

[b] 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.[1]

We reviewed relevant documents and conducted physical inspections of the Cut Bank and Miles City CBOCs. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

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.	
X	The CBOC is ADA accessible.	The handicapped accessible restroom door hardware at the Cut Bank CBOC was difficult to grasp with one hand and required tight grasping, pinching, or twisting of the wrist to operate. The handicapped accessible door accessed via the ramp from the Cut Bank CBOC parking lot into the lobby was difficult to grasp with one hand and required tight grasping, pinching, or twisting of the wrist to operate.
	The furnishings are clean and in good repair.	
	The CBOC is clean.	
X	The CBOC maintains an inventory of hazardous materials and waste that it uses, stores, or generates.	The CBOC's inventory of hazardous materials at the Cut Bank and Miles City CBOCs was reviewed for accuracy annually rather than twice within the prior 12 months.
	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.	

NM	Areas Reviewed	Findings
	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.	
X	The CBOC has signs identifying the locations of fire extinguishers.	There were no signs identifying the location of one fire extinguisher at the Cut Bank CBOC.
X	Exit signs are visible from any direction.	There were no exit signs identifying one means of egress at the Cut Bank CBOC.
	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 laying around, 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.	
X	The IT network room/server closet is locked.	Access to the IT network room/server closet at the Cut Bank and Miles City CBOCs was not documented.
X	All computer screens are locked when not in use.	All computer screens at the Miles City CBOC were not 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).	

NM	Areas Reviewed	Findings
X	The CBOC has an AED.	The Miles City CBOC did not have an AED. We found a code cart which is not in compliance with local emergency policy.
	Safety inspections are performed on CBOC medical equipment in accordance with VA and Joint Commission standards.	
X	The parent facility includes the CBOC in required education, training, planning, and participation leading up to the annual disaster exercise.	The parent facility did not document EMP-specific training for Cut Bank and Miles City CBOCs' clinical providers.
X	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.	The parent facility's EMC did not evaluate the Cut Bank and Miles City CBOCs' emergency preparedness activities, participation in annual disaster exercise, and staff training/education relating to emergency preparedness requirements.

1. We recommended that the side entrance door is ADA accessible at the Cut Bank CBOC.

2. We recommended that the restroom is ADA accessible at the Cut Bank CBOC.

3. We recommended that processes are improved to ensure review of the hazardous materials inventory occurs twice within a 12-month period for the Cut Bank and Miles City CBOCs.

4. We recommended that signage is installed at the Cut Bank CBOC to clearly identify the location of fire extinguishers.

5. We recommended that signage is installed at the Cut Bank CBOC to clearly identify exits.

6. We recommended that the IT server closets at the Cut Bank and Miles City CBOCs are maintained according to IT safety and security standards.

7. We recommended that computer screens are secured to eliminate viewing of PII by unauthorized individuals at the Miles City CBOC.

8. We recommended that managers ensure that an AED is available at the Miles City CBOC.

9. We recommended that the parent facility document EMP-specific training completed for the Cut Bank and Miles City CBOCs' clinical providers.

10. We recommended that the parent facility's EMC evaluate the Cut Bank and Miles City CBOCs' emergency preparedness activities, participation in annual disaster exercises, 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.[2]

We reviewed relevant documents. We also reviewed 35 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 11 (31 percent) of 35 patients who had positive alcohol use screens.
X	Education and counseling about drinking levels and adverse consequences of heavy drinking are provided for patients with positive alcohol screens and drinking levels above NIAAA guidelines.	Staff did not provide education and counseling for 2 of 18 patients who had positive alcohol use screens and drinking levels above NIAAA guidelines.
X	Documentation reflects the offer of further treatment for patients diagnosed with alcohol dependence.	We did not find documentation of the offer of further treatment for 3 of 9 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 5 of 27 RN Care Managers did not receive MI training within 12 months of appointment to PACT.
	CBOC/PCC RN Care Managers have received National Center for Health Promotion and Disease Prevention approved health coaching training (most likely TEACH for Success) within 12 months of appointment to PACT.	
	The facility complied with any additional elements required by VHA or local policy.	

11. We recommended that CBOC/PCC staff consistently complete follow-up assessments for patients with a positive alcohol screen.

12. We recommended that CBOC/PCC staff provide education and counseling for patients with a positive alcohol screen and drinking levels above NIAAA limits.

13. We recommended that CBOC/PCC staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.

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

MM

The purpose of this review was to determine whether appropriate clinical oversight and education were provided to outpatients prescribed oral fluoroquinolone antibiotics.[3]

We reviewed relevant documents. We also reviewed 38 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 included the newly prescribed fluroquinolone in 25 (66 percent) of 38 patients' EHRs.
	Written information on the patient's prescribed medications was provided at the end of the outpatient encounter.	
X	Medication counseling/education for the fluoroquinolone was documented in the patients' EHRs.	We did not find documentation of medication counseling that included the fluoroquinolone in 33 (87 percent) of 38 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 3 of 5 patients.
	The facility complied with local policy.	

15. We recommended that CBOC/PCC staff document medication reconciliation that includes the newly prescribed fluoroquinolones in the EHR.

16. We recommended that CBOC/PCC staff provide and document medication counseling/education that includes the fluoroquinolone.

17. 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 PCC complied with selected DWHP proficiency requirements.[4]

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; NM denotes criterion "not met." The facility generally met requirements. We made no recommendations.

Table 5. DWHP Proficiency

NM	Areas Reviewed	Findings
	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.[c] The table below provides information relative to each of the CBOCs.

