



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

Office of Healthcare Inspections

Report No. 14-00227-131

**Community Based Outpatient Clinic
and Primary Care Clinic Reviews
at
Birmingham VA Medical Center
Birmingham, Alabama**

April 28, 2014

Washington, DC 20420

To Report Suspected Wrongdoing in VA Programs and Operations

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(Hotline Information: www.va.gov/oig/hotline)

Glossary

ACOS	Associate Chief of Staff, Primary Care and Community Based Medicine
AUD	alcohol use disorder
CBOC	community based outpatient clinic
DWHP	designated women's health provider
EHR	electronic health record
EOC	environment of care
FY	fiscal year
MH	mental health
MM	medication management
NIAAA	National Institute on Alcohol Abuse and Alcoholism
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
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 weeks of January 27 and February 23, 2014, at the following CBOCs which are under the oversight of the Birmingham VA Medical Center and Veterans Integrated Service Network 7:

- Gadsden CBOC, Gadsden, AL
- Jasper CBOC, Jasper, AL

Review Results: We conducted four focused reviews and had no findings for the Environment of Care review. The Designated Women's Health Provider Proficiency review had a finding that did not result in a recommendation. 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.
- Ensure that patients with excessive persistent alcohol use receive brief treatment or are evaluated by a specialty provider within 2 weeks of the screening.

Medication Management. Ensure that CBOC/PCC:

- Staff document that medication reconciliation was completed at each episode of care where the newly prescribed fluoroquinolone was administered, prescribed, or modified.
- Staff consistently provide written medication information that includes the fluoroquinolone.
- Staff provide medication counseling/education that includes the fluoroquinolone.

Comments

The VISN and Facility Directors agreed with the CBOC and PCC review findings and recommendations and provided acceptable improvement plans. (See Appendixes C and D, pages 15–18, 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 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 two 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 and tested in high-risk areas (e.g., mental health 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.	

	Areas Reviewed (continued)	Findings
	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 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) 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.	

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.	
X	Diagnostic assessments are completed for patients with a positive alcohol screen.	Staff did not complete diagnostic assessments for 8 (27 percent) 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 NIAAA guidelines.	
X	Documentation reflects the offer of further treatment for patients diagnosed with alcohol dependence.	We did not find documentation of the offer of further treatment for two of six patients diagnosed with alcohol dependence.
	For patients with AUD who decline referral to specialty care, CBOC/PCC staff monitored them and their alcohol use.	
X	Counseling, education, and brief treatments for AUD are provided within 2 weeks of positive screening.	Treatment was not provided within 2 weeks of the positive screening for 10 of 16 patients.
	CBOC/PCC RN Care Managers have received motivational interviewing 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.	

1. We recommended that staff consistently complete diagnostic assessments for patients with a positive alcohol screen.
2. We recommended that staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.

3. We recommended that managers ensure that patients with excessive persistent alcohol use receive brief treatment or are evaluated by a specialty provider within 2 weeks of the screening.

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 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 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 9 (23 percent) of 39 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 18 (46 percent) of 39 patients received written information that included the fluoroquinolone.
X	Medication counseling/education for the fluoroquinolone was documented in the patients' EHRs.	We did not find documentation of medication counseling that included the fluoroquinolone in 14 (36 percent) of 39 patients' EHRs.
	Clinicians documented the evaluation of each patient's level of understanding for the education provided.	
	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 consistently provide medication counseling/education that includes the fluoroquinolone.

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, PCMM data, and supporting documentation for DWHPs’ proficiencies. The table below shows the areas reviewed for this topic. The area marked as NM did not meet applicable requirements and needed improvement.

Table 5. DWHP Proficiency

NM	Areas Reviewed	Findings
	CBOC and PCC DWHPs maintained proficiency requirements.	
X	CBOC and PCC DWHPs were designated with the WH indicator in the PCMM.	Thirteen of 13 DWHPs were not designated with the WH indicator in the PCMM.

The facility made the required WH designations in PCMM for CBOC and PCC DWHPs during the weeks of our reviews. We verified the updated information.

