Department of Veterans Affairs
Office of Inspector General

Office of Healthcare Inspections

Report No. 14-00224-83

Community Based Outpatient Clinic and Primary Care Clinic Reviews at Orlando VA Medical Center Orlando, Florida

February 27, 2014

Washington, DC 20420

Glossary

AUD	alcohol use disorder
CBOC	community based outpatient clinic
DWHP	designated women's health provider
EHR	electronic health record
EOC	environment of care
MH	mental health
MI	motivational interviewing
MM	medication management
NM	not met
OIG	Office of Inspector General
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 patient care activities to determine whether the community based outpatient clinics (CBOCs) and primary care clinics (PCCs) provide safe, consistent, and high-quality health care for our veterans. We conducted site visits during the week of January 13, 2014, at the Kissimmee, FL and Orange City, FL, CBOCs, which are under the oversight of the Orlando VA Medical Center and Veterans Integrated Service Network 8.

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

Environment of Care (EOC). Ensure that:

- Panic alarms at the Kissimmee and Orange City CBOCs are tested, testing documentation is maintained in the CBOCs, and results are reported to the EOC Committee.

- Fire drills are conducted at the Kissimmee CBOC as required.

- Deficiencies identified on EOC rounds at the Kissimmee and Orange City CBOCs are reported to the EOC Committee and actions taken are tracked to completion.

Alcohol Use Disorder. Ensure that CBOC/PCC Nurse Care Managers complete motivational interviewing and health coaching training within 12 months of appointment to Patient Aligned Care Teams.

Comments

The VISN and Facility Directors agreed with the CBOC and PCC review findings and recommendations and provided acceptable improvement plans. (See Appendixes C-D, pages 16–20, 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

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 was 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.

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

Table 1. CBOC/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.

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[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 pertinent to all CBOCs, and conducted physical inspections of the Kissimmee and Orange 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.	
	The CBOC is accessible in accordance with the Americans with Disabilities Act.	
	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.	
X	An alarm system and/or panic buttons are installed in high-risk areas (e.g., MH clinic) and appropriately tested and maintained.	Panic alarms at both CBOCs were not consistently tested. When testing did occur, results were not reported to the EOC Committee.
	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.	
X	The CBOC conducts fire drills at least every 12 months.	The Kissimmee CBOC did not conduct 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.	

NM	Areas Reviewed (cont.)	Findings
	The CBOC has signs identifying the locations of fire extinguishers.	
	Exit signs are visible from any direction.	
	No expired medications were noted during the onsite visit.	
	All medications are secured from unauthorized access.	
	Personally identifiable information 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.	
X	EOC rounds are conducted semi-annually (at least twice in a 12-month period) and reported to the EOC Committee.	EOC rounds were conducted at both CBOCs; however, deficiencies identified were not reported to the EOC Committee.
	The CBOC has an automated external defibrillator.	
	Safety inspections are performed on the CBOC medical equipment in accordance with Joint Commission standards.	
	The parent facility includes the CBOC in required education, training, planning, and participation leading up to the annual disaster exercise.	

NM	Areas Reviewed (cont.)	Findings
	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.	

Recommendations

1. We recommended that panic alarms are tested as required and testing is documented at the Kissimmee and Orange City CBOCs.

2. We recommended that panic alarm testing results are reported to the EOC Committee, and repairs or corrections of alarm failures are tracked to completion by the EOC Committee.

3. We recommended that fire drills are performed every 12 months at the Kissimmee CBOC.

4. We recommended that all deficiencies identified on EOC rounds at the Kissimmee and Orange City CBOCs are reported to the EOC Committee, and actions taken are tracked to completion.

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 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.	
	Diagnostic assessments are completed for patients with a positive alcohol screen.	
	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 for 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.	9 of 10 RN Care Managers did not receive MI training within 12 months of appointment to PACT.
X	CBOC/PCC RN Care Managers have received VHA National Center for Health Promotion and Disease Prevention-approved health coaching training (most likely TEACH for Success) within 12 months of appointment to PACT.	8 of 10 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

5. We recommended that CBOC/PCC RN Care Managers complete MI and health coaching 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 40 EHRs and validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The facility generally met requirements. We made no recommendations.

