Department of Veterans Affairs
Office of Inspector General

Office of Healthcare Inspections

Report No. 14-00233-96

# Community Based Outpatient Clinic and Primary Care Clinic Reviews at VA Caribbean Health Care System San Juan, Puerto Rico

March 13, 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 |
| IT | information technology |
| 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 |
| 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 clinics (PCCs) provide safe, consistent, and high-quality health care for our veterans. We conducted site visits during the week of February 3, 2014, at the Arecibo, PR, CBOC, which is under the oversight of the VA Caribbean Health Care System and Veterans Integrated Service Network 8.

**Review Results:** We conducted four focused reviews and 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:

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

Environment of Care. Ensure that:

- Reviews of the hazardous materials inventory are completed timely at the Arecibo CBOC.
- Patients' personally identifiable information is secured on laboratory specimens transported to the parent facility from the Arecibo CBOC.
- Women veterans are provided access to a gender-specific restroom at the Arecibo CBOC.

## 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 16–19, 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
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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 an onsite inspection, 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 inspection was only conducted at a randomly selected CBOC 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 a physical inspection of the Arecibo CBOC. 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 Americans with Disabilities Act accessible. | |
| | The furnishings are clean and in good repair. | |
| | The CBOC is clean. | |
| X | The CBOC maintains a written, current inventory of hazardous materials and waste that it uses, stores, or generates. | The inventory of hazardous materials at the Arecibo CBOC was not reviewed for accuracy twice yearly. |
| | An alarm system and/or panic buttons are installed and tested in high-risk areas (e.g., MH clinic). | |
| | Alcohol hand wash or soap dispenser and sink are available in the examination rooms. | |
| | Sharps containers are secured. | |
| | Safety needle devices are available. | |
| | The CBOC has a separate storage room for storing medical (infectious) waste. | |
| | The CBOC conducts fire drills at least every 12 months. | |
| | Means of egress from the building are unobstructed. | |
| | Access to fire alarm pull stations is unobstructed. | |
| | Access to fire extinguishers is unobstructed. | |
| | The CBOC has signs identifying the locations of fire extinguishers. | |
| | Exit signs are visible from any direction. | |

| NM | Areas Reviewed (continued) | Findings |
|---|---|---|
| | No expired medications were noted during the onsite visit. | |
| | All medications are secured from unauthorized access. | |
| X | PII is protected on laboratory specimens during transport so that patient privacy is maintained. | At the Arecibo CBOC, PII on laboratory specimens was not protected during transport. |
| | 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. | |
| X | Adequate privacy is provided to women veterans in the examination room. | Gowned women veterans at the Arecibo CBOC could not access gender-specific restrooms without entering public areas. |
| | The IT 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) and deficiencies are reported to and tracked by the EOC Committee until resolution. | |
| | 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. | |

**Recommendations:**

**1.** We recommended that managers ensure that the hazardous materials inventory for the Arecibo CBOC is reviewed at least twice yearly.

**2.** We recommended that managers ensure that PII is protected by securing laboratory specimens during transport from the Arecibo CBOC to the parent facility.

**3.** We recommended that managers ensure that women veterans can access gender-specific restrooms without entering public areas at the Arecibo CBOC.

## 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 39 staff training records and validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The area 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 on 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. | Five (13 percent) of 39 RN Care Managers did not receive MI training within 12 months of appointment to PACT. |
| | 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. | |
| | The facility complied with any additional elements required by VHA or local policy. | |

