Department of Veterans Affairs
Office of Inspector General

Office of Healthcare Inspections

Report No. 14-00239-127

Community Based Outpatient Clinic and Primary Care Clinic Reviews at VA Northern Indiana Health Care System Fort Wayne, Indiana

April 18, 2014

To Report Suspected Wrongdoing in VA Programs and Operations
Telephone: 1-800-488-8244
E-Mail: vaoighotline@va.gov
(Hotline Information: www.va.gov/oig/hotline)

Glossary

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
NM	not met
OIG	Office of Inspector General
PACT	Patient Aligned Care Teams
PCC	primary care clinic
PCP	primary care provider
RN	registered nurse
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
WH	women's health

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Executive Summary

Review Purpose: The purpose of the review was to evaluate selected patient care activities to determine whether the community based outpatient clinics (CBOCs) and primary care clinics (PCCs) provide safe, consistent, and high-quality health care for our veterans. We conducted a site visit during the week of March 3, 2014, at the Peru, IN, CBOC, which is under the oversight of the VA Northern Indiana Health Care System and Veterans Integrated Service Network (VISN) 11.

Review Results: We conducted four focused reviews and had no findings for the Environment of Care review. However, we made recommendations in the following three review areas:

Alcohol Use Disorder. Ensure that CBOC/PCC:

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

- Registered Nurse Care Managers receive motivational interviewing and health coaching training within 12 months of appointment to Patient Aligned Care Teams.

Medication Management. Ensure that CBOC/PCC staff:

- Document that medication reconciliation is completed at each episode of care where the newly prescribed fluoroquinolone is administered, prescribed, or modified.

- Consistently provide written medication information that includes the fluoroquinolone.

- Provide medication counseling/education that includes the fluoroquinolone.

Designated Women's Health Providers' Proficiency. Ensure that all Designated Women's Health Providers:

- Maintain proficiency as required for the provision of women's health care.

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 15–19, for the full text of the Directors' comments.) We will follow up on the planned actions for the open recommendations until they are completed.

JOHN D. DAIGH, JR., M.D.
Assistant Inspector General for
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 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 the 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.

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

Table 1. CBOC/PCC Focused Reviews and Study Populations

Review Topic	Study Population
AUD	All CBOC and PCC patients screened within the study period of July 1, 2012, through June 30, 2013, and who had a positive AUDIT-C score[b] and all providers and RN Care Managers assigned to PACT prior to October 1, 2012.
MM	All outpatients with an original prescription ordered for one of the three selected fluoroquinolones from July 1, 2012, through June 30, 2013.
DWHP Proficiencies	All WH PCPs designated as DWHPs as of October 1, 2012, and who remained as DWHPs until September 30, 2013.

In this report, we make recommendations for improvement. Recommendations pertain to issues that are significant enough to be monitored by the OIG until corrective actions are implemented.

The review was done in accordance with OIG standard operating procedures for CBOC and PCC reviews.

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[b] The AUDIT-C is a brief alcohol screen that reliably identifies patients who are hazardous drinkers or have active alcohol use disorders. Scores range from 0–12.

Results and Recommendations

EOC

The purpose of this review was to evaluate whether CBOC managers have established and maintained a safe and clean EOC as required.[1]

We reviewed relevant documents and conducted a physical inspection of the Peru CBOC. 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.	
	All medications are secured from unauthorized access.	

NM	Areas Reviewed (continued)	Findings
	PII is protected on laboratory specimens during transport so that patient privacy is maintained.	
	Adequate privacy is provided to patients in examination rooms.	
	Documents containing patient-identifiable information are not laying around, visible, or unsecured.	
	Window coverings provide privacy.	
	The CBOC has a designated examination room for women veterans.	
	Adequate privacy is provided to women veterans in the examination room.	
	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 JC 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 15 (38 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 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 motivational interviewing training within 12 months of appointment to PACT.	We found that 3 of 24 RN Care Managers did not receive motivational interviewing 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 5 of 24 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 Community Based Outpatient Clinic/Primary Care Clinic staff consistently complete diagnostic assessments for patients with a positive alcohol screen.