					Uniques[d]				Encounters[d]			
Location	**State**	**Station #**	**Locality[e]**	**CBOC Size[f]**	**MH[g]**	**PC[h]**	**Other[i]**	**All**	**MH[g]**	**PC[h]**	**Other[i]**	**All**
Billings	MT	436GH	Urban	Large	1,491	5,706	8,773	9,530	9,926	18,111	53,387	81,424
Missoula	MT	436GC	Urban	Large	1,066	5,342	4,812	6,514	6,396	16,340	22,603	45,339
Kalispell	MT	436GF	Rural	Mid-Size	1,149	4,270	3,275	4,926	7,019	13,774	12,308	33,101
Great Falls	MT	436GB	Urban	Mid-Size	833	3,696	2,716	4,269	4,892	10,993	6,670	22,555
Bozeman	MT	436GD	Rural	Mid-Size	474	2,056	1,876	3,027	1,844	5,135	4,290	11,269
Miles City	MT	436GJ	Highly Rural	Mid-Size	339	1,114	1,060	1,767	999	3,080	4,903	8,982
Anaconda	MT	436GA	Rural	Small	395	1,066	771	1,461	1,559	2,994	3,494	8,047
Glendive	MT	436GK	Highly Rural	Small	307	507	370	809	747	1,495	700	2,942
Lewistown	MT	436GM	Highly Rural	Small	50	538	386	578	111	2,232	1,173	3,516
Cut Bank	MT	436GL	Highly Rural	Small	46	447	294	469	141	1,650	763	2,554
Glasgow	MT	436GI	Highly Rural	Small	35	415	246	457	111	1,390	432	1,933

[c] Includes all CBOCs in operation before March 31, 2013.
[d] 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.
[e] http://vaww.pssg.med.va.gov/PSSG/DVDC/FY2013_Q1_VAST.xlsx
[f] 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).
[g] Mental Health includes stop codes in the 500 series, excluding 531 and 563, in the primary position.
[h] 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.
[i] 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.[j]

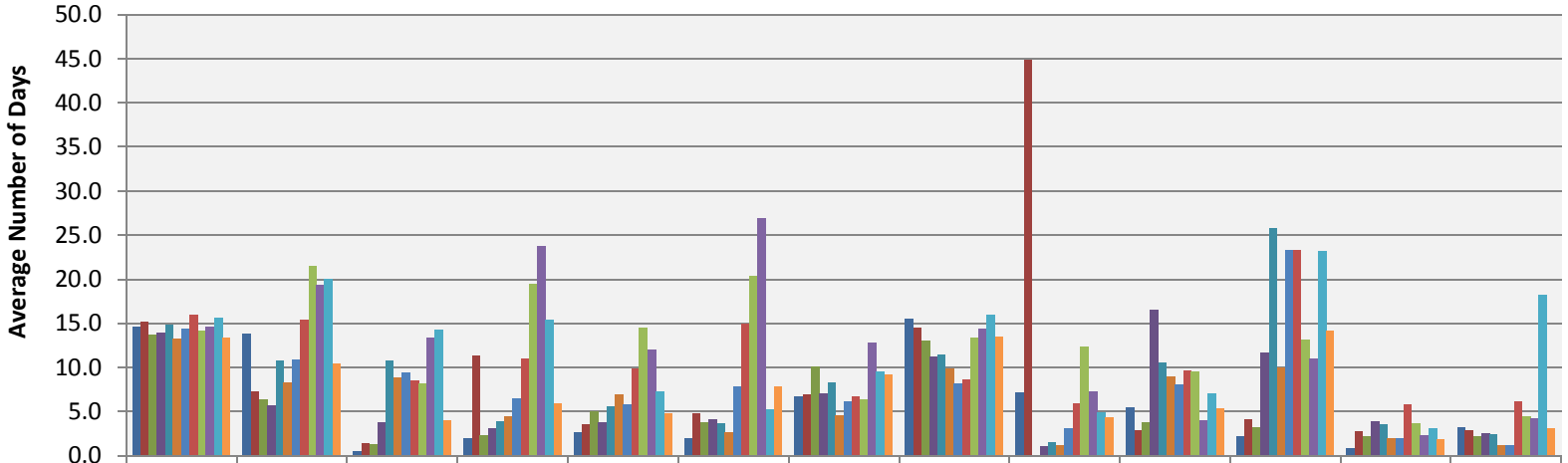
CBOC	Specialty Care Services[k]	Ancillary Services[l]	Tele-Health Services[m]
Billings	Orthopedics Cardiology Neurology Gastroenterology Urology Medicine Specialties	Laboratory Radiology Electrocardiography Computer Tomography MOVE! Program[n] Sleep Medicine Nutrition Diabetic Retinal Screening Pharmacy Pulmonary Function Test Echocardiography	Tele Primary Care
Missoula	Orthopedics Ophthalmology	Rehabilitation MOVE! Program Pharmacy Electrocardiography Diabetic Retinal Screening Sleep Medicine Diabetes Care	Tele Primary Care
Kalispell	Orthopedics Ear, Nose and Throat	MOVE! Program Electrocardiography Diabetic Retinal Screening Sleep Medicine	Tele Primary Care
Great Falls	---	MOVE! Program Electrocardiography Diabetic Retinal Screening Sleep Medicine Pulmonary Function Test	Tele Primary Care
Bozeman	Ophthalmology	MOVE! Program Electrocardiography Diabetic Retinal Screening	Tele Primary Care
Miles City	---	Rehabilitation MOVE! Program Electrocardiography Pharmacy Teleretinal	Tele Primary Care
Anaconda	---	MOVE! Program Electrocardiography Diabetic Retinal Screening Health Screening	Tele Primary Care

[j] Source: MedSAS outpatient files; the denoted Specialty Care and Ancillary Services are limited to Primary Clinic Stops with a count ≥ 100 encounters during the July 1, 2012, through June 30, 2013, timeframe at the specified CBOC.
[k] Specialty Care Services refer to non-Primary Care and non-MH services provided by a physician.
[l] Ancillary Services refer to non-Primary Care and non-MH services that are not provided by a physician.
[m] Tele-Health Services refer to services provided under the VA Telehealth program (http://www.telehealth.va.gov/)
[n] VHA Handbook 1120.01, *MOVE! Weight Management Program for Veterans*, March 31, 2011.

