Department of Veterans Affairs
Office of Inspector General

Office of Healthcare Inspections

Report No. 14-00240-129

Community Based Outpatient Clinic and Primary Care Clinic Reviews at Southern Arizona VA Health Care System Tucson, Arizona

April 28, 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
MM	medication management
NM	not met
OIG	Office of Inspector General
PACT	Patient Aligned Care Team
PCC	primary care clinic
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 March 3, 2014, at the following CBOCs, which are under the oversight of the Southern Arizona VA Health Care System and Veterans Integrated Service Network 18:

- Casa Grande CBOC, Casa Grande, AZ
- Green Valley CBOC, Green Valley, AZ
- Safford CBOC, Safford, AZ

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

Environment of Care. Ensure that:

- The door to the examination room designated for women veterans is equipped with an electronic or manual lock at the Casa Grande CBOC.
- Processes are strengthened to ensure women veterans can access gender-specific restrooms without entering public areas at the Casa Grande, Green Valley, and Safford CBOCs.
- The information technology server closets at the Green Valley and Safford CBOCs are maintained according to information technology safety and security standards.

Alcohol Use Disorder. Ensure that CBOC/PCC:

- Staff document a plan to monitor the alcohol use of patients who decline referral to specialty care.
- Registered Nurse Care Managers receive motivational interviewing and health coach training within 12 months of appointment to Patient Aligned Care Teams.

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.

- Document the evaluation of patient's level of understanding for the medication education.

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 16–20, for the full text of the Directors' comments.) We will follow up on the planned actions until they are completed.

JOHN D. DAIGH, JR., M.D.
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Objectives, Scope, and Methodology

Objectives

The CBOC and PCC reviews are an element of the OIG's efforts to ensure that our Nation's veterans receive high-quality VA health care services. As such, the CBOC and PCC reviews are recurring evaluations of selected primary care operations that focus on patient care quality and the EOC. In general, our objectives are to:

- Determine whether the CBOCs are compliant with EOC requirements.
- Determine whether CBOCs/PCCs are compliant with VHA requirements in the care of patients with AUD.
- Determine compliance with requirements for the clinical oversight and patient education of fluoroquinolones for outpatients.
- Evaluate if processes are in place for DWHPs to maintain proficiency in WH.

Scope

To evaluate for compliance with requirements related to patient care quality and the EOC, we conducted onsite inspections, reviewed clinical and administrative records, and discussed processes and validated findings with managers and employees. The review covered the following four activities:

- EOC
- AUD
- MM
- DWHP Proficiency

The scope of this review is limited to the established objectives. Issues and concerns that come to our attention that are outside the scope of this standardized inspection will be reviewed and referred accordingly.

Methodology

The onsite EOC inspections were only conducted at randomly selected CBOCs that had not been previously inspected.[a] Details of the targeted study populations for the AUD, MM, and DWHP Proficiency focused reviews are noted in Table 1.

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

Table 1. CBOC/PCC Focused Reviews and Study Populations

Review Topic	Study Population
AUD	All CBOC and PCC patients screened within the study period of July 1, 2012, through June 30, 2013, and who had a positive AUDIT-C score[b] and all providers and RN Care Managers assigned to PACT prior to October 1, 2012.
MM	All outpatients with an original prescription ordered for one of the three selected fluoroquinolones from July 1, 2012, through June 30, 2013.
DWHP Proficiencies	All WH primary care providers 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 Casa Grande, Green Valley and Safford CBOCs. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement. Any items that did not apply to this facility are marked NA.

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., 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 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.	

NM	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.	
X	Adequate privacy is provided to women veterans in the examination room.	• The examination room designated for women veterans at the Casa Grande CBOC was not equipped with either an electronic or manual door lock. • Gowned women veterans at the Casa Grande, Green Valley, and Safford CBOCs cannot access gender-specific restrooms without entering public areas.
X	The IT network room/server closet is locked.	• The IT network room/server closet at the Green Valley CBOC was not locked. • The IT network room/server closet at the Green Valley and Safford CBOCs were used as multi-purpose rooms and access was not documented or restricted to personnel authorized by OIT.
	All computer screens are locked when not in use.	
	Staff uses 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.	