## Recommendation

**4.** 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 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.

| | | | | | 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** |
| Ponce | PR | 672B0 | Urban | Very Large | 3,375 | 9,356 | 11,398 | 11,726 | 20,070 | 33,589 | 107,850 | 161,509 |
| Mayaguez | PR | 672BZ | Urban | Very Large | 3,126 | 8,903 | 9,654 | 10,087 | 15,380 | 40,508 | 64,203 | 120,091 |
| Arecibo | PR | 672GC | Urban | Mid-Size | 1,034 | 4,194 | 3,592 | 4,411 | 6,025 | 16,440 | 9,353 | 31,818 |
| Ceiba | PR | 672GD | Urban | Mid-Size | 147 | 3,003 | 2,251 | 3,341 | 401 | 9,204 | 5,258 | 14,863 |
| Guayama | PR | 672GE | Urban | Mid-Size | 599 | 1,492 | 1,301 | 1,758 | 3,268 | 5,022 | 3,137 | 11,427 |
| St Croix | VI | 672GA | Rural | Small | 68 | 864 | 658 | 915 | 200 | 2,474 | 1,610 | 4,284 |
| St Thomas | VI | 672GB | Rural | Small | 32 | 795 | 524 | 838 | 74 | 2,447 | 1,088 | 3,609 |

[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

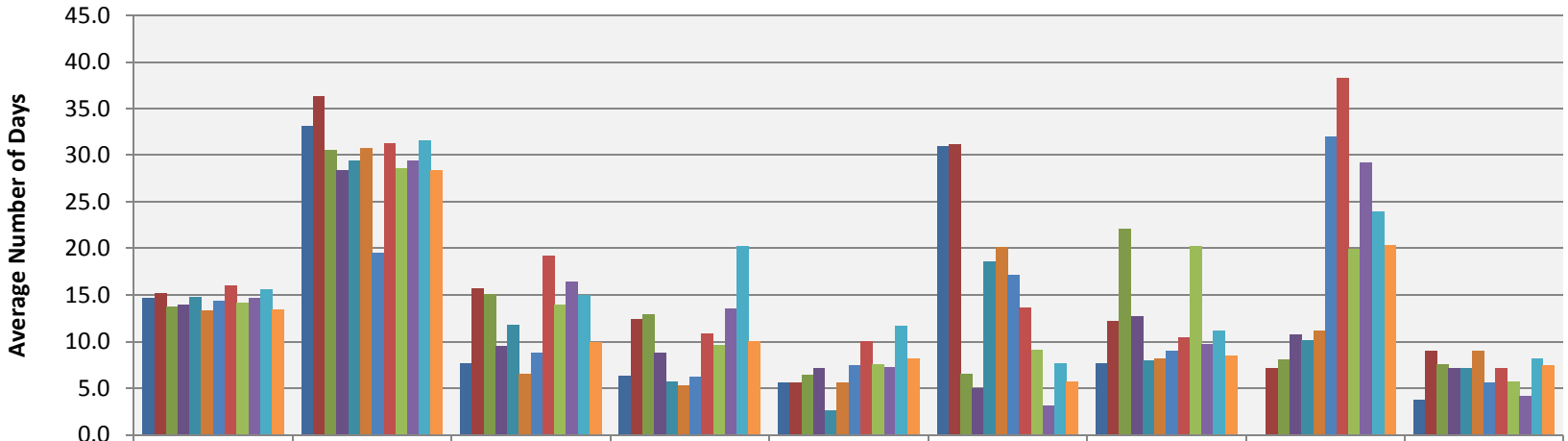
In addition to primary care integrated with WH and MH care, the CBOCs provide various specialty care, ancillary, and tele-health services. The following table lists the services provided at each CBOC.[j]