Glendive Montana	---	MOVE! Program Electrocardiography Health Screening Teleretinal	Tele Primary Care
Lewistown	---	MOVE! Program Electrocardiography Health Screening Teleretinal	Tele Primary Care
Cut Bank	---	MOVE! Program Electrocardiography Health Screening Teleretinal	Tele Primary Care
Glasgow	---	MOVE! Program Electrocardiography Health Screening Teleretinal	Tele Primary Care

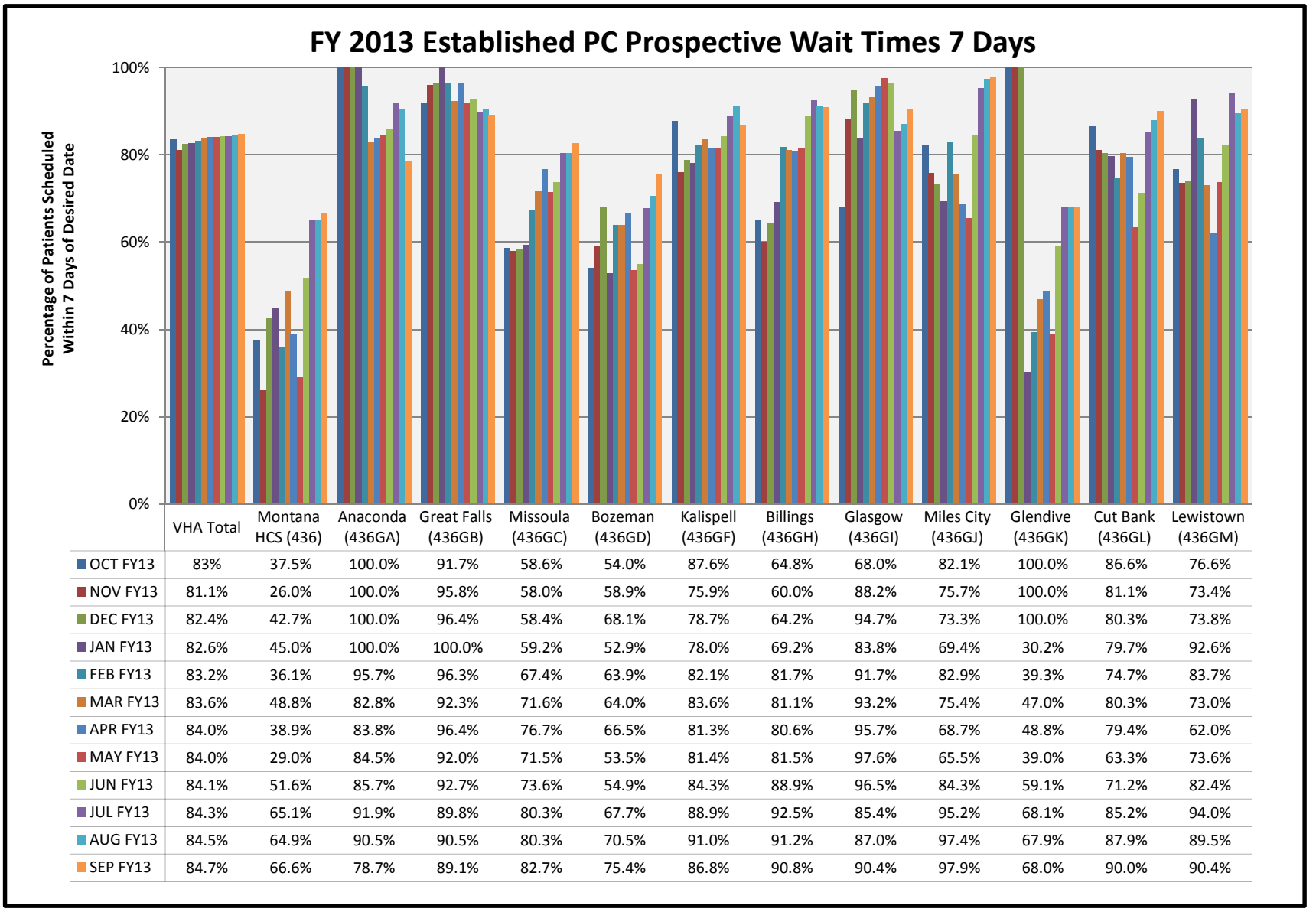
PACT Compass Metrics

FY 2013 Average 3rd Next Available in PC Clinics



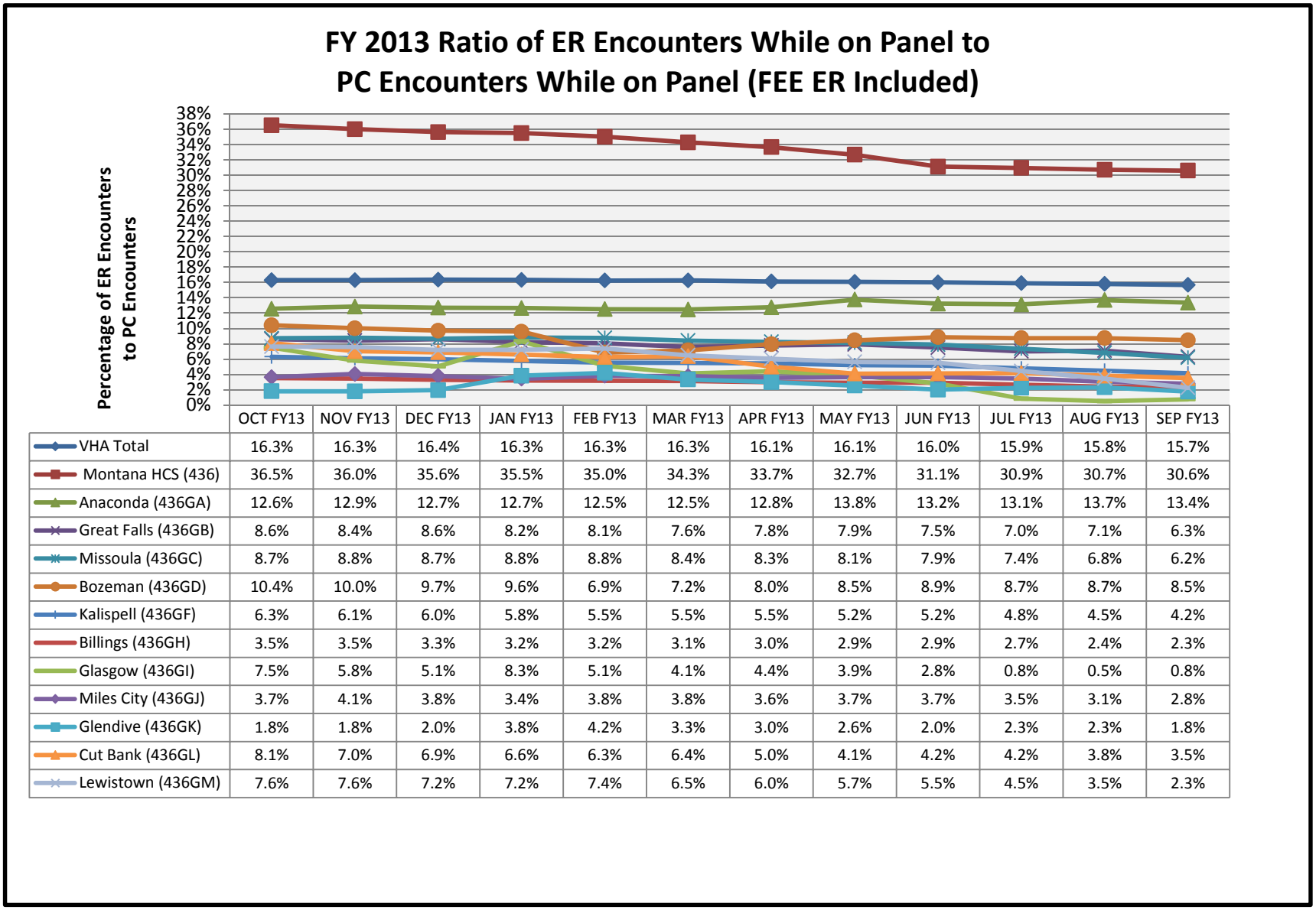
	VHA Total	Montana HCS (436)	Anaconda (436GA)	Great Falls (436GB)	Missoula (436GC)	Bozeman (436GD)	Kalispell (436GF)	Billings (436GH)	Glasgow (436GI)	Miles City (436GJ)	Glendive (436GK)	Cut Bank (436GL)	Lewistown (436GM)
OCT FY13	14.6	13.8	0.5	2.0	2.6	2.0	6.8	15.5	7.2	5.5	2.2	0.9	3.2
NOV FY13	15.2	7.3	1.4	11.4	3.6	4.8	7.0	14.5	44.9	2.9	4.1	2.8	2.8