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 ⁱ	All
Huntsville	AL	521GA	Urban	Large	2,217	5,655	4,584	7,188	16,767	17,909	11,426	46,102
Decatur/Madison	AL	521GB	Urban	Large	1,171	3,677	4,235	5,668	5,921	10,379	11,385	27,685
Anniston/Oxford	AL	521GE	Urban	Mid-Size	1,704	3,757	2,304	4,248	7,876	11,939	5,346	25,161
Rainbow City	AL	521GD	Urban	Mid-Size	1,211	3,656	2,121	4,055	6,992	10,575	7,011	24,578
Florence (Shoals Area)	AL	521GC	Urban	Mid-Size	1,226	3,335	3,016	3,613	9,055	9,041	9,518	27,614
Bessemer	AL	521GG	Urban	Mid-Size	907	2,355	2,701	3,106	6,880	7,740	14,313	28,933
Guntersville	AL	521GI	Rural	Mid-Size	655	1,862	1,643	2,144	4,614	6,937	6,144	17,695
Jasper	AL	521GF	Rural	Mid-Size	768	1,740	1,815	2,076	3,989	5,409	9,173	18,571
Childersburg	AL	521GH	Rural	Mid-Size	700	1,747	974	1,918	5,638	6,603	2,070	14,311

^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 mental health 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
Huntsville	Optometry Dermatology	Nutrition Rehabilitation	Tele Primary Care
Decatur/Madison	Dermatology	Audiology Diabetic Retinal Screening Nutrition	Tele Primary Care
Anniston/Oxford	Dermatology	Nutrition Diabetic Retinal Screening	Tele Primary Care
Rainbow City	Dermatology	Pharmacy Nutrition Diabetic Retinal Screening	Tele Primary Care
Florence (Shoals Area)	Dermatology	Diabetic Retinal Screening	Tele Primary Care
Bessemer	Optometry Anti-Coagulation Clinic	Pharmacy Nutrition Diabetic Retinal Screening MOVE! Program ⁿ	Tele Primary Care
Guntersville	---	Pharmacy Diabetic Retinal Screening	Tele Primary Care
Jasper	Anti-Coagulation Clinic	Pharmacy Nutrition	Tele Primary Care
Childersburg	Dermatology	Nutrition Diabetic Retinal Screening Pharmacy	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.