2. We recommended that Community Based Outpatient Clinic/Primary Care Clinic Registered Nurse Care Managers receive motivational interviewing and health coaching training within 12 months of appointment to Patient Aligned Care Teams.

MM

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

We reviewed relevant documents. We also reviewed 38 EHRs and validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

Table 4. Fluoroquinolones

NM	Areas Reviewed	Findings
X	Clinicians documented the medication reconciliation process that included the fluoroquinolone.	We did not find documentation that medication reconciliation included the newly prescribed fluoroquinolone in 14 (37 percent) of 38 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 10 (26 percent) of 38 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 10 (26 percent) of 38 patient EHRs.
	Clinicians documented the evaluation of each patient's level of understanding for the education provided.	
	The facility complied with local policy.	

Recommendations

3. 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.

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

5. We recommended that staff 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, Primary Care Management Module data, and supporting documentation for DWHPs' proficiencies. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

Table 5. DWHP Proficiency

NM	Areas Reviewed	Findings
X	CBOC and PCC DWHPs maintained proficiency requirements.	Twelve of the 20 DWHPs with patient panels comprised of less than 10 percent women veterans at the CBOC and/or PCCs did not have evidence of implementation of alternative plans to ensure ongoing proficiency in women's health care.
	CBOC and PCC DWHPs were designated with the WH indicator in the Primary Care Management Module.	

Recommendation

6. We recommended that clinical executive/primary care leaders ensure that Community Based Outpatient Clinic/Primary Care Clinic Designated Women's Health Providers maintain proficiency as required for the provision of women's health care.

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
South Bend	IN	610GA	Urban	Large	1,222	8,724	4,211	9,000	7,466	17,694	12,181	37,341
Muncie	IN	610GB	Urban	Mid-Size	586	3,940	2,382	4,302	3,693	9,237	7,741	20,671
Goshen	IN	610GC	Urban	Mid-Size	659	3,294	1,797	3,539	3,052	7,963	5,050	16,065
Peru	IN	610GD	Rural	Mid-Size	255	2,378	1,884	2,882	1,201	5,477	6,259	12,937

[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 – Mental Health 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 women's health 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]
South Bend	Anti-Coagulation Clinic Dermatology	Radiology Diabetic Retinal Screening Laboratory MOVE! Program[n] Social Work	Tele Primary Care
Muncie	Dermatology	Pharmacy Radiology MOVE! Program Prosthetics/Orthotics Laboratory	Tele Primary Care
Goshen	---	Radiology MOVE! Program	Tele Primary Care
Peru	---	Pharmacy MOVE! Program Prosthetics/Orthotics Radiology	Tele Primary Care