DEC FY13	13.8	6.4	1.3	2.3	5.0	3.8	10.1	13.1	0.0	3.8	3.2	2.3	2.2
JAN FY13	14.0	5.8	3.8	3.1	3.8	4.1	7.1	11.2	1.1	16.5	11.6	3.9	2.6
FEB FY13	14.8	10.8	10.8	3.9	5.6	3.7	8.3	11.5	1.6	10.6	25.8	3.6	2.5
MAR FY13	13.3	8.3	8.8	4.5	7.0	2.7	4.6	10.0	1.2	9.0	10.0	2.0	1.2
APR FY13	14.4	11.0	9.4	6.5	5.8	7.8	6.1	8.2	3.1	8.1	23.3	2.0	1.2
MAY FY13	16.0	15.4	8.5	11.0	9.8	15.0	6.8	8.6	5.9	9.6	23.3	5.8	6.1
JUN FY13	14.2	21.5	8.2	19.5	14.6	20.4	6.4	13.4	12.3	9.5	13.1	3.7	4.4
JUL FY13	14.6	19.4	13.4	23.7	12.1	26.9	12.8	14.4	7.3	4.0	11.0	2.3	4.3
AUG FY13	15.7	20.0	14.3	15.4	7.3	5.2	9.5	15.9	5.0	7.1	23.2	3.1	18.2
SEP FY13	13.4	10.5	4.1	5.9	4.8	7.9	9.2	13.5	4.3	5.4	14.1	1.9	3.1

Data Definition.[5] The average waiting time in days until the next third open appointment slot for completed primary care appointments in stop code 350. 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.



