



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

Office of Healthcare Inspections

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**Community Based Outpatient Clinic
and Primary Care Clinic Reviews
at
Louis Stokes Cleveland
VA Medical Center
Cleveland, Ohio**

March 24, 2014

Washington, DC 20420

To Report Suspected Wrongdoing in VA Programs and Operations

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Glossary

AUD	alcohol use disorder
CBOC	community based outpatient clinic
DWHP	designated women's health provider
EHR	electronic health record
EOC	environment of care
facility	Louis Stokes Cleveland VA Medical Center
FY	fiscal year
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
PCMM	Primary Care Management Module
PCP	primary care provider
RN	registered nurse
VA	Veterans Administration
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 (PCC) provide safe, consistent, and high-quality health care for our veterans. We conducted site visits during the weeks of December 2 and December 16, 2013, at the following CBOCs, which are under the oversight of the Louis Stokes Cleveland VA Medical Center and Veterans Integrated Service Network 10:

- East Liverpool/Calcutta CBOC, Calcutta, OH
- McCafferty CBOC, Cleveland, OH
- Warren CBOC, Warren, OH

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.
- Staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.
- Registered Nurse Care Managers receive motivational interviewing and health coaching training within 12 months of appointment to Patient Aligned Care Team.

Medication Management. Ensure that CBOC/PCC staff:

- Document completion of medication reconciliation for each episode of care for which medications were administered, prescribed, or modified.
- Provide written medication information that includes the prescribed fluoroquinolones.
- Document the evaluation of 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 and D, pages 16-20, for the full text of the Directors' comments.) We will follow up on the planned actions until they are completed.



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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/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 East Liverpool/Calcutta, McCafferty, and Warren CBOCs. 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.	
	No expired medications were noted during the onsite visit.	
	All medications are secured from unauthorized access.	

NM	Areas Reviewed (continued)	Findings
	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 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.	
	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 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.	
	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.²

We reviewed relevant documents. We also reviewed 39 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 4 of 39 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 on Alcohol Abuse and Alcoholism 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 4 of 8 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 30 (36 percent) of 84 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.	We found that 53 (63 percent) of 84 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 staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.
- 3.** We recommended that CBOC/PCC RN Care Managers receive 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 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 fluoroquinolone in 7 of 27 applicable patient EHRs.
X	Written information on the patient's prescribed medications was provided at the end of the outpatient encounter.	We did not find documentation that 19 of 27 applicable patients received written information that included the fluoroquinolone.
	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 of 27 applicable patients.
	The facility complied with local policy.	

Recommendations

4. We recommended that staff document that medication reconciliation was completed at each episode of care where the newly prescribed fluoroquinolone was administered, prescribed, or modified.
5. We recommended that staff consistently provide written medication information that includes the fluoroquinolone.
6. We recommended that 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.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 ^d			
					MH ^g	PC ^h	Other ⁱ	All	MH ^g	PC ^h	Other ^j	All
Canton	OH	541BY	Urban	Very Large	2,236	9,118	22,458	23,818	17,179	27,369	65,758	110,306
Parma	OH	541GL	Urban	Very Large	4,145	8,889	20,350	23,071	39,275	26,762	78,690	144,727
Akron	OH	541GG	Urban	Very Large	3,239	10,877	11,617	14,129	28,541	35,438	68,813	132,792
Lorain	OH	541GB	Urban	Very Large	1,630	6,415	9,479	11,247	9,921	21,378	28,215	59,514
Youngstown	OH	541BZ	Urban	Very Large	2,289	7,994	8,412	10,271	15,162	30,128	40,735	86,025
Mansfield	OH	541GD	Urban	Large	1,855	6,496	5,478	6,916	18,067	21,684	25,114	64,865
Painesville	OH	541GF	Urban	Large	1,197	5,929	4,653	6,730	6,311	17,846	17,535	41,692
Sandusky	OH	541GC	Rural	Large	892	3,914	3,489	5,092	5,091	12,264	9,040	26,395
Warren	OH	541GI	Urban	Mid-Size	858	3,717	2,920	3,966	6,523	13,254	10,541	30,318
New Philadelphia	OH	541GJ	Rural	Mid-Size	728	2,905	2,700	3,529	4,057	7,885	12,431	24,373
Ravenna	OH	541GK	Urban	Mid-Size	832	3,150	2,331	3,430	4,903	10,809	6,566	22,278
East Liverpool	OH	541GH	Rural	Mid-Size	904	2,635	2,205	2,793	5,492	9,608	8,987	24,087
McCafferty	OH	541GE	Urban	Mid-Size	764	2,048	1,553	2,465	2,023	5,230	3,835	11,088