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[j] Source: MedSAS outpatient files; the denoted Specialty Care and Ancillary Services are limited to Primary Clinic Stops with a count $\geq$ 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.
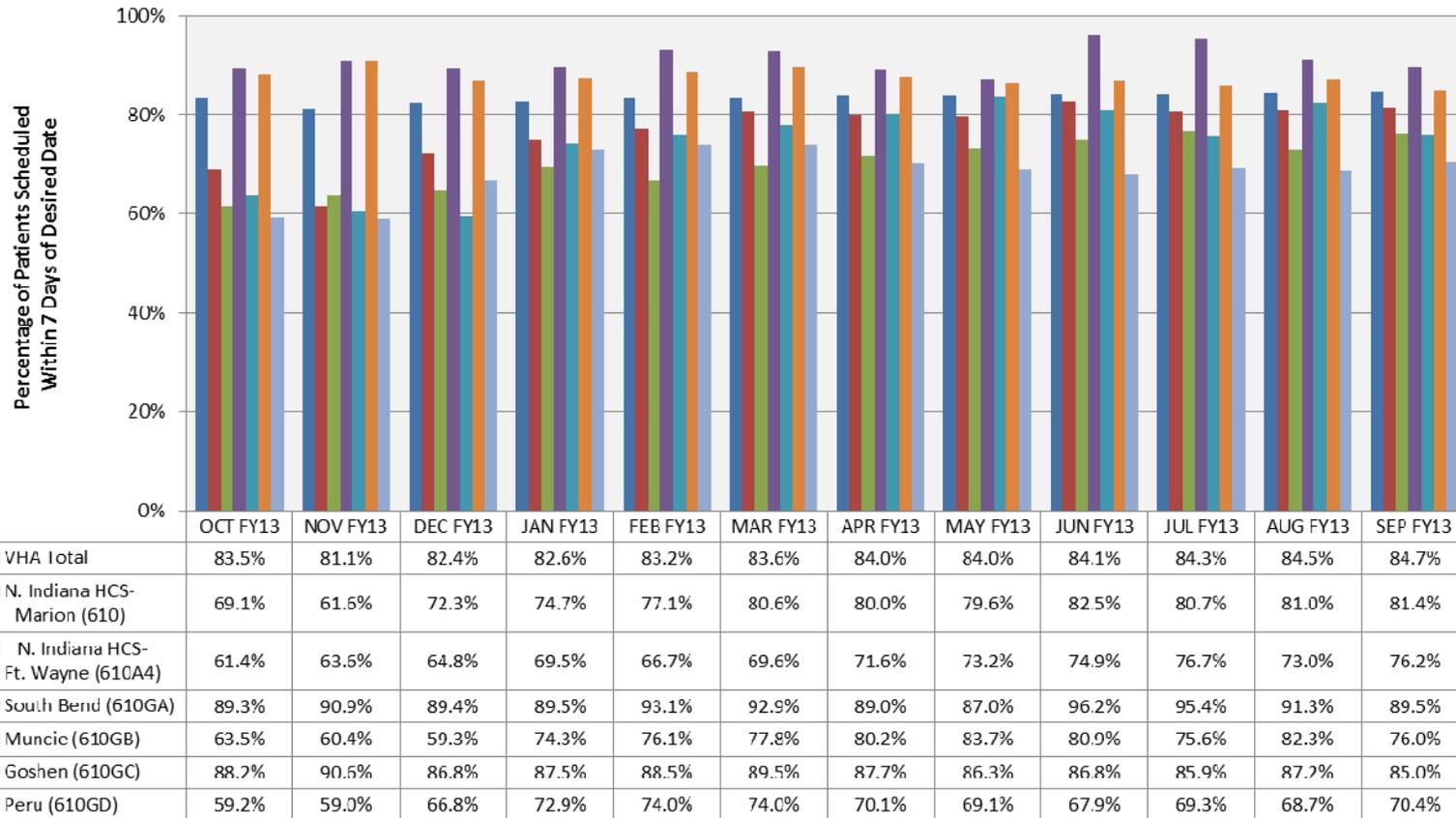
PACT Compass Metrics