| CBOC | Specialty Care Services[k] | Ancillary Services[l] | Tele-Health Services[m] |
|---|---|---|---|
| Ponce | Ophthalmology<br>Optometry<br>Urology<br>Podiatry<br>Cardiology<br>Ear, Nose and Throat<br>General Surgery<br>Dermatology<br>Surgery<br>Pulmonary | Laboratory<br>Rehabilitation<br>Radiology<br>Diabetic Retinal Screening<br>Nutrition<br>Audiology<br>MOVE! Program[n]<br>Pharmacy<br>Polytrauma<br>Electromyography<br>Diabetes Care<br>VIST[o]<br>Prosthetics/Orthotics | Tele Primary Care |
| Mayaguez | Optometry<br>Dental<br>Ophthalmology<br>Urology<br>Podiatry<br>Dermatology<br>Pulmonary | Laboratory<br>Rehabilitation<br>Radiology<br>Audiology<br>Pharmacy<br>Diabetes Care<br>Polytrauma<br>Nutrition<br>MOVE! Program<br>Prosthetics/Orthotics<br>VIST | Tele Primary Care |
| Arecibo | Dermatology | Nutrition<br>Pharmacy<br>Diabetic Retinal Screening<br>Hypertension<br>Laboratory | Tele Primary Care |
| Ceiba | --- | Nutrition<br>Pharmacy | Tele Primary Care |
| Guayama | --- | Nutrition | Tele Primary Care |
| St Croix | --- | Nutrition<br>Rehabilitation | Tele Primary Care |
| St Thomas | Obstetrics/Gynecology | --- | 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-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.