Table 4. Fluoroquinolones

NM	Areas Reviewed	Findings
	Clinicians documented the medication reconciliation process that included the fluoroquinolone.	
	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.	
	Clinicians documented the evaluation of each patient's level of understanding for the education provided.	
	The facility complied with local policy.	

DWHP Proficiency

The purpose of this review was to determine whether the facility's CBOCs and PCCs 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. 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 Module.	

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.

Location	State	Station #	Locality[e]	CBOC Size[f]	Uniques[d]				Encounters[b]			
					MH[g]	PC[h]	Other[i]	All	MH[g]	PC[h]	Other[i]	All
Viera	FL	675GA	Urban	Very Large	6,406	19,814	23,964	24,988	42,715	66,145	243,435	352,295
Daytona Beach	FL	675GB	Urban	Very Large	3,848	16,344	18,827	19,393	31,732	42,564	131,564	205,860
Leesburg (Lake County)	FL	675GE	Urban	Mid-Size	600	4,157	3,629	4,763	3,041	8,799	12,896	24,736
Kissimmee	FL	675GC	Urban	Mid-Size	1,288	4,106	2,493	4,463	5,378	14,188	8,303	27,869
Orange City	FL	675GD	Rural	Mid-Size	1,032	3,822	2,439	4,102	4,225	11,004	8,483	23,712
Clermont	FL	675GF	Urban	Mid-Size	611	2,490	2,269	3,254	2,076	6,111	5,742	13,929

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[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]
Viera	Dental Optometry Orthopedics Podiatry Surgery Gastroenterology Cardiology Urology Pain Clinic Ophthalmology General Surgery Ear, Nose and Throat Neurology Immunology Pulmonary Infectious Disease Medicine Specialties Geriatrics	Laboratory Radiology Audiology Pharmacy Rehabilitation Computer Tomography Prosthetics/Orthotics MOVE! Program[n] Sleep Medicine Nutrition Pulmonary Function Test Mammography Nuclear Medicine Diabetic Retinal Screening Diabetes Care Surgery Respiratory Therapy Social Work Spinal Cord Injury VIST[o] Electrocardiography Enterostomal Wound/Skin Care	Tele Primary Care
Daytona Beach	Optometry Podiatry Dental Orthopedics Rheumatology Urology Infectious Disease Endocrinology Cardiology Pain Clinic	Laboratory Radiology Pharmacy Audiology Rehabilitation MOVE! Program Diabetes Care Computer Tomography Social Work Diabetic Retinal Screening Electrocardiography Enterostomal Wound/Skin Care Magnetic Resonance Imaging Prosthetics/Orthotics Sleep Medicine	Tele Primary Care

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[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-Mental Health services provided by a physician.

[l] Ancillary Services refer to non-Primary Care and non-Mental Health 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.

[o] The Visual Impairment Services Team (VIST) is a group of case managers that coordinate services for severely disabled and visually impaired Veterans and active duty service members.

|		Respiratory Therapy Nutrition Pulmonary Function Test VIST	
Leesburg (Lake County)	Dermatology	Pharmacy Social Work Diabetic Retinal Screening Diabetes Care MOVE! Program	Tele Primary Care
Kissimmee	---	Pharmacy Diabetes Care Diabetic Retinal Screening	Tele Primary Care
Orange City	---	Social Work Diabetes Care Diabetic Retinal Screening	Tele Primary Care
Clermont	---	Audiology Diabetic Retinal Screening Electrocardiography Diabetes Care	Tele Primary Care