^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
Canton	Optometry Podiatry Pain Clinic Dermatology	Laboratory Radiology Diabetic Retinal Screening Prosthetics/Orthotics MOVE! Program ⁿ Nutrition Electrocardiography Prosthetics/Orthotics Pulmonary Function Test Pharmacy Nutrition	Tele Primary Care
Parma	Optometry Cardiology Podiatry Neurology Pulmonary Gastroenterology Oncology Medicine Specialties Rheumatology Nephrology Pain Clinic Dermatology	Radiology Rehabilitation Audiology Computer Tomography MOVE! Program Magnetic Resonance Imaging Prosthetics/Orthotics Electrocardiography Nutrition Pulmonary Function Test Diabetes Care Diabetic Retinal Screening Sleep Medicine VIST ^o Speech Pathology Pharmacy	Tele Primary Care Tele Case Management
Akron	Optometry Podiatry Rheumatology Pain Clinic Cardiology Dermatology Rehabilitation	Rehabilitation Radiology Electrocardiography MOVE! Program Nutrition Diabetic Retinal Screening Prosthetics/Orthotics Audiology Pulmonary Function Test Hypertension	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/>)

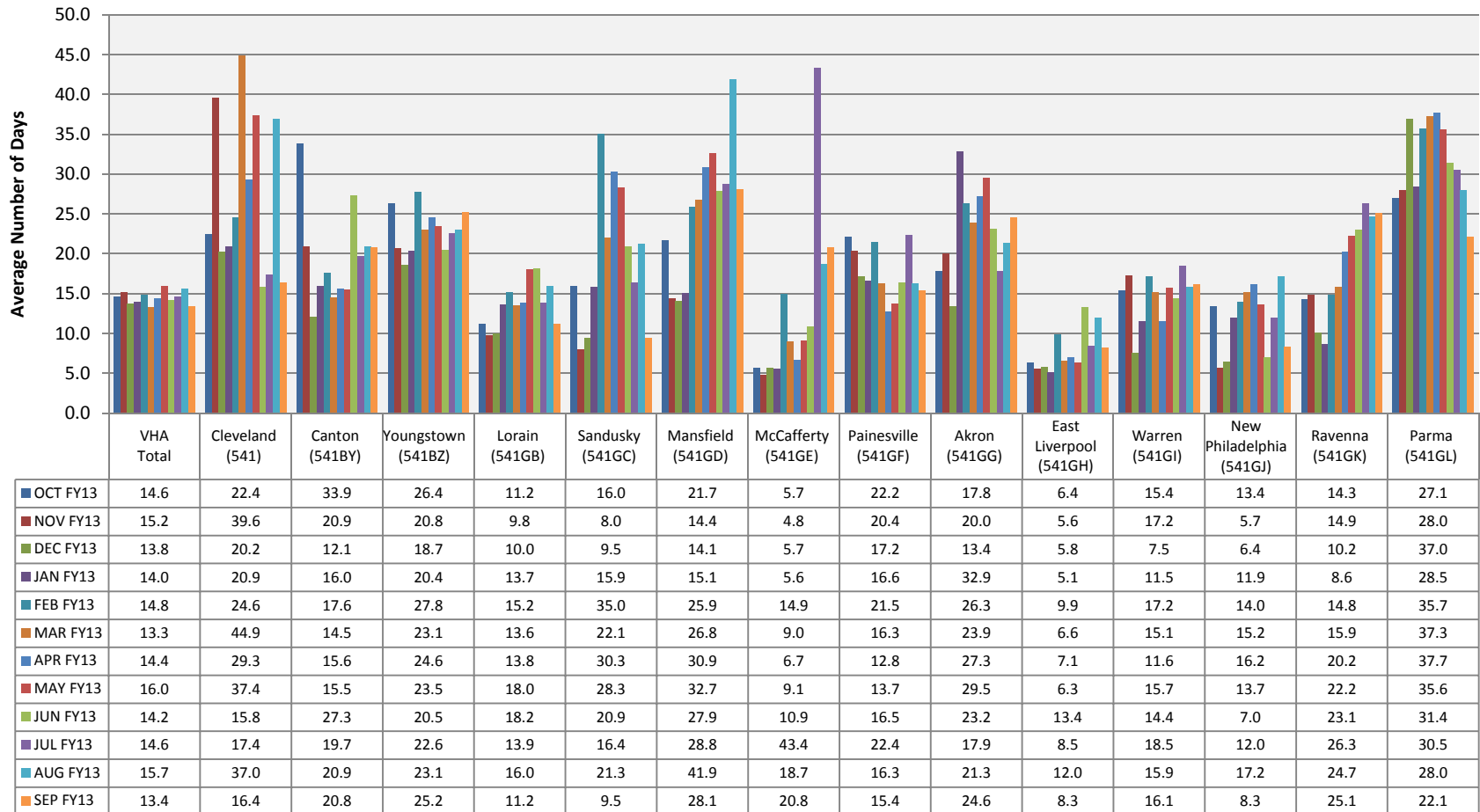
ⁿ VHA Handbook 1120.01, *MOVE! Weight Management Program for Veterans*, March 31, 2011.