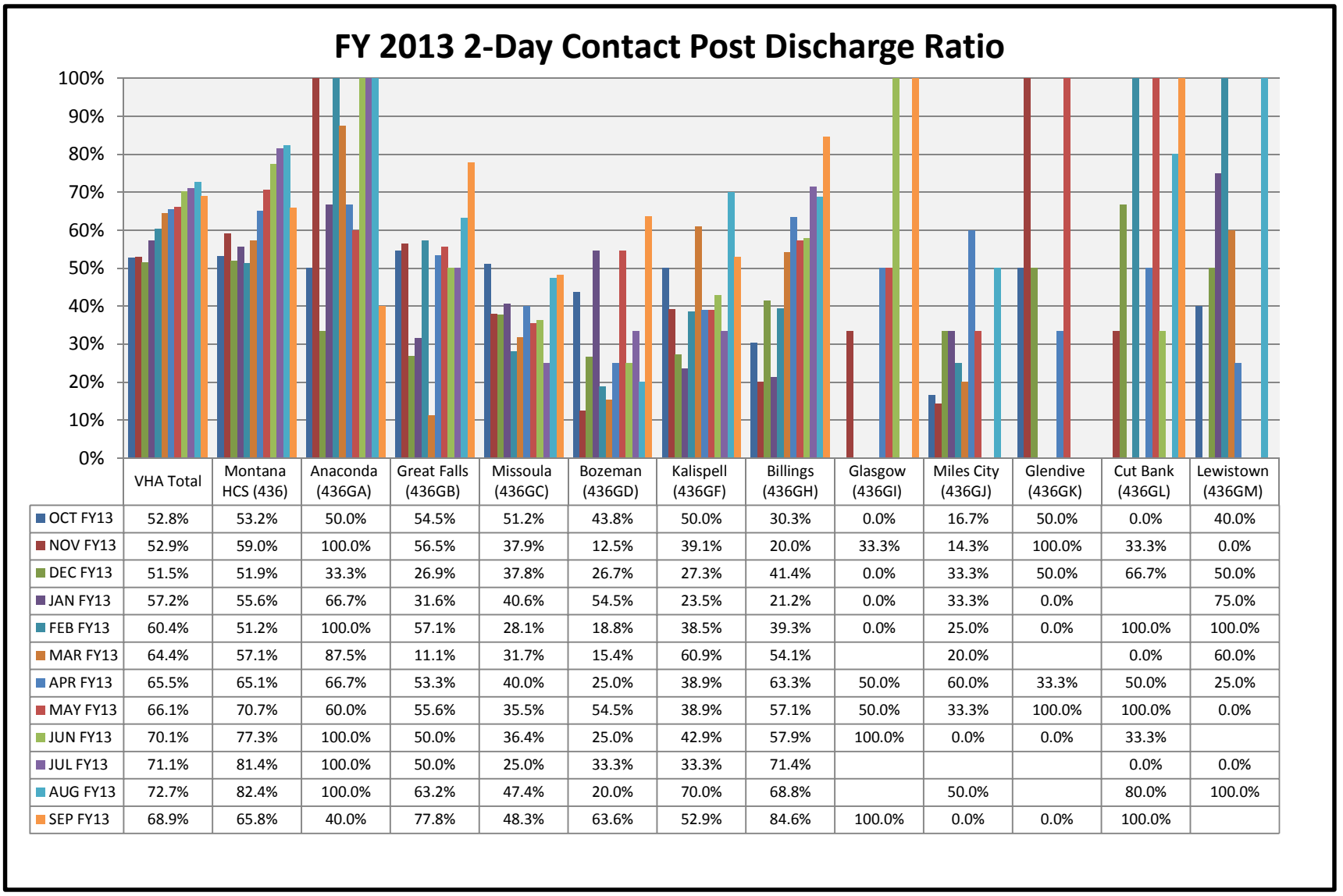
	VHA Total	Montana HCS (436)	Anaconda (436GA)	Great Falls (436GB)	Missoula (436GC)	Bozeman (436GD)	Kalispell (436GF)	Billings (436GH)	Glasgow (436GI)	Miles City (436GJ)	Glendive (436GK)	Cut Bank (436GL)	Lewistown (436GM)
OCT FY13	83%	37.5%	100.0%	91.7%	58.6%	54.0%	87.6%	64.8%	68.0%	82.1%	100.0%	86.6%	76.6%
NOV FY13	81.1%	26.0%	100.0%	95.8%	58.0%	58.9%	75.9%	60.0%	88.2%	75.7%	100.0%	81.1%	73.4%
DEC FY13	82.4%	42.7%	100.0%	96.4%	58.4%	68.1%	78.7%	64.2%	94.7%	73.3%	100.0%	80.3%	73.8%
JAN FY13	82.6%	45.0%	100.0%	100.0%	59.2%	52.9%	78.0%	69.2%	83.8%	69.4%	30.2%	79.7%	92.6%
FEB FY13	83.2%	36.1%	95.7%	96.3%	67.4%	63.9%	82.1%	81.7%	91.7%	82.9%	39.3%	74.7%	83.7%
MAR FY13	83.6%	48.8%	82.8%	92.3%	71.6%	64.0%	83.6%	81.1%	93.2%	75.4%	47.0%	80.3%	73.0%
APR FY13	84.0%	38.9%	83.8%	96.4%	76.7%	66.5%	81.3%	80.6%	95.7%	68.7%	48.8%	79.4%	62.0%
MAY FY13	84.0%	29.0%	84.5%	92.0%	71.5%	53.5%	81.4%	81.5%	97.6%	65.5%	39.0%	63.3%	73.6%
JUN FY13	84.1%	51.6%	85.7%	92.7%	73.6%	54.9%	84.3%	88.9%	96.5%	84.3%	59.1%	71.2%	82.4%
JUL FY13	84.3%	65.1%	91.9%	89.8%	80.3%	67.7%	88.9%	92.5%	85.4%	95.2%	68.1%	85.2%	94.0%
AUG FY13	84.5%	64.9%	90.5%	90.5%	80.3%	70.5%	91.0%	91.2%	87.0%	97.4%	67.9%	87.9%	89.5%
SEP FY13	84.7%	66.6%	78.7%	89.1%	82.7%	75.4%	86.8%	90.8%	90.4%	97.9%	68.0%	90.0%	90.4%

Data Definition.[5] 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 primary care clinics 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 FY to date score for this measure.