FY 2013 Average 3rd Next Available in PC Clinics
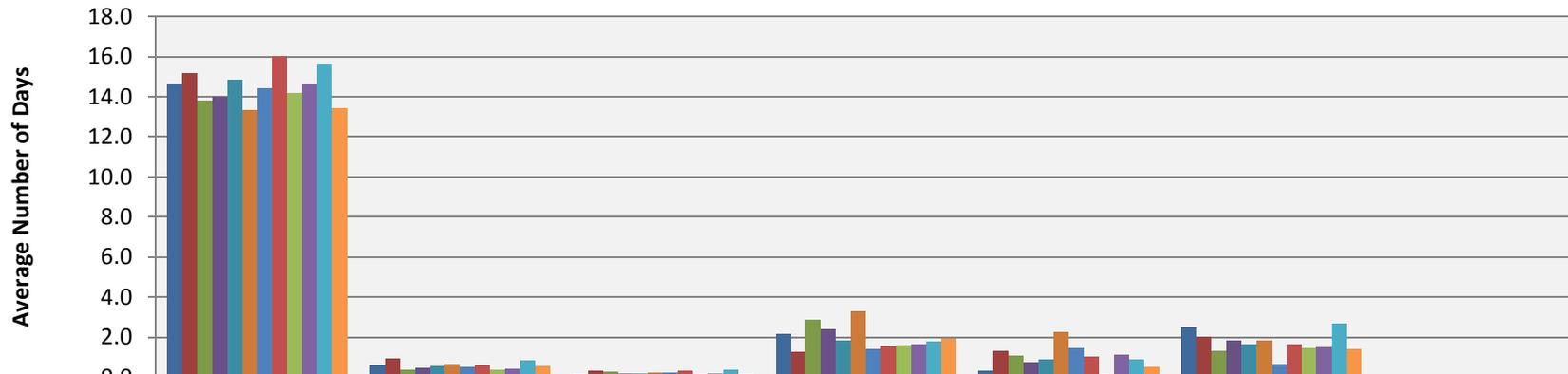
	VHA Total	N. Indiana HCS-Marion (610)	N. Indiana HCS-Ft. Wayne (610A4)	South Bend (610GA)	Muncie (610GB)	Goshen (610GC)	Peru (610GD)
OCT FY13	14.6	0.6	0.1	2.2	0.3	2.5	
NOV FY13	15.2	0.9	0.3	1.3	1.3	2.0	
DEC FY13	13.8	0.3	0.3	2.9	1.1	1.3	
JAN FY13	14.0	0.4	0.2	2.4	0.7	1.8	
FEB FY13	14.8	0.5	0.2	1.8	0.9	1.6	
MAR FY13	13.3	0.6	0.2	3.3	2.3	1.8	
APR FY13	14.4	0.5	0.2	1.4	1.5	0.6	
MAY FY13	16.0	0.6	0.3	1.5	1.0	1.6	
JUN FY13	14.2	0.4	0.1	1.6	0.1	1.4	
JUL FY13	14.6	0.4	0.2	1.6	1.1	1.5	
AUG FY13	15.7	0.9	0.4	1.8	0.9	2.7	
SEP FY13	13.4	0.6	0.1	1.9	0.5	1.4	

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.