^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.

		VIST Pharmacy	
Lorain	Optometry Podiatry	Diabetic Retinal Screening Radiology Rehabilitation MOVE! Program Nutrition Electrocardiography Pharmacy	Tele Primary Care
Youngstown	Podiatry Optometry Pain Clinic Dermatology	Radiology Rehabilitation MOVE! Program Electrocardiography Prosthetics/Orthotics Nutrition VIST Nutrition Diabetes Care Audiology	Tele Primary Care
Mansfield	Podiatry Optometry Pain Clinic Cardiology	Electrocardiography Nutrition MOVE! Program Pulmonary Function Test Diabetic Retinal Screening	Tele Primary Care
Painesville	Podiatry Optometry Pain Clinic Dermatology	Nutrition MOVE! Program Electrocardiography Diabetic Retinal Screening	Tele Primary Care
Sandusky	Podiatry Optometry	Prosthetics/Orthotics Diabetic Retinal Screening Nutrition MOVE! Program	Tele Primary Care
Warren	Podiatry Optometry	Nutrition Electrocardiography MOVE! Program Diabetic Retinal Screening	Tele Primary Care
New Philadelphia	Podiatry Optometry	Nutrition MOVE! Program Diabetic Retinal Screening Electrocardiography Prosthetics/Orthotics	Tele Primary Care
Ravenna	Optometry Podiatry	Electrocardiography MOVE! Program Nutrition Diabetic Retinal Screening	Tele Primary Care
East Liverpool	Optometry Podiatry	Electrocardiography Prosthetics/Orthotics Nutrition MOVE! Program	Tele Primary Care
McCafferty	---	Nutrition	Tele Primary Care

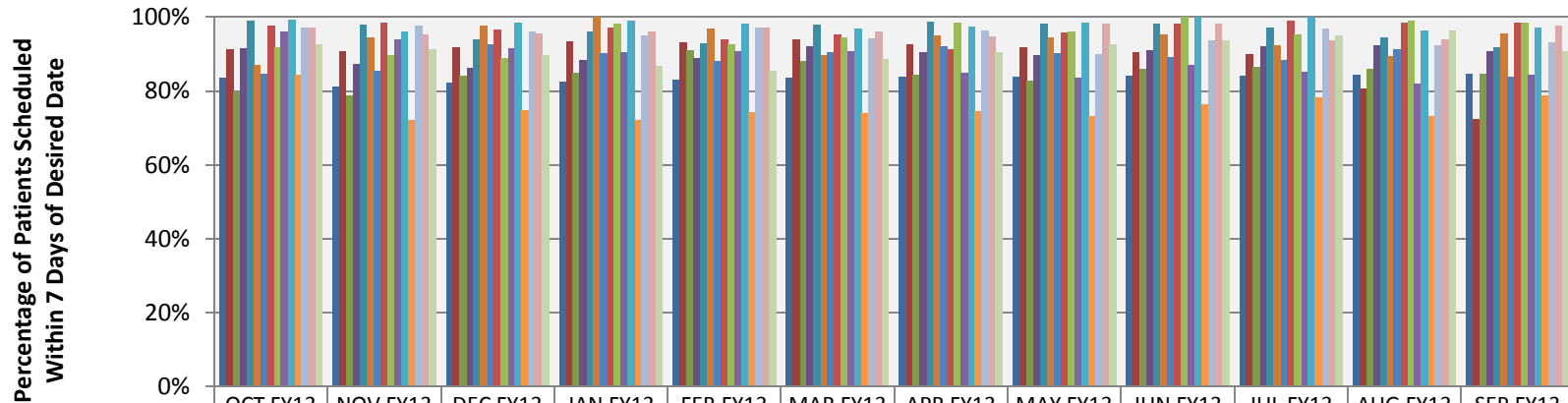
PACT Compass Metrics

FY 2013 Average 3rd Next Available in PC Clinics



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.