PACT Compass Metrics

FY 2013 Average 3rd Next Available in PC Clinics
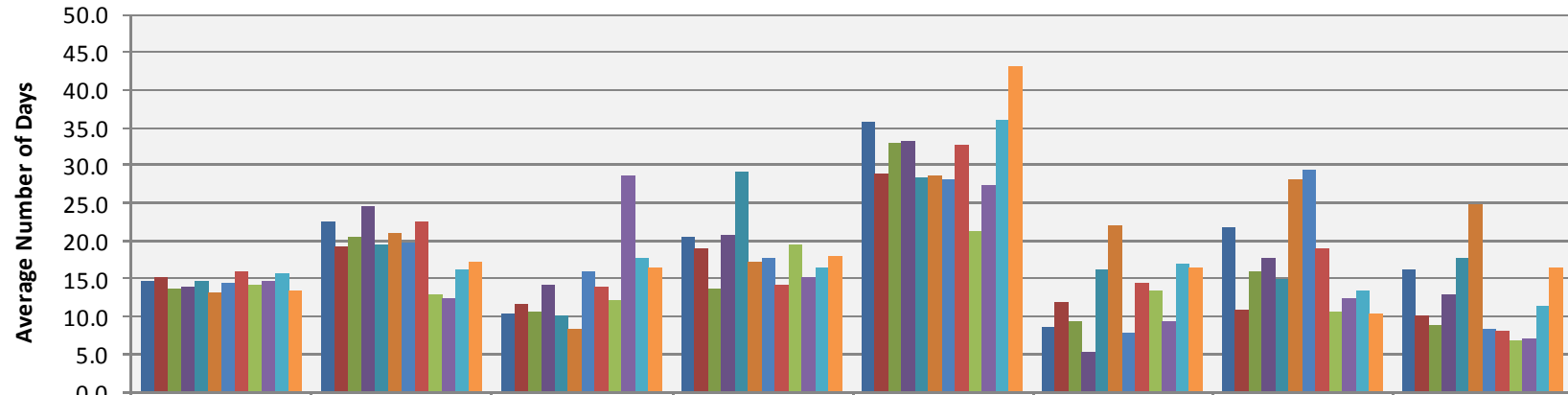
	VHA Total	Orlando (675)	Viera (675GA)	Daytona Beach (675GB)	Kissimee (675GC)	Orange City (675GD)	Leesburg (675GE)	Clermont (675GF)
OCT FY13	14.6	22.6	10.5	20.5	35.8	8.6	21.7	16.3
NOV FY13	15.2	19.2	11.8	19.1	29.0	11.9	10.9	10.2
DEC FY13	13.8	20.6	10.6	13.7	33.1	9.5	15.9	8.8
JAN FY13	14.0	24.7	14.3	20.8	33.3	5.3	17.8	12.8
FEB FY13	14.8	19.4	10.2	29.2	28.5	16.1	15.0	17.8
MAR FY13	13.3	21.0	8.4	17.1	28.6	22.0	28.1	24.9
APR FY13	14.4	19.9	15.9	17.9	28.3	7.8	29.6	8.4
MAY FY13	16.0	22.5	13.9	14.3	32.8	14.6	18.9	8.1
JUN FY13	14.2	13.0	12.3	19.5	21.4	13.5	10.7	6.8
JUL FY13	14.6	12.6	28.6	15.3	27.4	9.3	12.3	7.2
AUG FY13	15.7	16.3	17.8	16.5	36.0	17.0	13.6	11.5
SEP FY13	13.4	17.2	16.4	18.1	43.1	16.4	10.3	16.5