FY 2013 Established PC Prospective Wait Times 7 Days

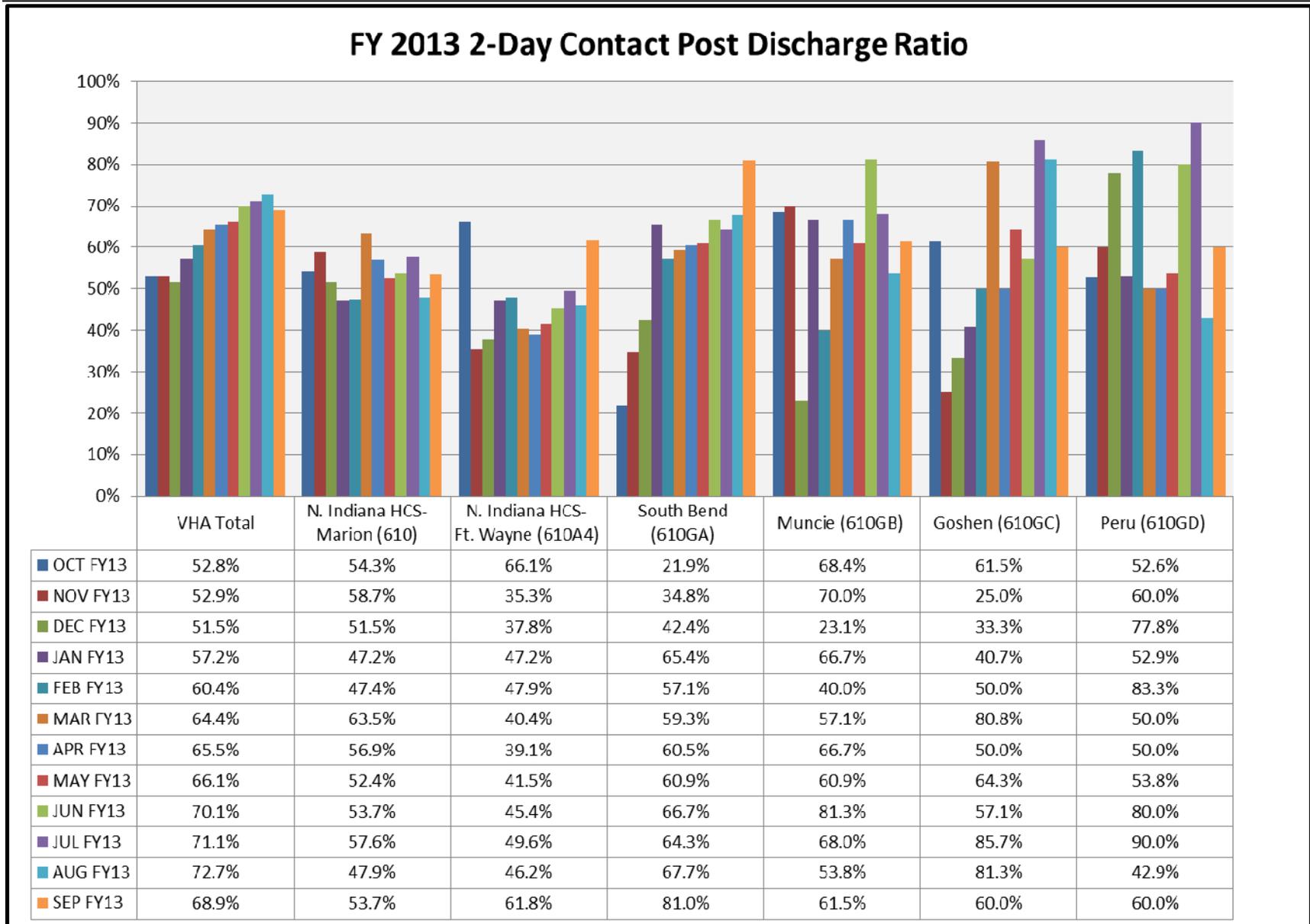|	OCT FY13	NOV FY13	DEC FY13	JAN FY13	FEB FY13	MAR FY13	APR FY13	MAY FY13	JUN FY13	JUL FY13	AUG FY13	SEP FY13
VHA Total	83.5%	81.1%	82.4%	82.6%	83.2%	83.6%	84.0%	84.0%	84.1%	84.3%	84.5%	84.7%
N. Indiana HCS-Marion (610)	69.1%	61.6%	72.3%	74.7%	77.1%	80.6%	80.0%	79.6%	82.5%	80.7%	81.0%	81.4%
N. Indiana HCS-Ft. Wayne (610A4)	61.4%	63.5%	64.8%	69.5%	66.7%	69.6%	71.6%	73.2%	74.9%	76.7%	73.0%	76.2%
South Bend (610GA)	89.3%	90.9%	89.4%	89.5%	93.1%	92.9%	89.0%	87.0%	96.2%	95.4%	91.3%	89.5%
Muncie (610GB)	63.5%	60.4%	59.3%	74.3%	76.1%	77.8%	80.2%	83.7%	80.9%	75.6%	82.3%	76.0%
Goshen (610GC)	88.2%	90.6%	86.8%	87.5%	88.5%	89.5%	87.7%	86.3%	86.8%	85.9%	87.2%	85.0%
Peru (610GD)	59.2%	59.0%	66.8%	72.9%	74.0%	74.0%	70.1%	69.1%	67.9%	69.3%	68.7%	70.4%

Data Definition.[5] The percent of patients scheduled within 7 days of the desired date. Data source is the Wait Times Prospective Wait Times measures. The total number of scheduled appointments for primary care-assigned patients in primary care clinics 322, 323 and 350. Data is collected twice a month on the 1st and the 15th. Data reported is for the data pulled on the 15th of the month. There is no FY to date score for this measure.