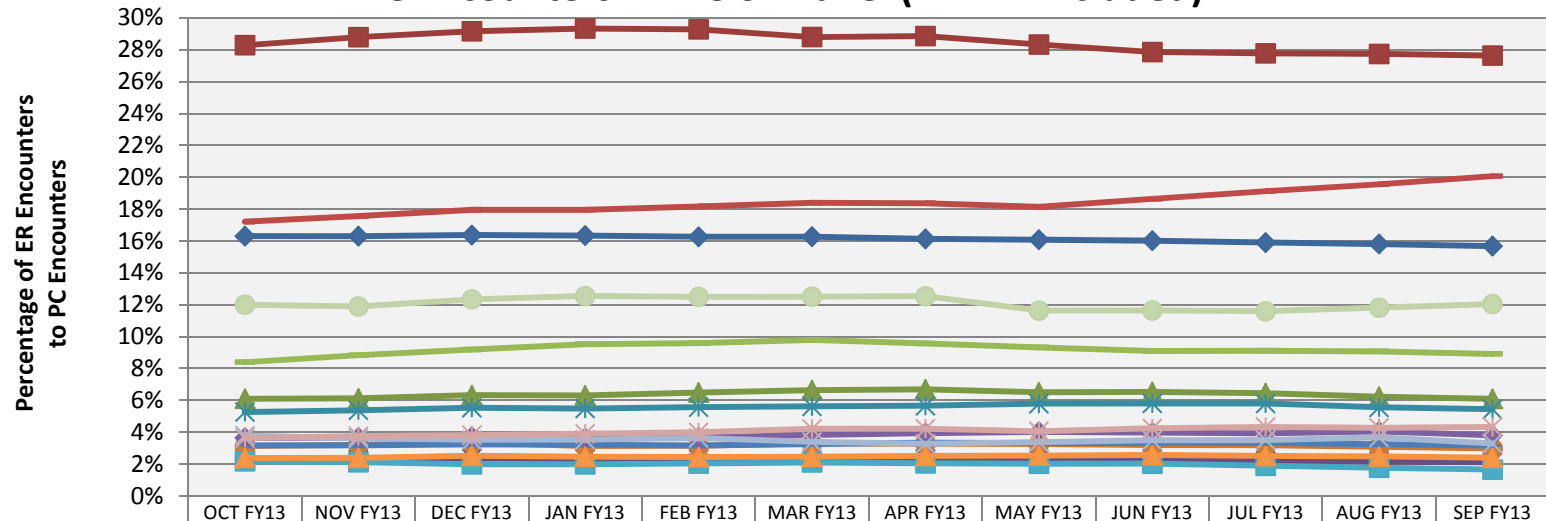
FY 2013 Established PC Prospective Wait Times 7 Days