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. 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.
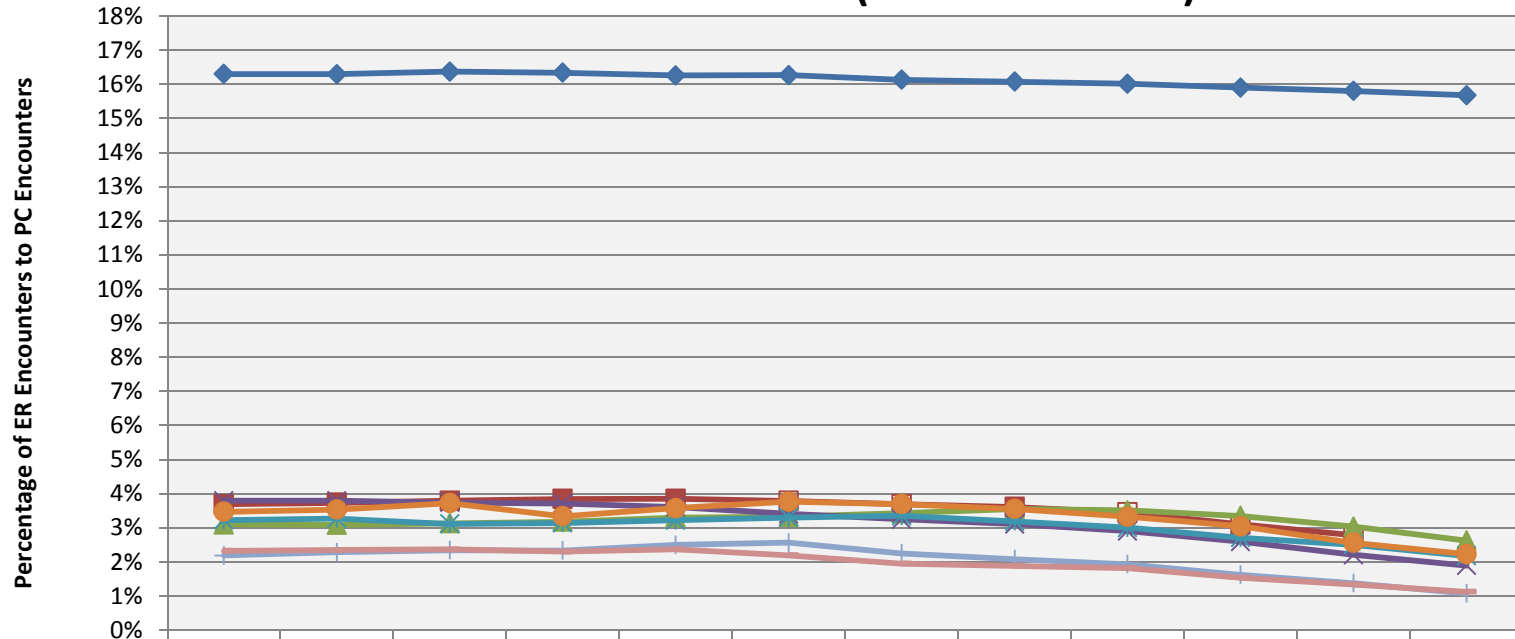
FY 2013 Established PC Prospective Wait Times 7 Days
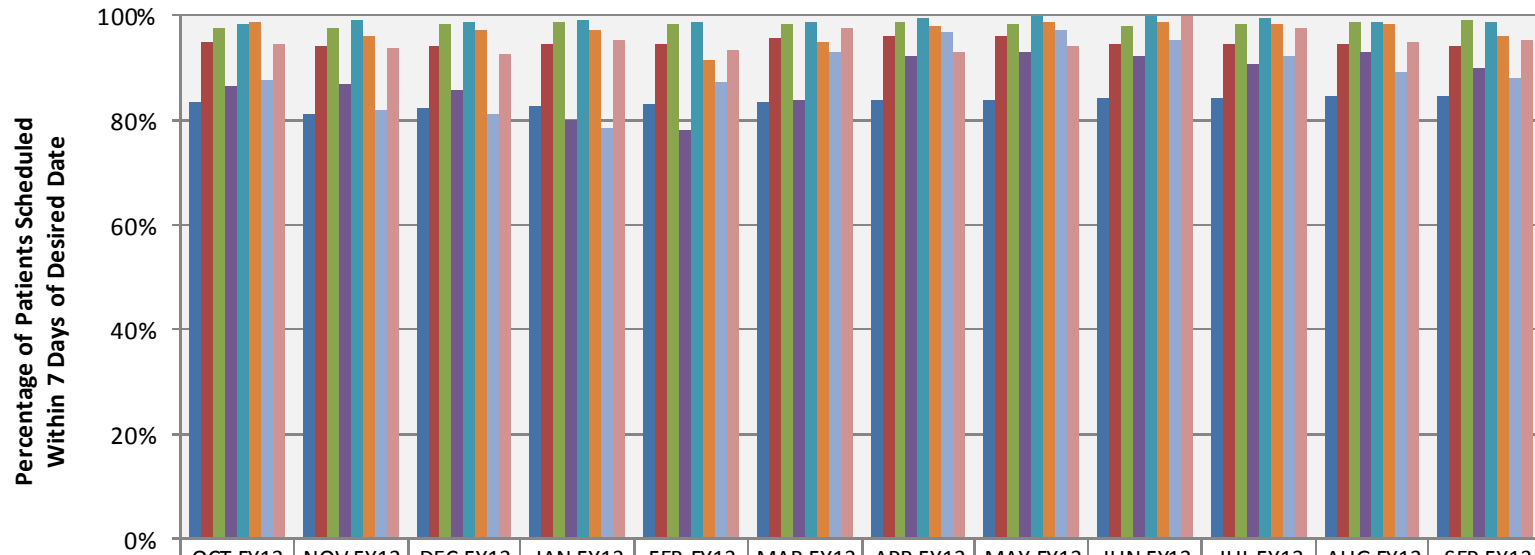
	OCT FY13	NOV FY13	DEC FY13	JAN FY13	FEB FY13	MAR FY13	APR FY13	MAY FY13	JUN FY13	JUL FY13	AUG FY13	SEP FY13
■ VHA Total	83.5%	81.1%	82.4%	82.6%	83.2%	83.6%	84.0%	84.0%	84.1%	84.3%	84.5%	84.7%
■ Orlando (675)	95.1%	94.4%	94.1%	94.7%	94.4%	95.7%	96.1%	96.1%	94.7%	94.6%	94.7%	94.2%
■ Viera (675GA)	97.5%	97.7%	98.4%	98.6%	98.3%	98.3%	98.9%	98.3%	98.1%	98.6%	98.8%	99.0%
■ Daytona Beach (675GB)	86.5%	86.8%	85.8%	80.2%	78.0%	83.9%	92.2%	93.1%	92.4%	90.8%	92.9%	89.9%
■ Kissimee (675GC)	98.5%	99.3%	98.8%	99.2%	99.0%	98.8%	99.6%	99.8%	100.0%	99.6%	98.8%	98.7%
■ Orange City (675GD)	98.8%	95.9%	97.1%	97.2%	91.6%	94.8%	98.2%	98.8%	98.8%	98.3%	98.4%	96.2%
■ Leesburg (675GE)	87.7%	82.1%	81.4%	78.6%	87.2%	93.1%	96.7%	97.2%	95.2%	92.2%	89.2%	88.3%
■ Clermont (675GF)	94.7%	93.9%	92.5%	95.2%	93.6%	97.7%	93.2%	94.3%	100.0%	97.6%	95.1%	95.5%