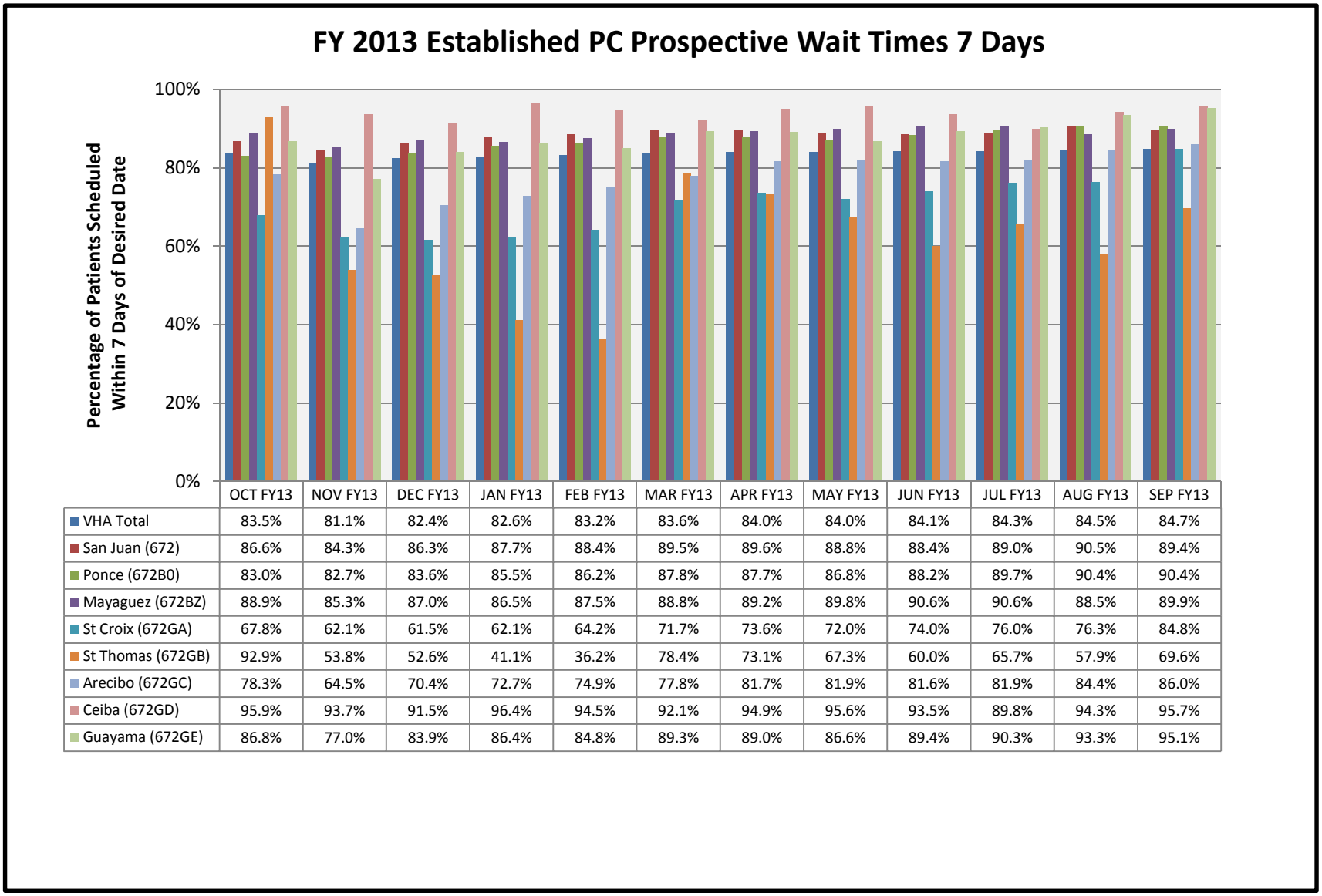
# PACT Compass Metrics

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



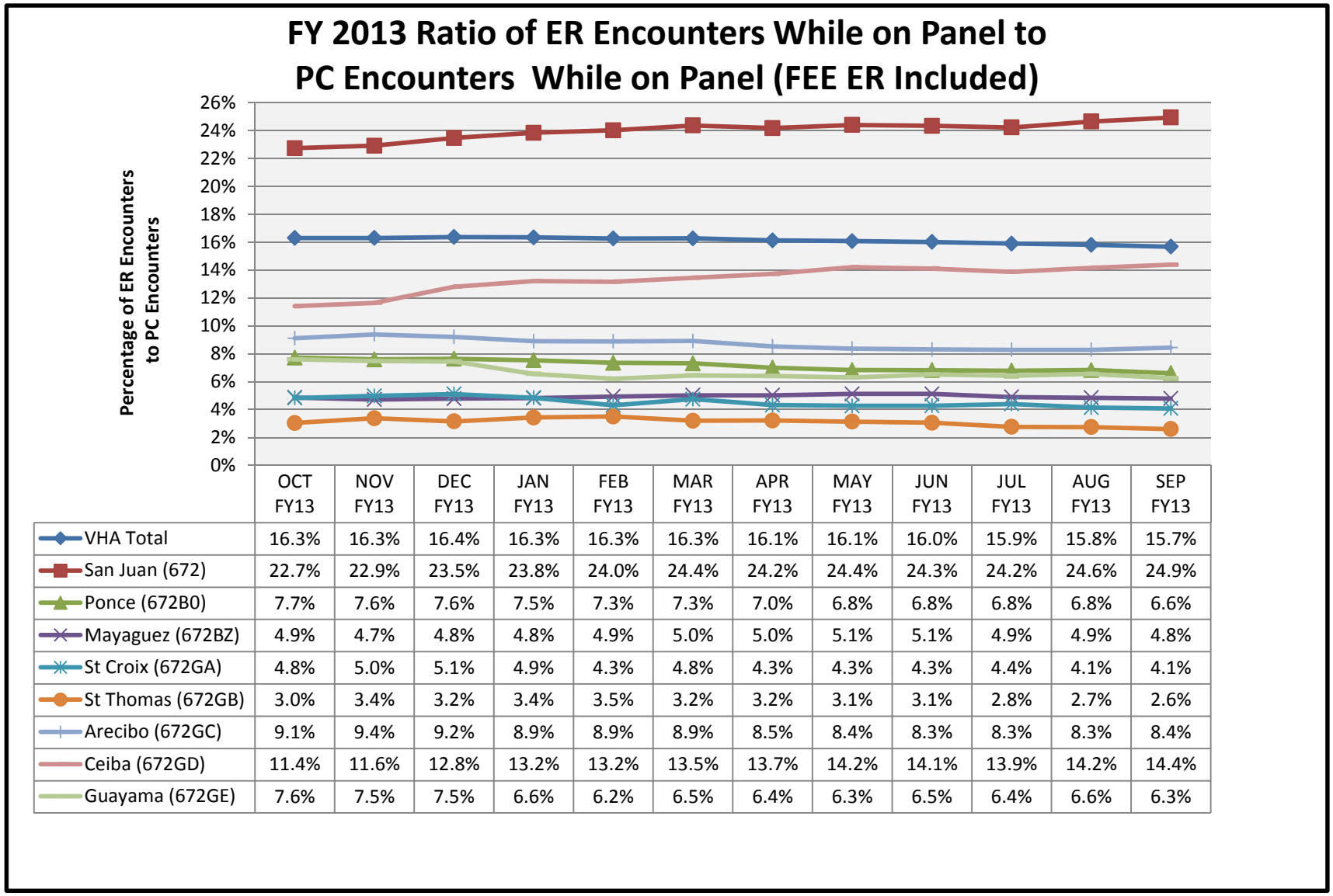

| | VHA Total | San Juan (672) | Ponce (672B0) | Mayaguez (672BZ) | St Croix (672GA) | St Thomas (672GB) | Arecibo (672GC) | Ceiba (672GD) | Guayama (672GE) |
|---|---|---|---|---|---|---|---|---|---|
| OCT FY13 | 14.6 | 33.1 | 7.7 | 6.3 | 5.6 | 31.0 | 7.6 | | 3.8 |
| NOV FY13 | 15.2 | 36.3 | 15.7 | 12.4 | 5.6 | 31.1 | 12.2 | 7.2 | 9.0 |
| DEC FY13 | 13.8 | 30.6 | 15.1 | 12.9 | 6.4 | 6.6 | 22.1 | 8.1 | 7.5 |
| JAN FY13 | 14.0 | 28.4 | 9.5 | 8.8 | 7.1 | 5.0 | 12.7 | 10.7 | 7.2 |
| FEB FY13 | 14.8 | 29.4 | 11.8 | 5.7 | 2.6 | 18.6 | 8.0 | 10.1 | 7.1 |
| MAR FY13 | 13.3 | 30.8 | 6.5 | 5.3 | 5.6 | 20.1 | 8.2 | 11.1 | 9.0 |
| APR FY13 | 14.4 | 19.5 | 8.8 | 6.2 | 7.5 | 17.2 | 9.0 | 32.0 | 5.6 |
| MAY FY13 | 16.0 | 31.3 | 19.2 | 10.8 | 10.1 | 13.6 | 10.4 | 38.2 | 7.1 |
| JUN FY13 | 14.2 | 28.6 | 14.0 | 9.6 | 7.6 | 9.1 | 20.3 | 20.0 | 5.7 |
| JUL FY13 | 14.6 | 29.4 | 16.4 | 13.5 | 7.3 | 3.2 | 9.7 | 29.2 | 4.2 |
| AUG FY13 | 15.7 | 31.6 | 15.0 | 20.3 | 11.7 | 7.7 | 11.2 | 23.9 | 8.2 |
| SEP FY13 | 13.4 | 28.4 | 10.0 | 10.1 | 8.2 | 5.7 | 8.5 | 20.3 | 7.5 |