FY 2013 Ratio of ER Encounters While on Panel to PC Encounters While on Panel (FEE ER Included)
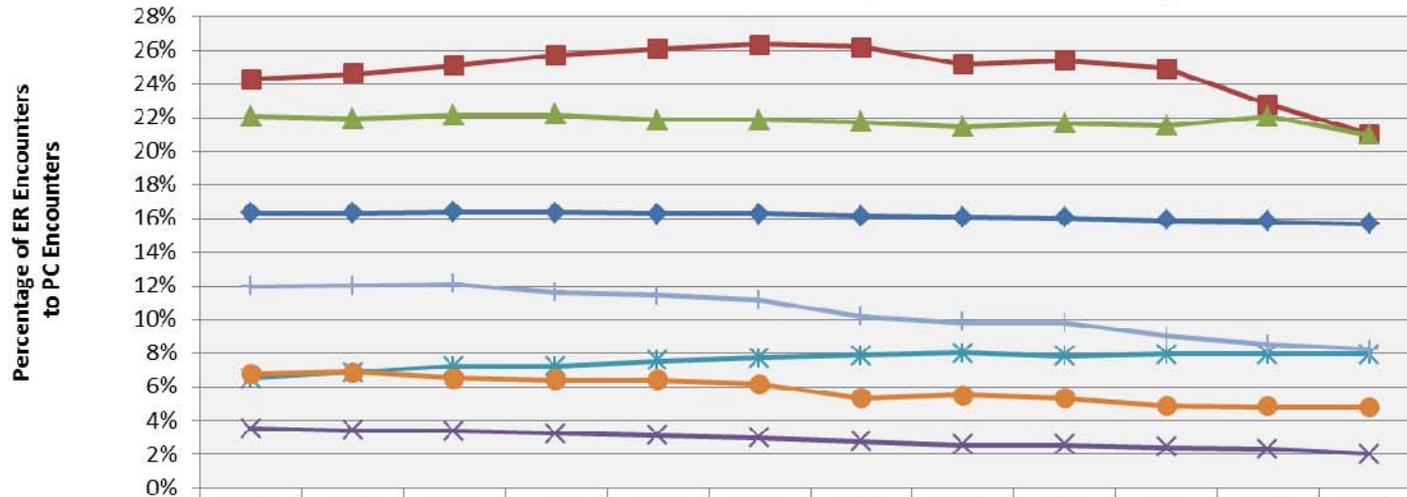
	OCT FY13	NOV FY13	DEC FY13	JAN FY13	FEB FY13	MAR FY13	APR FY13	MAY FY13	JUN FY13	JUL FY13	AUG FY13	SEP FY13
VHA Total	16.3%	16.3%	16.4%	16.3%	16.3%	16.3%	16.1%	16.1%	16.0%	15.9%	15.8%	15.7%
N. Indiana HCS-Marion (610)	24.3%	24.6%	25.1%	25.7%	26.1%	26.3%	26.2%	25.2%	25.4%	24.9%	22.8%	21.0%
N. Indiana HCS-Ft. Wayne (610A4)	22.1%	21.9%	22.1%	22.2%	21.9%	21.8%	21.7%	21.5%	21.7%	21.5%	22.1%	21.0%
South Bend (610GA)	3.5%	3.4%	3.4%	3.2%	3.1%	3.0%	2.8%	2.5%	2.5%	2.4%	2.3%	2.0%
Muncie (610GB)	6.5%	6.9%	7.2%	7.2%	7.5%	7.7%	7.9%	8.0%	7.8%	7.9%	7.9%	7.9%
Goshen (610GC)	6.7%	6.9%	6.5%	6.4%	6.4%	6.1%	5.3%	5.5%	5.3%	4.9%	4.8%	4.8%
Peru (610GD)	12.0%	12.0%	12.1%	11.6%	11.4%	11.1%	10.2%	9.8%	9.8%	9.0%	8.5%	8.2%