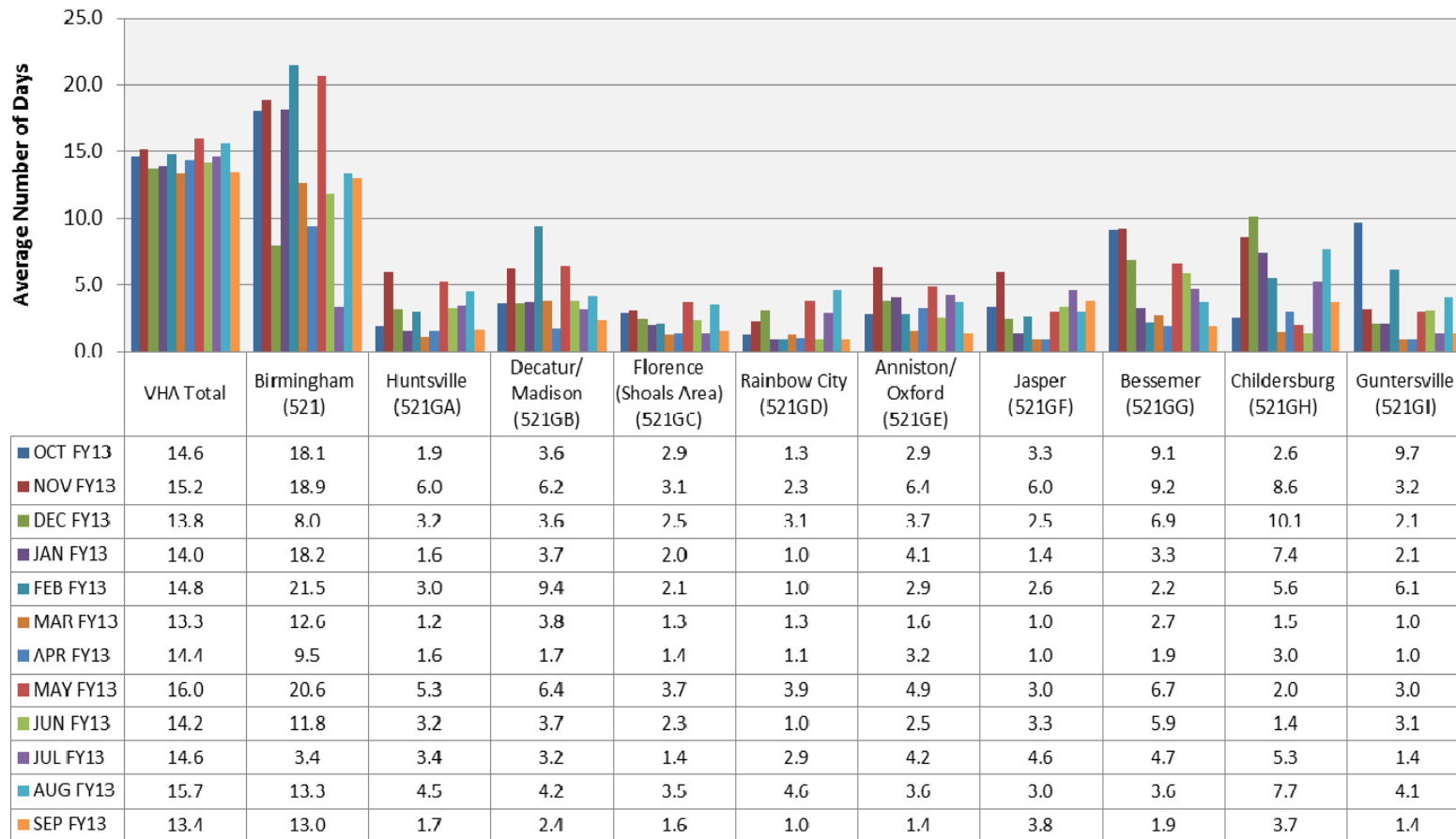
^l Ancillary Services refer to non-Primary Care and non-Mental Health services that are not provided by a physician.

^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.