	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%
Montana HCS (436)	36.5%	36.0%	35.6%	35.5%	35.0%	34.3%	33.7%	32.7%	31.1%	30.9%	30.7%	30.6%
Anaconda (436GA)	12.6%	12.9%	12.7%	12.7%	12.5%	12.5%	12.8%	13.8%	13.2%	13.1%	13.7%	13.4%
Great Falls (436GB)	8.6%	8.4%	8.6%	8.2%	8.1%	7.6%	7.8%	7.9%	7.5%	7.0%	7.1%	6.3%
Missoula (436GC)	8.7%	8.8%	8.7%	8.8%	8.8%	8.4%	8.3%	8.1%	7.9%	7.4%	6.8%	6.2%
Bozeman (436GD)	10.4%	10.0%	9.7%	9.6%	6.9%	7.2%	8.0%	8.5%	8.9%	8.7%	8.7%	8.5%
Kalispell (436GF)	6.3%	6.1%	6.0%	5.8%	5.5%	5.5%	5.5%	5.2%	5.2%	4.8%	4.5%	4.2%
Billings (436GH)	3.5%	3.5%	3.3%	3.2%	3.2%	3.1%	3.0%	2.9%	2.9%	2.7%	2.4%	2.3%
Glasgow (436GI)	7.5%	5.8%	5.1%	8.3%	5.1%	4.1%	4.4%	3.9%	2.8%	0.8%	0.5%	0.8%
Miles City (436GJ)	3.7%	4.1%	3.8%	3.4%	3.8%	3.8%	3.6%	3.7%	3.7%	3.5%	3.1%	2.8%
Glendive (436GK)	1.8%	1.8%	2.0%	3.8%	4.2%	3.3%	3.0%	2.6%	2.0%	2.3%	2.3%	1.8%
Cut Bank (436GL)	8.1%	7.0%	6.9%	6.6%	6.3%	6.4%	5.0%	4.1%	4.2%	4.2%	3.8%	3.5%
Lewistown (436GM)	7.6%	7.6%	7.2%	7.2%	7.4%	6.5%	6.0%	5.7%	5.5%	4.5%	3.5%	2.3%

Data Definition.[5] 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.



	VHA Total	Montana HCS (436)	Anaconda (436GA)	Great Falls (436GB)	Missoula (436GC)	Bozeman (436GD)	Kalispell (436GF)	Billings (436GH)	Glasgow (436GI)	Miles City (436GJ)	Glendive (436GK)	Cut Bank (436GL)	Lewistown (436GM)
OCT FY13	52.8%	53.2%	50.0%	54.5%	51.2%	43.8%	50.0%	30.3%	0.0%	16.7%	50.0%	0.0%	40.0%
NOV FY13	52.9%	59.0%	100.0%	56.5%	37.9%	12.5%	39.1%	20.0%	33.3%	14.3%	100.0%	33.3%	0.0%
DEC FY13	51.5%	51.9%	33.3%	26.9%	37.8%	26.7%	27.3%	41.4%	0.0%	33.3%	50.0%	66.7%	50.0%
JAN FY13	57.2%	55.6%	66.7%	31.6%	40.6%	54.5%	23.5%	21.2%	0.0%	33.3%	0.0%		75.0%
FEB FY13	60.4%	51.2%	100.0%	57.1%	28.1%	18.8%	38.5%	39.3%	0.0%	25.0%	0.0%	100.0%	100.0%
MAR FY13	64.4%	57.1%	87.5%	11.1%	31.7%	15.4%	60.9%	54.1%		20.0%		0.0%	60.0%
APR FY13	65.5%	65.1%	66.7%	53.3%	40.0%	25.0%	38.9%	63.3%	50.0%	60.0%	33.3%	50.0%	25.0%
MAY FY13	66.1%	70.7%	60.0%	55.6%	35.5%	54.5%	38.9%	57.1%	50.0%	33.3%	100.0%	100.0%	0.0%
JUN FY13	70.1%	77.3%	100.0%	50.0%	36.4%	25.0%	42.9%	57.9%	100.0%	0.0%	0.0%	33.3%	
JUL FY13	71.1%	81.4%	100.0%	50.0%	25.0%	33.3%	33.3%	71.4%				0.0%	0.0%
AUG FY13	72.7%	82.4%	100.0%	63.2%	47.4%	20.0%	70.0%	68.8%		50.0%		80.0%	100.0%
SEP FY13	68.9%	65.8%	40.0%	77.8%	48.3%	63.6%	52.9%	84.6%	100.0%	0.0%	0.0%	100.0%	

Data Definition.[5] 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: January 13, 2014

From: Director, VISN 19 (10N19)

Subject: **CBOC and PCC Reviews of the VA Montana Health Care System, Fort Harrison, MT**

To: Director, Seattle Office of Healthcare Inspections (54SE)

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

I have reviewed and concurred on the response from VA Montana Health Care System. If you have any further questions, please contact Ms. Susan Curtis, VISN 19 HSS at (303) 639-6995.

Ralph T. Gigliotti, FACHE

Facility Director Comments

Department of Veterans Affairs **Memorandum**

Date: January 13, 2014

From: Director, VA Montana Health Care System (436/00)

Subject: **CBOC and PCC Reviews of the VA Montana Health Care System, Fort Harrison, MT**

To: Director, Rocky Mountain Health Care Network (VISN19)

1. The VA Montana Health Care System 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 Vicki Thennis Chief Quality Management Officer at 406-447-7863 or vicki.thennis@va.gov.