Y-axis: Percentage of Patients Scheduled Within 7 Days of Desired Date

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.

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

Percentage of ER Encounters to PC Encounters

	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%
Orlando (675)	3.7%	3.7%	3.8%	3.8%	3.8%	3.8%	3.7%	3.6%	3.5%	3.1%	2.8%	
Viera (675GA)	3.1%	3.1%	3.1%	3.2%	3.3%	3.3%	3.4%	3.5%	3.5%	3.3%	3.0%	2.6%
Daytona Beach (675GB)	3.8%	3.8%	3.7%	3.7%	3.6%	3.4%	3.3%	3.1%	2.9%	2.6%	2.2%	1.9%
Kissimee (675GC)	3.2%	3.3%	3.1%	3.1%	3.2%	3.3%	3.4%	3.2%	3.0%	2.7%	2.5%	2.2%
Orange City (675GD)	3.5%	3.5%	3.7%	3.3%	3.6%	3.8%	3.7%	3.6%	3.3%	3.0%	2.6%	2.2%
Leesburg (675GE)	2.2%	2.3%	2.3%	2.3%	2.5%	2.6%	2.2%	2.1%	1.9%	1.6%	1.4%	1.1%
Clermont (675GF)	2.3%	2.3%	2.4%	2.3%	2.4%	2.2%	2.0%	1.9%	1.8%	1.5%	1.3%	1.1%

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. Blank cells indicate the absence of reported data.