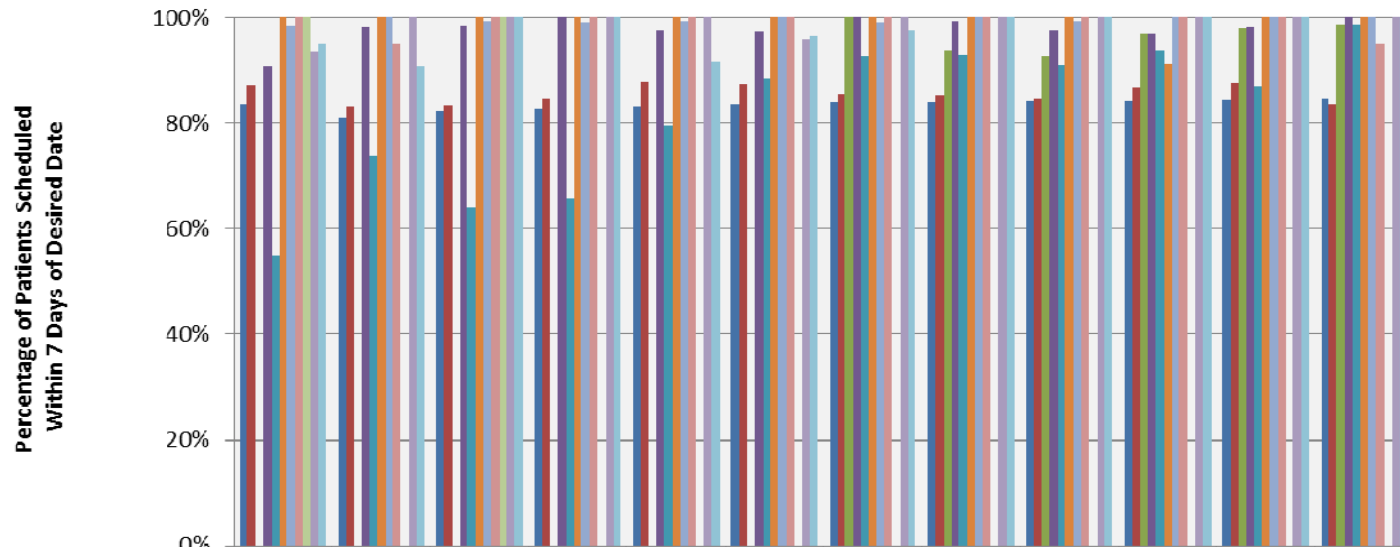
PACT Compass Metrics

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.

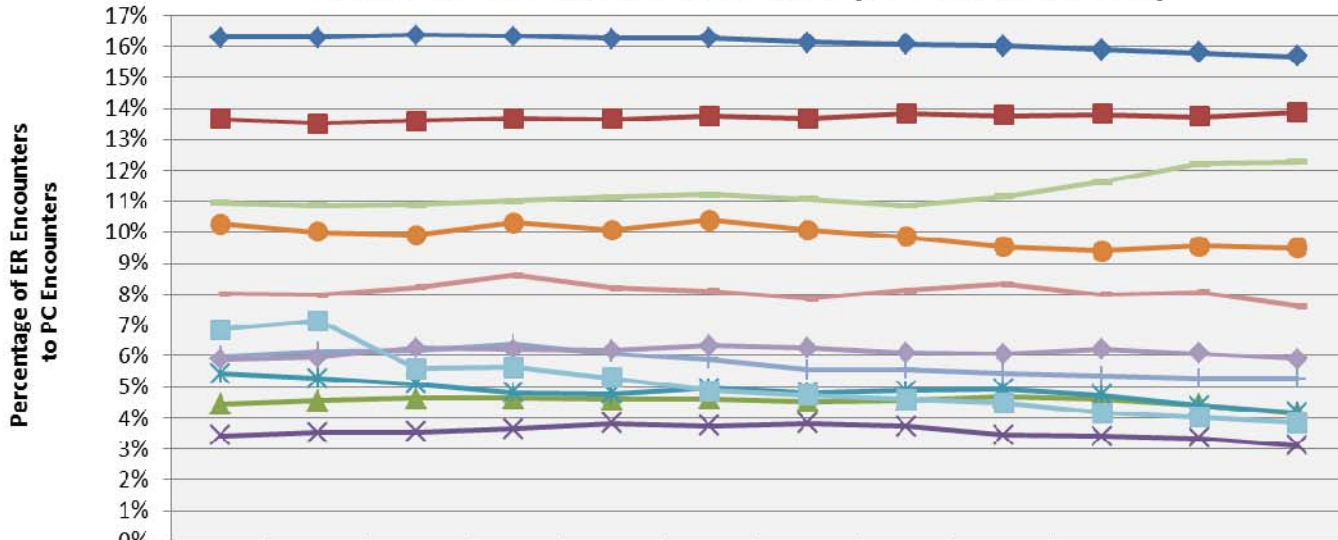
FY 2013 Established PC Prospective Wait Times 7 Days



	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%
Birmingham (521)	87.1%	83.0%	83.4%	84.6%	87.8%	87.4%	85.5%	85.5%	84.6%	86.8%	87.6%	83.5%
Huntsville (521GA)							100.0%	93.8%	92.6%	97.0%	98.0%	98.7%
Decatur /Madison (521GB)	90.9%	98.2%	98.5%	100.0%	97.6%	97.5%	100.0%	99.2%	97.5%	97.0%	98.3%	100.0%
Florence (Shoals Area) (521GC)	54.9%	73.7%	64.1%	65.8%	79.5%	88.5%	92.5%	92.9%	91.1%	93.8%	87.0%	98.8%
Rainbow City (521GD)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	91.3%	100.0%	100.0%
Anniston /Oxford (521GE)	98.6%	100.0%	99.2%	99.0%	99.2%	100.0%	99.0%	100.0%	99.1%	100.0%	100.0%	100.0%
Jasper (521GF)	100.0%	95.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	95.0%
Bessemer (521GG)	100.0%		100.0%									
Childersburg (521GH)	93.5%	100.0%	100.0%	100.0%	100.0%	95.8%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Guntersville (521GI)	95.1%	90.8%	100.0%	100.0%	91.7%	96.4%	97.5%	100.0%	100.0%	100.0%	100.0%	100.0%