**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. Blank cells indicate the absence of reported data.



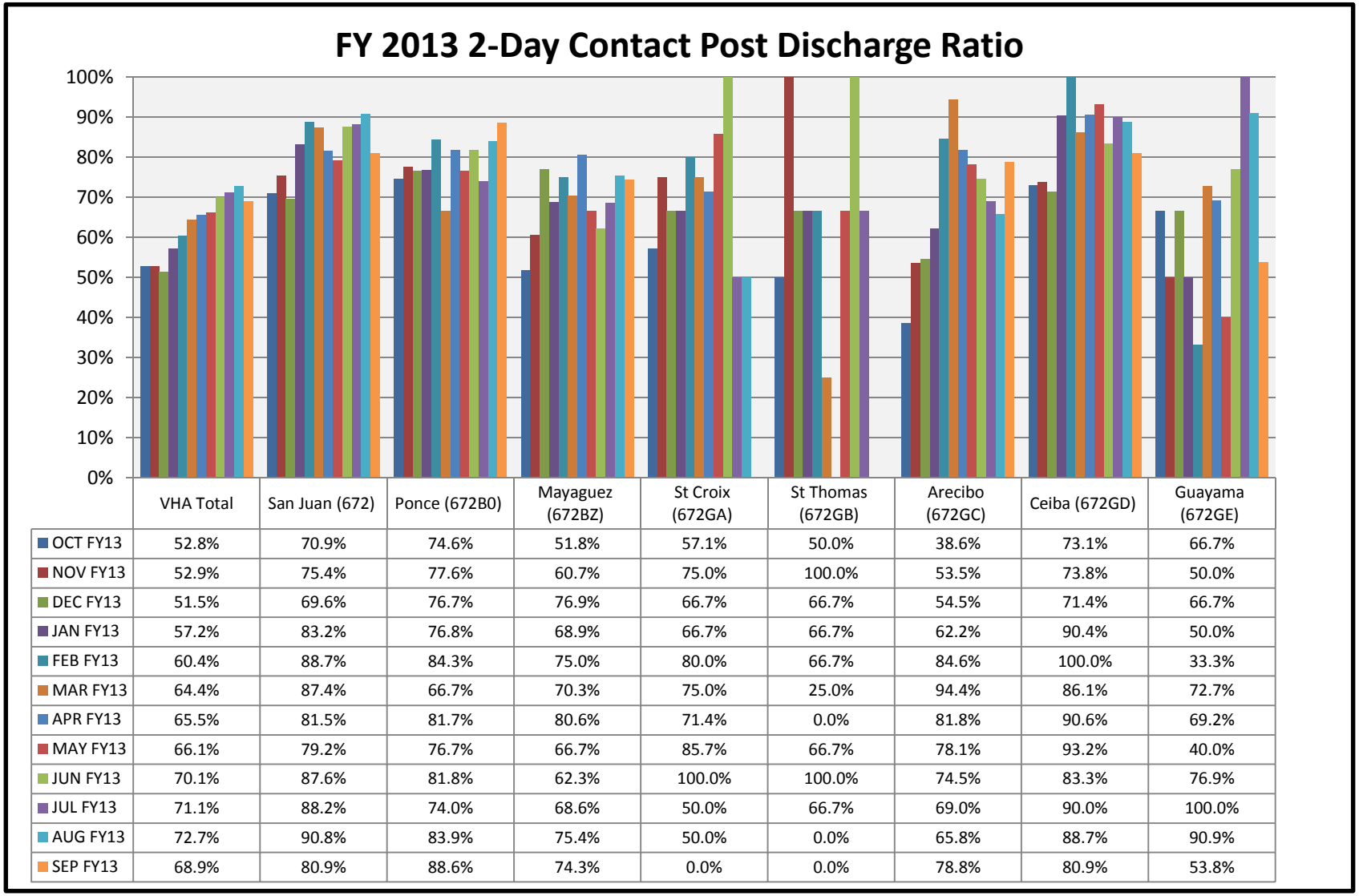

| | OCT FY13 | NOV FY13 | DEC FY13 | JAN FY13 | FEB FY13 | MAR FY13 | APR FY13 | MAY FY13 | JUN FY13 | JUL FY13 | AUG FY13 | SEP FY13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VHA Total | 83.5% | 81.1% | 82.4% | 82.6% | 83.2% | 83.6% | 84.0% | 84.0% | 84.1% | 84.3% | 84.5% | 84.7% |
| San Juan (672) | 86.6% | 84.3% | 86.3% | 87.7% | 88.4% | 89.5% | 89.6% | 88.8% | 88.4% | 89.0% | 90.5% | 89.4% |
| Ponce (672B0) | 83.0% | 82.7% | 83.6% | 85.5% | 86.2% | 87.8% | 87.7% | 86.8% | 88.2% | 89.7% | 90.4% | 90.4% |
| Mayaguez (672BZ) | 88.9% | 85.3% | 87.0% | 86.5% | 87.5% | 88.8% | 89.2% | 89.8% | 90.6% | 90.6% | 88.5% | 89.9% |
| St Croix (672GA) | 67.8% | 62.1% | 61.5% | 62.1% | 64.2% | 71.7% | 73.6% | 72.0% | 74.0% | 76.0% | 76.3% | 84.8% |
| St Thomas (672GB) | 92.9% | 53.8% | 52.6% | 41.1% | 36.2% | 78.4% | 73.1% | 67.3% | 60.0% | 65.7% | 57.9% | 69.6% |
| Arecibo (672GC) | 78.3% | 64.5% | 70.4% | 72.7% | 74.9% | 77.8% | 81.7% | 81.9% | 81.6% | 81.9% | 84.4% | 86.0% |
| Ceiba (672GD) | 95.9% | 93.7% | 91.5% | 96.4% | 94.5% | 92.1% | 94.9% | 95.6% | 93.5% | 89.8% | 94.3% | 95.7% |
| Guayama (672GE) | 86.8% | 77.0% | 83.9% | 86.4% | 84.8% | 89.3% | 89.0% | 86.6% | 89.4% | 90.3% | 93.3% | 95.1% |

**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% |
| San Juan (672) | 22.7% | 22.9% | 23.5% | 23.8% | 24.0% | 24.4% | 24.2% | 24.4% | 24.3% | 24.2% | 24.6% | 24.9% |
| Ponce (672B0) | 7.7% | 7.6% | 7.6% | 7.5% | 7.3% | 7.3% | 7.0% | 6.8% | 6.8% | 6.8% | 6.8% | 6.6% |
| Mayaguez (672BZ) | 4.9% | 4.7% | 4.8% | 4.8% | 4.9% | 5.0% | 5.0% | 5.1% | 5.1% | 4.9% | 4.9% | 4.8% |