(original signed by:)

Christine Gregory, FACHE

Director, VA Montana Health Care System (436/00)

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 the side entrance door is ADA accessible at the Cut Bank CBOC.

Concur

Target date for completion: 4/1/2014

Facility response: VA Montana Health Care System (VAMTHCS) will ensure ADA compliant automatic door opener is properly functioning. We will also ensure door hardware is ADA compliant.

Recommendation 2. We recommended that the restroom is ADA accessible at the Cut Bank CBOC.

Concur

Target date for completion: 4/1/2014

Facility response: VAMTHCS will ensure door hardware is ADA compliant.

Recommendation 3. We recommended that processes are improved to ensure review of the hazardous materials inventory occurs twice within a 12-month period for the Cut Bank and Miles City CBOCs.

Concur

Target date for completion: 9/30/2014

Facility response: VAMTHCS will develop and implement a program ensuring a review of the hazardous materials inventory occurs twice within a 12 month period.

Recommendation 4. We recommended that signage is installed at the Cut Bank CBOC to clearly identify the location of fire extinguishers.

Concur

Target date for completion: 4/1/2014

Facility response: The fire extinguisher in question will be moved to the lobby and a sign will be posted indicating fire extinguisher.

Recommendation 5. We recommended that signage is installed at the Cut Bank CBOC to clearly identify exits.

Concur

Target date for completion: 6/1/2014

Facility response: VAMTHCS will install "Not an Exit" sign on the door that leads to the outside of the clinic through the back. Staff at the Cut Bank CBOC will be educated and trained that this door is not an exit and in case of emergency patients and staff are to exit from the building through the front exit door.

Recommendation 6. We recommended that the IT server closets at the Cut Bank and Miles City CBOCs are maintained according to IT safety and security standards.

Concur

Target date for completion: Completed

Facility response: Access logs have been placed in the IT closets at the Cut Bank and Miles City CBOCs. Local staff have been given instruction related to VA Handbook 6500, Appendix D in regards to the requirement for visitors to log in when visiting the IT spaces.

Recommendation 7. We recommended that computer screens are secured to eliminate viewing of PII by unauthorized individuals at the Miles City CBOC.

Concur

Target date for completion: 9/30/2014

Facility response: The Privacy Officer participated in EOC rounds to the Cut Bank CBOC on November 13, 2013 and the Miles City CBOC on December 12, 2013. Staff at both CBOCs were provided instruction on the need for keeping computer screens secured to eliminate viewing of PII by unauthorized individuals. Monitoring of this activity will occur during the monthly CBOC inspections by CBOC leaders for the next 4 months and during scheduled team EOC rounds by the Privacy Officer (or designees) during the remainder of FY 2014.

Recommendation 8. We recommended that managers ensure that an AED is available at the Miles City CBOC.

Concur

Target date for completion: 6/1/2014

Facility response: An order for an AED has been placed and it will be put into service in the Miles City CBOC upon arrival. The Nurse Manager has been designated the point of contact for ensuring placement, training and monitoring of this device.

Recommendation 9. We recommended that the parent facility document EMP-specific training completed for the Cut Bank and Miles City CBOCs' clinical providers.

Concur

Target date for completion: 6/1/2014

Facility response: The Emergency Preparedness Coordinator will ensure clinical providers at VAMTHCS CBOCs complete the required Emergency Management training module(s) and will include documentation of that training in the Emergency Management Committee minutes at least annually.

Recommendation 10. We recommended that the parent facility's EMC evaluate the Cut Bank and Miles City CBOCs' emergency preparedness activities, participation in annual disaster exercises, and staff training/education relating to emergency preparedness requirements.

Concur

Target date for completion: 6/1/2014

Facility response: The Emergency Preparedness Coordinator will ensure disaster exercise plans, scenarios, and critiques are included in the regular Emergency Management Committee minutes. Committee members will be asked to review and approve of these elements and to help ensure staff training and education, in order to fully comply with this recommendation.

Recommendation 11. We recommended that CBOC/PCC staff consistently complete follow-up assessments for patients with a positive alcohol screen.

Concur

Target date for completion: 7/1/2014

Facility response: The National Clinical reminder for alcohol use was reviewed and is in place in the electronic medical record for use. The Associate Chief of Staff Ambulatory Care will provide instruction to all CBOC providers to consistently complete follow-up assessments for patients with a positive alcohol screen utilizing the entire national clinical reminder for follow-up to a positive AUDIT C screen. The nurse managers for Ambulatory Care will conduct an audit of patient records with a positive AUDIT C screen for 90 days to monitor compliance.

Recommendation 12. We recommended that CBOC/PCC staff provide education and counseling for patients with positive alcohol screen and drinking levels above NIAAA limits.

Concur

Target date for completion: 7/1/2014

Facility response: The facility CAC will modify the dialog in the National Clinical reminder to prompt the clinical staff to provide education and counseling for patient with positive alcohol screens and drinking levels above NIAAA limits. A template is being developed to assist in documentation of the education provided to the patient. The Associate Chief of Staff for Ambulatory Care will provide instruction to all CBOC providers to convey the education and counseling as appropriate for patients with positive alcohol screens and to document the counseling utilizing the template. The nurse managers for Ambulatory Care will conduct an audit of patient records with a positive AUDIT C screen for 90 days to monitor compliance.

Recommendation 13. We recommended that CBOC/PCC staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.