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. Blank cells indicate the absence of reported data.

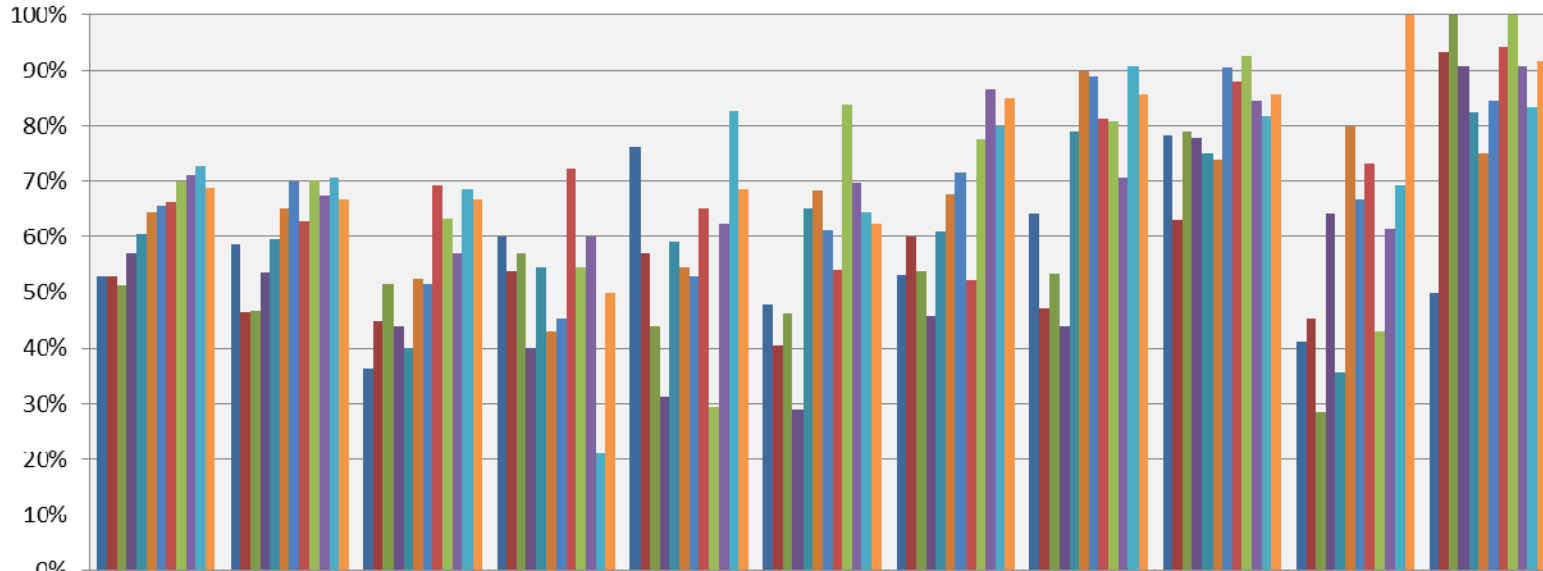
FY 2013 Ratio of ER Encounters While on Panel to PC Encounters While on Panel (FEE ER Included)