| St Croix (672GA) | 4.8% | 5.0% | 5.1% | 4.9% | 4.3% | 4.8% | 4.3% | 4.3% | 4.3% | 4.4% | 4.1% | 4.1% |
| St Thomas (672GB) | 3.0% | 3.4% | 3.2% | 3.4% | 3.5% | 3.2% | 3.2% | 3.1% | 3.1% | 2.8% | 2.7% | 2.6% |
| Arecibo (672GC) | 9.1% | 9.4% | 9.2% | 8.9% | 8.9% | 8.9% | 8.5% | 8.4% | 8.3% | 8.3% | 8.3% | 8.4% |
| Ceiba (672GD) | 11.4% | 11.6% | 12.8% | 13.2% | 13.2% | 13.5% | 13.7% | 14.2% | 14.1% | 13.9% | 14.2% | 14.4% |
| Guayama (672GE) | 7.6% | 7.5% | 7.5% | 6.6% | 6.2% | 6.5% | 6.4% | 6.3% | 6.5% | 6.4% | 6.6% | 6.3% |

**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 | San Juan (672) | Ponce (672B0) | Mayaguez (672BZ) | St Croix (672GA) | St Thomas (672GB) | Arecibo (672GC) | Ceiba (672GD) | Guayama (672GE) |
|---|---|---|---|---|---|---|---|---|---|
| OCT FY13 | 52.8% | 70.9% | 74.6% | 51.8% | 57.1% | 50.0% | 38.6% | 73.1% | 66.7% |
| NOV FY13 | 52.9% | 75.4% | 77.6% | 60.7% | 75.0% | 100.0% | 53.5% | 73.8% | 50.0% |
| DEC FY13 | 51.5% | 69.6% | 76.7% | 76.9% | 66.7% | 66.7% | 54.5% | 71.4% | 66.7% |
| JAN FY13 | 57.2% | 83.2% | 76.8% | 68.9% | 66.7% | 66.7% | 62.2% | 90.4% | 50.0% |
| FEB FY13 | 60.4% | 88.7% | 84.3% | 75.0% | 80.0% | 66.7% | 84.6% | 100.0% | 33.3% |
| MAR FY13 | 64.4% | 87.4% | 66.7% | 70.3% | 75.0% | 25.0% | 94.4% | 86.1% | 72.7% |
| APR FY13 | 65.5% | 81.5% | 81.7% | 80.6% | 71.4% | 0.0% | 81.8% | 90.6% | 69.2% |
| MAY FY13 | 66.1% | 79.2% | 76.7% | 66.7% | 85.7% | 66.7% | 78.1% | 93.2% | 40.0% |
| JUN FY13 | 70.1% | 87.6% | 81.8% | 62.3% | 100.0% | 100.0% | 74.5% | 83.3% | 76.9% |
| JUL FY13 | 71.1% | 88.2% | 74.0% | 68.6% | 50.0% | 66.7% | 69.0% | 90.0% | 100.0% |
| AUG FY13 | 72.7% | 90.8% | 83.9% | 75.4% | 50.0% | 0.0% | 65.8% | 88.7% | 90.9% |
| SEP FY13 | 68.9% | 80.9% | 88.6% | 74.3% | 0.0% | 0.0% | 78.8% | 80.9% | 53.8% |