FY 2013 2-Day Contact Post Discharge Ratio
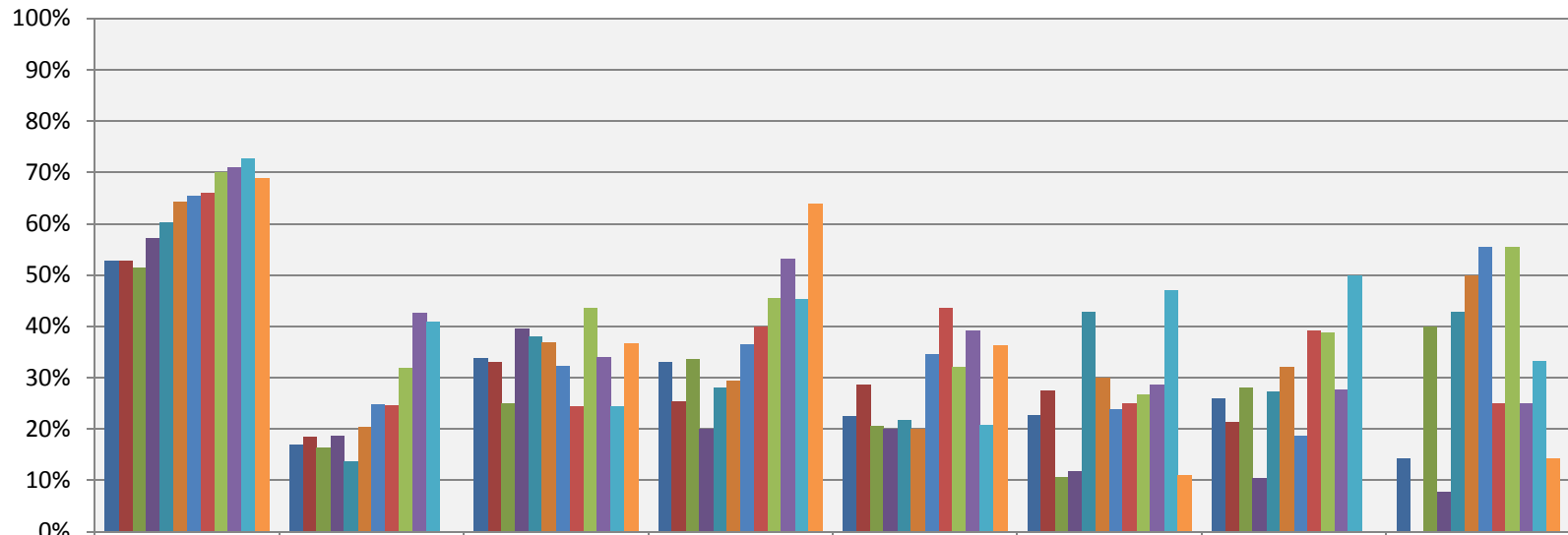
	VHA Total	Orlando (675)	Viera (675GA)	Daytona Beach (675GB)	Kissimee (675GC)	Orange City (675GD)	Leesburg (675GE)	Clermont (675GF)
OCT FY13	52.8%	16.9%	33.8%	33.0%	22.5%	22.7%	26.1%	14.3%
NOV FY13	52.9%	18.5%	33.1%	25.4%	28.6%	27.6%	21.4%	0.0%
DEC FY13	51.5%	16.4%	25.0%	33.7%	20.7%	10.7%	28.0%	40.0%
JAN FY13	57.2%	18.7%	39.6%	20.0%	20.0%	11.8%	10.3%	7.7%
FEB FY13	60.4%	13.6%	38.0%	28.0%	21.7%	42.9%	27.3%	42.9%
MAR FY13	64.4%	20.4%	36.9%	29.3%	20.0%	30.0%	32.0%	50.0%
APR FY13	65.5%	24.7%	32.2%	36.5%	34.6%	23.8%	18.8%	55.6%
MAY FY13	66.1%	24.7%	24.5%	40.0%	43.6%	25.0%	39.1%	25.0%
JUN FY13	70.1%	32.0%	43.7%	45.5%	32.0%	26.7%	38.9%	55.6%
JUL FY13	71.1%	42.6%	34.1%	53.2%	39.3%	28.6%	27.8%	25.0%
AUG FY13	72.7%	41.0%	24.4%	45.3%	20.8%	47.1%	50.0%	33.3%
SEP FY13	68.9%		36.7%	63.9%	36.4%	11.1%	0.0%	14.3%

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**

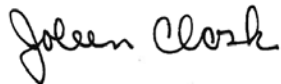**Date:** February 7, 2014

From: Director, VA Sunshine Healthcare Network (10N8)

Subject: **CBOC and PCC Reviews at Orlando VA Medical Center,
Orlando, FL**

To: Director, Bay Pines Office of Healthcare Inspections (54SP)

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

1. I have reviewed and concur with the findings and recommendations in
the report of the CBOC and PCC Reviews at the Orlando VA Medical
Center.