Concur

Target date for completion: 7/1/2014

Facility response: The facility CAC will modify the dialog in the National Clinical reminder to prompt the clinical staff to offer a referral for further treatment to patients diagnosed with alcohol dependence. A template is being developed to assist in documentation of the referral offer and education provided to the patient. The Associate Chief of Staff for Ambulatory Care will provide instruction to all CBOC providers to offer a referral for further treatment and counseling as appropriate for patients diagnosed with alcohol dependence and to document utilizing the template. The nurse managers for Ambulatory Care will conduct an audit of patient records with a positive AUDIT C screen for 90 days to monitor compliance.

Recommendation 14. We recommended that CBOC/PCC RN Care Managers receive MI training within 12 months of appointment to PACT.

Concur

Target date for completion: 4/1/2014

Facility response: As of date there have been multiple training opportunities offered and the Education Service has worked with managers to make sure targeted staff attend the trainings. Those that were on the list of not receiving MI training have already completed or are on a schedule to complete the training. Going forward, the Education Service will work with Ambulatory Care managers quarterly to identify staff needing the mandatory training and schedule it appropriately.

Recommendation 15. We recommended that CBOC/PCC staff document medication reconciliation that includes the newly prescribed fluoroquinolones in the EHR.

Concur

Target date for completion: 7/1/2014

Facility response: The Pharmacy Service Chief will place fluoroquinolones in a special ordering category that gives prompts for additional requirements, such as medication reconciliation, when ordering these medications. The Associate Chief of Staff for Ambulatory Care will provide instruction to all CBOC providers to complete medication reconciliation when ordering Fluoroquinolones and document it using the Med Rec Outpatient note. The Quality Department will audit a sampling of EHRs for 90 days to monitor compliance and will report the results to the P&T committee.

Recommendation 16. We recommended that CBOC/PCC staff provide and document medication counseling/education that includes the fluoroquinolone.

Concur

Target date for completion: 7/1/2014

Facility response: The Associate Chief of Staff for Ambulatory Care will instruct providers to include patient education specific to Fluoroquinolones when ordering the medication and to document that education in the EHR. The medication reconciliation template will include the education provided to the patient regarding Fluorquinolone use. The Quality Department will audit a sampling of EHRs for 90 days to monitor compliance and will report the results to the P&T committee.

Recommendation 17. We recommended that CBOC/PCC staff document the evaluation of patient's level of understanding for the medication education.

Concur

Target date for completion: 7/1/2014

Facility response: The Associate Chief of Staff for Ambulatory Care will instruct providers to include patient education specific to Fluoroquinolones when ordering the medication and to document that education including the patient's response to the education in the EHR. The medication reconciliation template will include the education provided and the patient's response to the education regarding Fluoroquinolone use. The Quality Department will audit a sampling of EHRs for 90 days to monitor compliance and will report the results to the P&T committee.

OIG Contact and Staff Acknowledgments

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This report is available at www.va.gov/oig.

Endnotes

[1] References used for the EOC review included:
- US Access Board, *Americans with Disabilities Act Accessibility Guidelines (ADAAG)*, September 2, 2002.
- US Department of Health and Human Services, Health Insurance Portability and Accountability Act, *The Privacy Rule*, August 14, 2002.
- 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.
- Joint Commission, *Joint Commission Comprehensive Accreditation and Certification Manua*l, July 1, 2013.
- VA Directive 0324, *Test, Training, Exercise, and Evaluation Program,* April 5, 2012.
- VA Directive 0059, *VA Chemicals Management and Pollution Prevention,* May 25, 2012.
- VA Handbook 6500, *Risk Management Framework for VA Information System,* September 20, 2012.
- VHA Center for Engineering, Occupational Safety, and Health, *Emergency Management Program Guidebook,* March 2011.
- 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.
- VHA Deputy Under Secretary for Health for Operations and Management, Memorandum: *Environmental Rounds*, March 5, 2007.
- 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 1330.01, *Health Care Services for Women Veterans,* May 21, 2010.
- VHA Handbook 1850.05, *Interior Design Operations and Signage,* July 1, 2011.

[2] References used for the AUD review included:
- National Center for Health Promotion and Disease Prevention (NCP) and Office of Veteran Health Education and Information (NVEI), *Patient Education: TEACH for Success*, 2010. Retrieved from http://www.prevention.va.gov/HealthPOWER_Prevention_News_Summer_2010_VHEI.asp on January 17, 2014.
- VHA Handbook 1120.02, *Health Promotion Disease Prevention (HPDP) Program*, July 5, 2012.
- VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics,* September 11, 2008.

[3] References used for the Medication Management review included:
- VHA Directive 2011-012, *Medication Reconciliation,* March 9, 2011.
- VHA Directive 2012-011, *Primary Care Standards*, April 11, 2012.
- VHA Handbook 1108.05, *Outpatient Pharmacy Services*, May 30, 2006.
- VHA Handbook 1108.07, *Pharmacy General Requirements*, April 17, 2008.
- Joint Commission, *Joint Commission Comprehensive Accreditation and Certification Manua*l, July 1, 2013.

[4] References used for the DWHP review included:
- VHA Deputy Under Secretary for Health for Operations and Management, Memorandum: *Health Care Services for Women Veterans*, Veterans Health Administration (VHA) Handbook 1330.01; Women's Health (WH) Primary Care Provider (PCP) Proficiency, July 8, 2013.
- VHA Handbook 1330.01 *Health Care Services for Women Veterans*, May 21, 2010.
- VHA Handbook 1100.19, *Credentialing and Privileging*, November 14, 2008.

[5] Reference used for PACT Compass data graphs:
- Department of Veterans' Affairs, *Patient Aligned Care Teams Compass Data Definitions*, August 29, 2013.