**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 4, 2014

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

**Subject:** **CBOC and Primary Care Clinic Reviews of the VA Caribbean Healthcare System, San Juan, PR**

**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 VA Caribbean Healthcare System Review of CBOC and Primary Care Clinics on February 3-7, 2014.

2. Appropriate action has been initiated and/or completed as detailed in the attached report.

Joleen Clark

Joleen Clark, MBA, FACHE

# Facility Director Comments

Department of
Veterans Affairs

## Memorandum

**Date:** February 28, 2014

**From:** Director, VA Caribbean Healthcare System (672/00)

**Subject:** **CBOC and Primary Care Clinic Reviews of the VA Caribbean Healthcare System, San Juan, PR**

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

1. I have reviewed and concur with the VA Caribbean Healthcare System Review of CBOC and Primary Care Clinic on February 3-7, 2014

2. Appropriate action has been initiated and/or completed as detailed in the attached report.

**DEWAYNE HAMLIN**

# 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 managers ensure that the hazardous materials inventory for the Arecibo CBOC is reviewed at least twice yearly.

Concur

Target date for completion: September 30, 2014

Facility response: The VACHS will complete the Hazardous material inventory by March 15, 2014, and again by September 15, 2014, and then every six months in accordance with the VA Directive 0059, *VA Chemicals Management and Pollution Prevention*, dated May 25, 2012.

**Recommendation 2.** We recommended that managers ensure that PII is protected by securing laboratory specimens during transport from the Arecibo CBOC to the parent facility.

Concur

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

**Facility response:** Our interim solution has been to use durable plastic tie straps to secure (lock) the containers used to transport the samples. We are in the process purchasing metal boxes with combination locks, which will be in use by May 30, 2014.

**Recommendation 3.** We recommended that managers ensure that women veterans can access gender-specific restrooms without entering public areas at the Arecibo CBOC.

Concur

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

**Facility response:** The current women's exam room will be relocated to another exam room next to the bathroom.

**Recommendation 4.** We recommended that CBOC/PCC RN Care Managers receive MI training within 12 months of appointment to PACT.

Concur

**Target date for completion:** Completed January 31, 2014

**Facility response:** All staff found deficient during the OIG visit have completed the MI course. Additionally, to maintain compliance with Health Promotion Disease Prevention, the Program Manager is using an education-tracking grid to notify the Chief Nurse/Ambulatory Care and individual staff members when course compliance is due. This is an ongoing action.

# OIG Contact and Staff Acknowledgments

| | |
|---|---|
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Government Accountability Office
Office of Management and Budget
Resident Commissioner for the Commonwealth of Puerto Rico: Pedro Pierluisi

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), Veteran Health Education and Information (NVEI) Program, *Patient Education: TEACH for Success.* Retrieved from http://www.prevention.va.gov/Publications/Newsletters/2013/HealthPOWER_Prevention_News_Winter_2012_2013_FY12_TEACH_MI_Facilitator_Training.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.