	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%
Cleveland (541)	91.4%	90.7%	91.9%	93.4%	93.3%	93.8%	92.7%	92.0%	90.6%	89.9%	80.7%	72.4%
Canton (541BY)	79.9%	78.9%	84.0%	84.8%	91.1%	88.2%	84.3%	82.8%	86.1%	86.5%	86.0%	84.7%
Youngstown (541BZ)	91.5%	87.3%	86.3%	88.4%	89.0%	92.2%	90.5%	89.9%	91.0%	92.1%	92.5%	90.9%
Lorain (541GB)	99.0%	97.9%	93.9%	96.0%	93.0%	97.9%	98.7%	98.1%	98.1%	97.2%	94.4%	91.8%
Sandusky (541GC)	87.0%	94.5%	97.8%	100.0%	96.9%	89.8%	95.0%	94.5%	95.4%	92.5%	89.5%	95.7%
Mansfield (541GD)	84.7%	85.5%	92.7%	90.3%	88.1%	90.5%	92.2%	90.3%	89.1%	88.3%	91.2%	83.8%
McCafferty (541GE)	97.6%	98.6%	96.6%	97.1%	93.9%	95.4%	91.4%	96.0%	98.1%	99.0%	98.6%	98.4%
Painesville (541GF)	91.7%	89.7%	88.9%	98.1%	92.7%	94.6%	98.4%	96.0%	100.0%	95.2%	99.1%	98.4%
Akron (541GG)	96.2%	93.9%	91.5%	90.5%	90.7%	90.7%	85.1%	83.7%	87.1%	85.2%	82.0%	84.5%
East Liverpool (541GH)	99.3%	96.2%	98.5%	99.1%	98.4%	96.8%	97.5%	98.6%	100.0%	100.0%	96.4%	97.2%
Warren (541GI)	84.3%	72.1%	74.9%	72.3%	74.3%	74.0%	74.7%	73.4%	76.4%	78.2%	73.4%	78.8%
New Philadelphia (541GJ)	97.1%	97.8%	96.0%	94.9%	97.2%	94.3%	96.4%	89.9%	93.6%	96.8%	92.4%	93.1%
Ravenna (541GK)	97.0%	95.2%	95.5%	96.1%	97.2%	96.0%	94.9%	98.4%	98.1%	93.8%	93.9%	97.8%
Parma (541GL)	92.5%	91.3%	89.7%	86.7%	85.4%	88.7%	90.6%	92.7%	93.8%	94.9%	96.3%	90.9%

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.

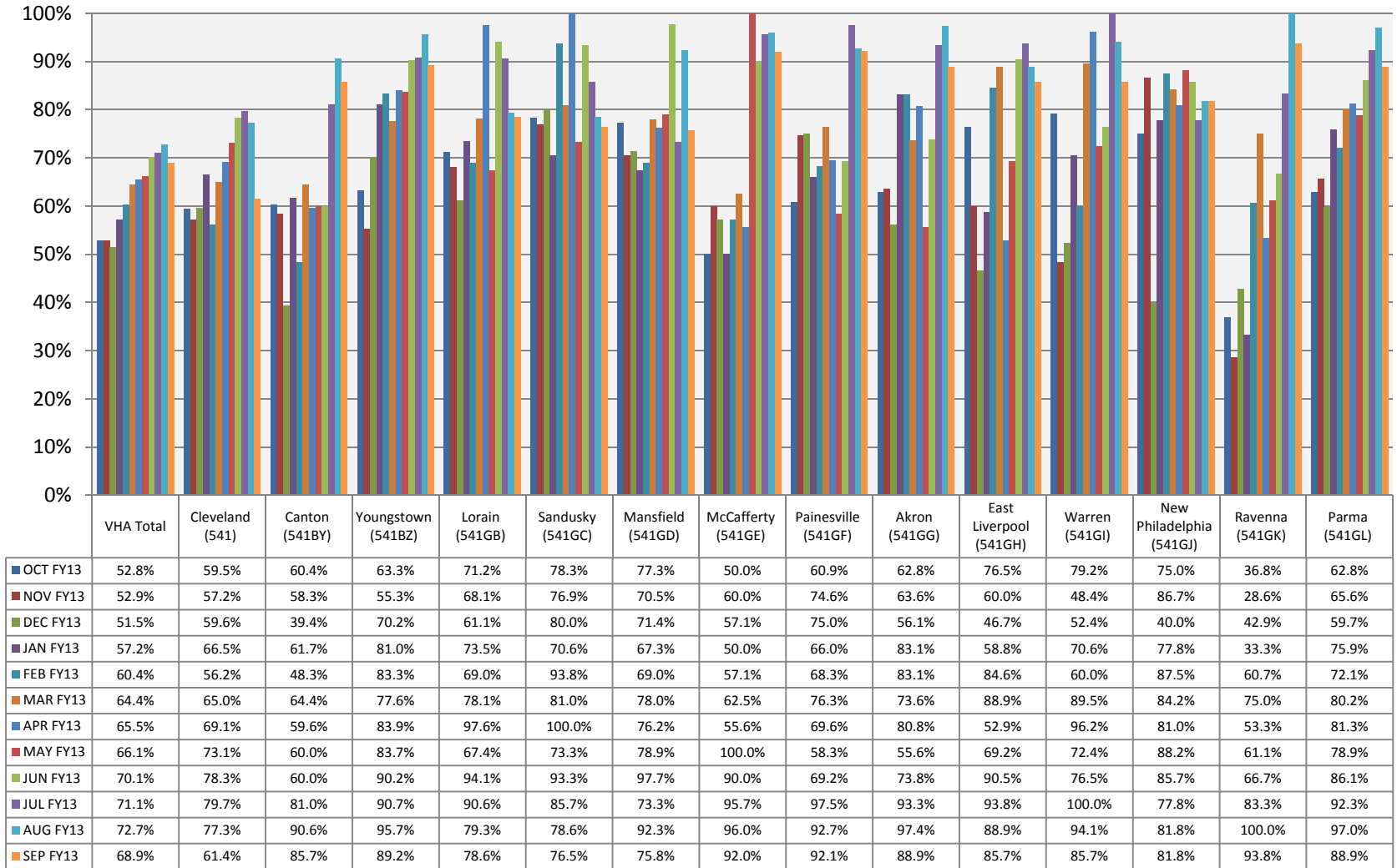
FY 2013 Ratio of ER Encounters While on Panel to PC Encounters While on Panel (FEE ER Included)