2. Corrective action plans have been established with planned completion
dates, as detailed in the attached report.

Joleen Clark, MBA, FACHE

Facility Director Comments

**Department of
Veterans Affairs**   **Memorandum**

Date: February 4, 2014

From: Medical Center Director, Orlando VA Medical Center (675/00)

**Subject: CBOC and PCC Reviews at Orlando VA Medical Center,
Orlando, FL**

To: Director, VA Sunshine Healthcare Network (10N8)

See Appendix E (pages 18 - 20)

Timothy W. Liezert

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 panic alarms are tested as required and testing is documented at the Kissimmee and Orange City CBOCs.

Concur

Target date for completion: February 27, 2014

Facility response:

A new process for testing the Lynx KeyPro computer-based duress system will be initiated by 2/15/14 to be performed by the OI&T and the Police. The process for testing includes all computers at the Kissimmee and Orange City CBOCs on a monthly basis with results documentation available at the CBOCs and reported to the EOC Committee. The first report of test results will be presented at the 2/27/2014 EOC Committee meeting.

Recommendation 2. We recommended that panic alarm testing results are reported to the EOC Committee, and repairs or corrections of alarm failures are tracked to completion by the EOC Committee.

Concur

Target date for completion: February 27, 2014

Facility response:

The facility developed a coordinated process with the Police, OI&T, and Facilities Management to ensure the Lynx KeyPro computer-based duress system is tested monthly on each computer at the Kissimmee and Orange City CBOCs. The test results will be made available to CBOC management. The test results will be reported to the EOC Committee and, after analysis, the actions taken to correct the findings will be included in the EOC Committee minutes and tracked to completion by the EOC Committee. The first report will be presented at the 2/27/14 EOC meeting.

Recommendation 3. We recommended that fire drills are performed every 12 months at the Kissimmee CBOC.

Concur

Target date for completion: February 27, 2014

Facility response:

The tracking system for fire drills has been modified to ensure an alert is provided 30 days in advance of the due date for each fire drill to ensure drills are performed timely every 12 months. The last fire drill at Kissimmee CBOC was 8/2/2013. The process has been implemented and the next fire drill for the Kissimmee CBOC is scheduled the week of 7/28/2014. Fire drills will be reported to the EOC Committee and documented in minutes.

Recommendation 4. We recommended that all deficiencies identified on EOC rounds at the Kissimmee and Orange City CBOCs are reported to the EOC Committee, and actions taken are tracked to completion.

Concur

Target date for completion: February 27, 2014

Facility response:

The deficiencies identified on EOC rounds at the Kissimmee and Orange City CBOCs were reported electronically to the EOC Committee members with actions and completion status noted on 2/03/2014. The formal EOC review of this information will occur at the 2/27/2014 meeting. The review of EOC rounds deficiencies has been identified as a standing agenda item for the EOC Committee, to include both the deficiencies and tracking to completion. Additionally, the use of the new tablet to capture information electronically on rounds was deployed 1/28/2014 with the automatic generation and tracking of deficiencies and completion in a standard format to be presented at the EOC Committee.

Recommendation 5. We recommended that CBOC/PCC RN Care Managers complete MI and health coaching training within 12 months of appointment to PACT.

Concur

Target date for completion: February 4, 2014

Facility response:

All current CBOC/PCC RN Care Managers who had not completed motivational interviewing training within 12 months of appointment to PACT were trained by 2/4/2014. All current CBOC/PCC RN Care Managers who had not completed health coaching training within 12 months of appointment to PACT were trained by 1/22/2014. The process has been revised in which the RN Care Manager Unit Specific Orientation checklist was modified (completed 1/20/2014) to include the date within the first 12 months of appointment to PACT that the new RN Care Manager is scheduled for motivational interviewing and health coaching training. Prompts and actions on the checklist are reviewed at 30-60-90-180 day intervals to ensure completion. Additionally, the Health Promotion Disease Prevention Coordinator will report the percentage of

compliance with this required training of RN Care Managers within 12 months of appointment to PACT to the PACT Steering Committee quarterly.

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Endnotes

[1] References used for the EOC review included:
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- US Department of Health and Human Services, Health Insurance Portability and Accountability Act, *The Privacy Rule*, August 14, 2002.
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- 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:
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[3] References used for the Medication Management review included:
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- VHA Directive 2012-011, *Primary Care Standards*, April 11, 2012.
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[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.
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[5] Reference used for PACT Compass data graphs:
- Department of Veterans' Affairs, *Patient Aligned Care Teams Compass Data Definitions*, August 29, 2013.