	OCT FY13	NOV FY13	DEC FY13	JAN FY13	FEB FY13	MAR FY13	APR FY13	MAY FY13	JUN FY13	JUL FY13	AUG FY13	SEP FY13
VHA Total	16.3%	16.3%	16.4%	16.3%	16.3%	16.3%	16.1%	16.1%	16.0%	15.9%	15.8%	15.7%
Birmingham (521)	13.7%	13.5%	13.6%	13.7%	13.7%	13.8%	13.7%	13.8%	13.8%	13.8%	13.7%	13.9%
Huntsville (521GA)	4.4%	4.6%	4.6%	4.6%	4.6%	4.6%	4.5%	4.6%	4.7%	4.6%	4.4%	4.1%
Decatur /Madison (521GB)	3.4%	3.5%	3.6%	3.7%	3.8%	3.7%	3.8%	3.7%	3.4%	3.4%	3.4%	3.1%
Florence (Shoals Area) (521GC)	5.4%	5.3%	5.1%	4.8%	4.8%	5.0%	4.8%	4.9%	4.9%	4.7%	4.4%	4.2%
Rainbow City (521GD)	10.3%	10.0%	9.9%	10.3%	10.1%	10.4%	10.1%	9.8%	9.5%	9.4%	9.6%	9.5%
Anniston /Oxford (521GE)	6.0%	6.1%	5.2%	6.4%	6.1%	5.9%	5.6%	5.6%	5.4%	5.4%	5.3%	5.3%
Jasper (521GF)	8.0%	8.0%	8.2%	8.6%	8.2%	8.1%	7.8%	8.1%	8.3%	8.0%	8.1%	7.6%
Bessemer (521GG)	11.0%	10.9%	10.9%	11.0%	11.1%	11.2%	11.1%	10.9%	11.2%	11.6%	12.2%	12.3%
Childersburg (521GH)	5.9%	6.0%	5.3%	6.2%	6.2%	6.3%	6.3%	6.1%	6.1%	6.2%	6.1%	5.9%
Guntersville (521GI)	6.9%	7.1%	5.6%	5.6%	5.3%	4.9%	4.7%	4.6%	4.5%	4.2%	4.0%	3.8%

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



	VHA Total	Birmingham (521)	Huntsville (521GA)	Decatur/Madison (521GB)	Florence (Shoals Area) (521GC)	Rainbow City (521GD)	Anniston/Oxford (521GE)	Jasper (521GF)	Bessemer (521GG)	Childersburg (521GH)	Guntersville (521GI)
■ OCT FY13	52.8%	58.7%	36.4%	60.0%	76.2%	47.8%	53.1%	64.3%	78.1%	41.2%	50.0%
■ NOV FY13	52.9%	46.5%	44.8%	53.8%	57.1%	40.5%	60.0%	47.1%	63.2%	45.5%	93.3%
■ DEC FY13	51.5%	46.6%	51.5%	57.1%	43.8%	46.2%	53.8%	53.3%	79.2%	28.6%	100.0%
■ JAN FY13	57.2%	53.6%	43.9%	40.0%	31.3%	28.9%	45.8%	43.8%	77.8%	64.3%	90.9%
■ FEB FY13	60.4%	59.6%	40.0%	54.5%	59.1%	65.1%	60.9%	78.9%	75.0%	35.7%	82.4%
■ MAR FY13	64.4%	65.2%	52.5%	42.9%	54.5%	68.4%	67.9%	90.0%	73.9%	80.0%	75.0%
■ APR FY13	65.5%	70.1%	51.6%	45.5%	52.9%	61.1%	71.4%	88.9%	90.6%	66.7%	84.6%
■ MAY FY13	66.1%	62.9%	69.2%	72.2%	65.0%	54.1%	52.2%	81.3%	88.0%	73.3%	94.1%
■ JUN FY13	70.1%	70.3%	63.3%	54.5%	29.4%	83.7%	77.4%	80.8%	92.6%	42.9%	100.0%
■ JUL FY13	71.1%	67.5%	57.1%	60.0%	62.5%	69.8%	86.7%	70.6%	84.6%	61.5%	90.9%
■ AUG FY13	72.7%	70.6%	68.8%	21.1%	82.6%	64.4%	80.0%	90.9%	81.8%	69.2%	83.3%
■ SEP FY13	68.9%	66.7%	66.7%	50.0%	68.8%	62.5%	85.0%	85.7%	85.7%	100.0%	91.7%