	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%
Cleveland (541)	28.3%	28.8%	29.2%	29.3%	29.3%	28.8%	28.9%	28.3%	27.9%	27.8%	27.7%	27.6%
Canton (541BY)	6.1%	6.1%	6.3%	6.3%	6.5%	6.6%	6.7%	6.5%	6.5%	6.4%	6.2%	6.1%
Youngstown (541BZ)	2.3%	2.3%	2.4%	2.3%	2.3%	2.3%	2.3%	2.3%	2.3%	2.2%	2.1%	2.1%
Lorain (541GB)	5.3%	5.4%	5.5%	5.5%	5.6%	5.6%	5.7%	5.8%	5.8%	5.8%	5.6%	5.4%
Sandusky (541GC)	3.1%	3.2%	3.3%	3.1%	3.2%	3.3%	3.3%	3.3%	3.2%	3.2%	3.1%	3.0%
Mansfield (541GD)	3.2%	3.2%	3.2%	3.2%	3.2%	3.3%	3.3%	3.3%	3.3%	3.3%	3.2%	3.2%
McCafferty (541GE)	17.2%	17.6%	18.0%	18.0%	18.2%	18.4%	18.4%	18.1%	18.6%	19.1%	19.6%	20.1%
Painesville (541GF)	8.4%	8.8%	9.2%	9.5%	9.6%	9.8%	9.6%	9.3%	9.1%	9.1%	9.1%	8.9%
Akron (541GG)	3.6%	3.7%	3.7%	3.6%	3.7%	3.8%	3.9%	4.0%	4.0%	3.9%	4.0%	3.8%
East Liverpool (541GH)	2.2%	2.1%	2.0%	2.0%	2.0%	2.1%	2.0%	2.0%	2.0%	1.9%	1.8%	1.7%
Warren (541GI)	2.4%	2.4%	2.5%	2.5%	2.4%	2.5%	2.5%	2.5%	2.6%	2.5%	2.5%	2.4%
New Philadelphia (541GJ)	3.8%	3.6%	3.5%	3.5%	3.6%	3.4%	3.3%	3.4%	3.5%	3.5%	3.7%	3.3%
Ravenna (541GK)	3.6%	3.8%	3.8%	3.9%	4.0%	4.2%	4.2%	4.1%	4.2%	4.3%	4.3%	4.3%
Parma (541GL)	12.0%	11.9%	12.3%	12.5%	12.5%	12.5%	12.5%	11.6%	11.6%	11.6%	11.8%	12.0%

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.

FY 2013 2-Day Contact Post Discharge Ratio



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.

VISN Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: March 5, 2014

From: Director, VA Healthcare System of Ohio (10N10)

Subject: **CBOC and PCC Reviews of the Louis Stokes Cleveland
VA Medical Center, Cleveland, OH**

To: Director, Baltimore Office of Healthcare Inspections (54BA)

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

1. I have reviewed and concur with the findings and recommendation in the report of the CBOC and PCC Reviews of the Louis Stokes Cleveland VA Medical Center in Cleveland, Ohio.
2. If you have any questions or concerns, please contact Jane Johnson, Deputy Quality Management Officer (QMO) at (513) 247-4631.