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	N. Indiana HCS-Marion (610)	N. Indiana HCS-Ft. Wayne (610A4)	South Bend (610GA)	Muncie (610GB)	Goshen (610GC)	Peru (610GD)
OCT FY13	52.8%	54.3%	66.1%	21.9%	68.4%	61.5%	52.6%
NOV FY13	52.9%	58.7%	35.3%	34.8%	70.0%	25.0%	60.0%
DEC FY13	51.5%	51.5%	37.8%	42.4%	23.1%	33.3%	77.8%
JAN FY13	57.2%	47.2%	47.2%	65.4%	66.7%	40.7%	52.9%
FEB FY13	60.4%	47.4%	47.9%	57.1%	40.0%	50.0%	83.3%
MAR FY13	64.4%	63.5%	40.4%	59.3%	57.1%	80.8%	50.0%
APR FY13	65.5%	56.9%	39.1%	60.5%	66.7%	50.0%	50.0%
MAY FY13	66.1%	52.4%	41.5%	60.9%	60.9%	64.3%	53.8%
JUN FY13	70.1%	53.7%	45.4%	66.7%	81.3%	57.1%	80.0%
JUL FY13	71.1%	57.6%	49.6%	64.3%	68.0%	85.7%	90.0%
AUG FY13	72.7%	47.9%	46.2%	67.7%	53.8%	81.3%	42.9%
SEP FY13	68.9%	53.7%	61.8%	81.0%	61.5%	60.0%	60.0%

Data Definition.[5] Total Discharges Included in 2-day Contact Post Discharge Ratio: The total VHA and FEE Inpatient Discharges for assigned primary care patients for the reporting timeframe. Discharges resulting in death and discharges where a patient is readmitted within 2 days of discharge are excluded from this metric.

VISN Director Comments

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

Date: April 1, 2014

From: Director, Veterans in Partnership Healthcare Network
(10N11)

Subject: **CBOC and PCC Reviews of the VA Northern Indiana
Health Care System, Fort Wayne, IN**

To: Director, Kansas City Office of Healthcare Inspections
(54KC)

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

1. I concur with the findings and recommendations in the report of the CBOC and PCC reviews of the VA Northern Indiana Healthcare System.

2. If you have any questions regarding our responses and actions to the recommendations in the report, please contact me.

Thank You

(*original signed by:*)

Paul Bockelman, FACHE
Network Director, VISN 11

Facility Director Comments

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

Date: April 1, 2014

From: Director, Northern Indiana Healthcare System (610/00)

Subject: **CBOC and PCC Reviews of the VA Northern Indiana
                 Health Care System, Fort Wayne, IN**

To: Director, Veterans in Partnership Healthcare Network
                 (10N11)

1. I concur with the VA Northern Indiana Healthcare System's response
and action plans as detailed within this report.

Thank you

(original signed by:)

Denise M. Deitzen, 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 Community Based Outpatient Clinic/Primary Care Clinic staff consistently complete diagnostic assessments for patients with a positive alcohol screen.