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: April 15, 2014

From: Director, VISN 7 (10N7)

Subject: **CBOC and PCC Reviews of the Birmingham VA Medical Center, Birmingham, AL**

To: Director, Atlanta Office of Healthcare Inspections (54AT)
Director, Management Review Service (VHA 10AR MRS
OIG CAP CBOC)

1. I have reviewed the CBOC Report and I concur with Birmingham's corrective action plan. VISN 7 will provide oversight and ensure support is available to successfully complete these actions as indicated within this report.
2. If you have questions or need additional information, please contact Dr. Robin Hindsman at 678-924-5723.

(original signed by:)

Charles E. Sepich, FACHE

Facility Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: April 2, 2014
From: Director, Birmingham VA Medical Center (521/00)
Subject: **CBOC and PCC Reviews of the Birmingham VA Medical Center, Birmingham, AL**
To: Director, VISN (10N7)

1. The Birmingham VA Medical Center has reviewed the CBOC Report and concurs with the recommendations. Corrective actions are underway with identified target completion dates.
2. If you have questions or need additional information, please contact my office at (205) 933-4515.

(original signed by:)

Thomas C. Smith, III, FACHE

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 staff consistently complete diagnostic assessments for patients with a positive alcohol screen.

Concur

Target date for completion: September 30, 2014

Facility response: The ACOS of Primary Care will ensure that clinical staff consistently completes diagnostic assessments for patient with positive alcohol screens. Positive alcohol screens will be tracked on a monthly basis for completion. The percentage completed will be tracked and monitored by Primary Care Service and reported monthly to the Quality Value Council.

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

Concur

Target date for completion: September 30, 2014

Facility response: The ACOS of Primary Care will ensure that clinical staff consistently documents the offer of further treatment to patients diagnosed with alcohol dependence. Documentation of the offered treatment will be tracked on a monthly basis. Compliance for treatment offered will be tracked and monitored by Primary Care Service and reported monthly to the Quality Value Council.

Recommendation 3. We recommended that managers ensure that patients with excessive persistent alcohol use receive brief treatment or are evaluated by a specialty provider within 2 weeks of the screening.

Concur

Target date for completion: September 30, 2014

Facility response: The ACOS of Primary Care and the Chief of Mental Health will ensure that patients with excessive persistent alcohol use receive brief treatment or are evaluated by a specialty provider within 2 weeks of the screening. Compliance for evaluation by a specialty provider within 2 weeks will be tracked and monitored by Primary Care service and reported monthly to the Quality Value Council.

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: September 30, 2014

Facility response: The ACOS for Primary Care will ensure staff document that medication reconciliation was completed at each episode of care where the newly prescribed fluoroquinolone was administered, prescribed, or modified. Primary Care Service will monitor compliance and provide monthly reports to the Quality Value Council.

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

Concur

Target date for completion: September 30, 2014

Facility response: The Chief of Pharmacy will develop a process to ensure staff consistently provides written medication information that includes the fluoroquinolone. The process will be presented to Health System Council for review and approval.

Recommendation 6. We recommended that staff provide medication counseling/education that includes the fluoroquinolone.

Concur

Target date for completion: September 30, 2014.

Facility response: The ACOS for Primary Care will ensure staff provides medication counseling/education that includes the fluoroquinolone. Primary Care Service will monitor compliance and provide monthly reports to the Quality Value Council.

OIG Contact and Staff Acknowledgments

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

Endnotes

¹ References used for the EOC review included:

- US Access Board, *Americans with Disabilities Act Accessibility Guidelines (ADAAG)*, September 2, 2002.
- US Department of Health and Human Services, Health Insurance Portability and Accountability Act, *The Privacy Rule*, August 14, 2002.
- US Department of Labor, Occupational Safety and Health Administration, *Laws and Regulations*.
- US Department of Labor, Occupational Safety and Health Administration, *Guidelines for Preventing Workplace Violence*, 2004.
- Joint Commission, *Joint Commission Comprehensive Accreditation and Certification 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), 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 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.