Jack G. Hetrick, FACHE
Network Director

Facility Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: March 5, 2014

From: Director, Louis Stokes Cleveland VA Medical Center
(541/00)

Subject: **CBOC and PCC Reviews of the Louis Stokes Cleveland
VA Medical Center, Cleveland, OH**

To: Director, VA Healthcare System of Ohio (10N10)

1. I have reviewed and concur with the findings and recommendations in the draft report of the Office of the Inspector General CBOC and PCC Reviews conducted the week of December 2, 2013.
2. Corrective action plans have been established, with some being already implemented, and target completion dates have been set for the remaining items detailed in the attached report.


Susan M. Fuehrer
Medical Center Director

Comments to OIG's Report

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

OIG Recommendations

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

Concur

Target date for completion: June 30, 2014

Facility response: The Associate Chief of Staff for Ambulatory Care will review with providers the need to complete diagnostic assessments for patients with a positive alcohol screen. PACT nurses will alert providers of positive alcohol screens. The Quality Management record review will be revised to include an indicator for monitoring completion of diagnostic assessments for patients with a positive alcohol screen. Routine monthly medical record audit results will be reported to the Associate Chief of Staff for Ambulatory Care and the Clinical Informatics Committee when below 90% threshold. This audit is part of our routine record reviews and is an ongoing quality control process.

Recommendation 2. We recommended that CBOC/PCC staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.

Concur

Target date for completion: June 30, 2014

Facility response: The current clinical reminder for a positive alcohol screen needing follow-up evaluation will be revised to include mandatory fields that require providers to document an offer for further treatment, as well as patient response. Quality Management audit results will be reported to the Associate Chief of Staff for Ambulatory Care and the Clinical Informatics Committee when below 90% threshold. This audit is part of our routine record reviews and is an ongoing quality control process.

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

Concur

Target date for completion: June 30, 2014

Facility response: The current process for MI and health coaching training will be revised to require participants to self-certify course completion in the VA Talent Management System (TMS) upon course completion. The Associate Chief Nurses for Ambulatory Care at the CBOCs and Wade Park will be responsible for ensuring there is a printed certificate of completion for each CBOC/PCC RN Care Manager within 12 months of PACT appointment. Random audits will be done by Quality Management to ensure ongoing compliance. MI and health coaching training compliance will be a standing quarterly agenda item at the Executive Leadership Board.

Recommendation 4. We recommended that staff document that medication reconciliation was completed at each episode of care where the newly prescribed fluoroquinolone was administered, prescribed, or modified.

Concur

Target date for completion: June 30, 2014

Facility response: Fluoroquinolones will be limited to quick orders; the quick order templates that will be created will require documentation of medication reconciliation prior to being able to order fluoroquinolones. The Associate Chief of Staff for Ambulatory Care will instruct all CBOC providers on the new quick orders and the requirement for documentation of medication reconciliation when ordering fluoroquinolones. Quality Management will revise the medical record review to include an indicator to monitor documentation specific to medication reconciliation of fluoroquinolones. Routine monthly medical record audit results will be reported to the Clinical Informatics Committee when below 90% threshold. This audit is part of our routine record reviews and is an ongoing quality control process.

Recommendation 5. We recommended that staff consistently provide written medication information that includes the fluoroquinolone.

Concur

Target date for completion: June 30, 2014

Facility response: Fluoroquinolones will be limited to quick orders; the quick order templates will require documentation of medication counseling/education prior to being able to order fluoroquinolones. The Associate Chief of Staff for Ambulatory Care will instruct providers of the need to document that written medication information specific to fluoroquinolones was provided to the patient. Quality Management will revise the medical record review to include an indicator to monitor documentation that written medication information was provided to the patient. Routine monthly medical record audit results will be reported to the Clinical Informatics Committee when below 90% threshold. This audit is part of our routine record reviews and is an ongoing quality control process.

Recommendation 6. We recommended that staff document the evaluation of patient's level of understanding for the medication education.

Concur

Target date for completion: June 30, 2014

Facility response: Fluoroquinolones will be limited to quick orders; the quick order templates that will be created will require documentation of the patients' level of understanding of medication education prior to being able to enter the fluoroquinolone order. Quality Management will revise the medical record review to include an indicator to monitor documentation of fluoroquinolone education. Routine monthly medical record audit results will be reported to the Clinical Informatics Committee when below 90% threshold. This audit is part of our routine record reviews and is an ongoing quality control process.

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*.
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- Joint Commission, *Joint Commission Comprehensive Accreditation and Certification Manual*, 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_VHEL.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 Manual*, 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.