Concur

Target date for completion: April 30, 2014

Facility response: The facility will educate the Community Based Outpatient Clinic/Primary Care Clinic staff regarding the Veterans Health Administration Alcohol Use Disorders Identification Test Consumption Questions (AUDIT-C) documentation requirements for further treatment options that are to be offered to patients. The Positive Alcohol Use Disorders Identification Test Consumption Questions (AUDIT-C) Clinical Reminder was adjusted to ensure that patients with a positive alcohol score receive further diagnostic assessments in Community Based Outpatient Care/Primary Care Clinics to determine the need for intervention. Training has been provided to staff and compliance with completion of diagnostic assessments for patients with a positive alcohol score will be monitored monthly. Monthly monitoring results will be reported to the Clinical Executive Board.

Recommendation 2. We recommended that Community Based Outpatient Care/Primary Care Clinic Registered Nurse Care Managers receive motivational interviewing and health coaching training within 12 months of appointment to Patient Aligned Care Teams.

Concur

Target date for completion: April 3, 2014 and on-going

Facility response: All current Community Based Outpatient Care/Primary Care Clinic Registered Nurse Care Managers who have not received prior motivational interviewing and health coaching training within 12 months of appointment to Patient Aligned Care Teams have been scheduled to complete training by close of business on April 3, 2014. An annual 2014 training schedule was previously developed to include an adequate number of courses to ensure on-going training opportunities for all care sites for both motivational interviewing and health coaching. Compliance with training of Patient Aligned Care Team staff will be monitored by the Patient Aligned Care Team Steering Committee and will be tracked in the Talent Management System. A process was developed, including an Excel spreadsheet to track dates of assignment to a Patient Aligned Care Team, to ensure that newly hired Community Based Outpatient

Care/Primary Care Clinic Registered Nurse Care Managers receive in-person motivational interviewing and health coaching training within 12 months of assignment to a Patient Aligned Care Team.

Recommendation 3. 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: April 23, 2014

Facility response: All providers caring for outpatients will be educated regarding the need to complete medication reconciliation at each episode of care where a newly prescribed fluoroquinolone was administered, prescribed, or modified. This training will include a review of the medication reconciliation policy in addition to specific training related to fluoroquinolones and other antibiotics.

Compliance with documenting that medication reconciliation was completed at each episode of care where the newly prescribed medication was administered, prescribed, or modified will be monitored monthly. Monthly auditing results will be reported to the Clinical Executive Board.

Recommendation 4. We recommended that staff consistently provide written medication information that includes the fluoroquinolone.

Concur

Target date for completion: April 14, 2014

Facility response: The medication reconciliation reminder dialogue will be updated to include documentation that written medication information was provided to the Veteran regarding new fluoroquinolone medications ordered. Handouts have been created and will be available for providers to give to Veterans.

Recommendation 5. We recommended that staff provide medication counseling/education that includes the fluoroquinolone.

Concur

Target date for completion: April 23, 2014 and ongoing

Facility response: All providers caring for outpatients will be educated regarding the need for medication counseling and education regarding fluoroquinolone prescriptions. The Medication Reconciliation Clinical Reminder will be updated to include documentation of patients' counseling and education about newly prescribed medications. All providers caring for outpatients will be educated about the updated clinical reminder.

Compliance with documenting patient medication counseling and education that includes fluoroquinolones will be monitored monthly. Monthly auditing results will be reported to the Clinical Executive Board.

Recommendation 6. We recommended that clinical executive/primary care leaders ensure that Community Based Outpatient Care/Primary Care Clinic Designated Women's Health Providers maintain proficiency as required for the provision of women's health care.

Concur

Target date for completion: May 31, 2014

Facility response: All designated women's health providers will be required to complete 2 hours of women's health specific Continuing Medication Education every year. Primary Care is working with the Credentialing Department to request this be documented and monitored as part of the re-credentialing review of all Designated Women's Health Providers' performance every 2 years. The Women's Health Program Manager will monitor and report on a monthly basis to the Clinical Executive Board.

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Endnotes

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[4] References used for the DWHP review included:
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[5] Reference used for PACT Compass data graphs:
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