NM	Areas Reviewed (continued)	Findings
	The parent facility's Emergency Management Committee evaluates CBOC emergency preparedness activities, participation in annual disaster exercise, and staff training/education relating to emergency preparedness requirements.	

Recommendations

1. We recommended that the door to the examination room designated for women veterans is equipped with an electronic or manual lock at the Casa Grande CBOC.

2. We recommended that processes are strengthened to ensure women veterans can access gender-specific restrooms without entering public areas at the Casa Grande, Green Valley, and Safford CBOCs.

3. We recommended that the information technology server closets at the Green Valley and Safford CBOCs are maintained according to information technology safety and security standards.

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

Table 3. AUD

NM	Areas Reviewed	Findings
	Alcohol use screenings are completed during new patient encounters, and at least annually.	
	Diagnostic assessments are completed for patients with a positive alcohol screen.	
	Education and counseling about drinking levels and adverse consequences of heavy drinking are provided for patients with positive alcohol screens and drinking levels above National Institute of Alcohol Abuse and Addiction guidelines.	
	Documentation reflects the offer of further treatment for patients diagnosed with alcohol dependence.	
X	For patients with AUD who decline referral to specialty care, CBOC/PCC staff monitored them and their alcohol use.	CBOC/PCC staff did not monitor the alcohol use of two of four patients who declined referral to specialty care.
	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 17 of 25 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 25 of 25 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

4. We recommended that CBOC/Primary Care Clinic staff document a plan to monitor the alcohol use of patients who decline referral to specialty care.

5. We recommended that CBOC/Primary Care Clinic Registered Nurse Care Managers receive motivational interviewing and health coach 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 40 EHRs and validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

Table 4. Fluoroquinolones

NM	Areas Reviewed	Findings
X	Clinicians documented the medication reconciliation process that included the fluoroquinolone.	We did not find documentation that medication reconciliation included the newly prescribed fluoroquinolone in 16 (40 percent) of 40 patient EHRs.
	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.	
X	Clinicians documented the evaluation of each patient's level of understanding for the education provided.	Clinicians did not document the level of understanding for 29 (73 percent) of 40 patients.
	The facility complied with local policy.	

Recommendations

6. 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.

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

DWHP Proficiency

The purpose of this review was to determine whether the facility's CBOCs and PCCs complied with selected DWHP proficiency requirements.[4]

We reviewed the facility self-assessment, VHA and local policies, Primary Care Management Module data, and supporting documentation for DWHPs' proficiencies. The table below shows the areas reviewed for this topic. The facility generally met requirements. We made no recommendations.

Table 5. DWHP Proficiency

NM	Areas Reviewed	Findings
	CBOC and PCC DWHPs maintained proficiency requirements.	
	CBOC and PCC DWHPs were designated with the WH indicator in the Primary Care Management Module.	

CBOC Profiles

This review evaluates the quality of care provided to veterans at all of the CBOCs under the parent facility's oversight.[c] The table below provides information relative to each of the CBOCs.

					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**
NW Tucson Urban 1	AZ	678GF	Urban	Large	875	5,360	5,014	6,257	4,468	10,991	22,060	37,519
Sierra Vista	AZ	678GA	Urban	Large	1,034	4,743	4,433	5,703	4,890	11,384	20,916	37,190
SE Tucson Urban 2	AZ	678GG	Urban	Mid-Size	617	3,315	3,902	4,560	3,574	6,566	17,924	28,064
Yuma	AZ	678GB	Urban	Mid-Size	840	3,819	2,954	4,410	4,200	9,883	9,520	23,603
Casa Grande	AZ	678GC	Urban	Mid-Size	706	2,736	3,595	4,131	4,073	6,350	17,505	27,928
Green Valley	AZ	678GE	Rural	Mid-Size	220	1,900	1,081	2,003	921	4,341	2,227	7,489
Safford	AZ	678GD	Rural	Small	131	795	279	861	480	2,010	476	2,966

[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

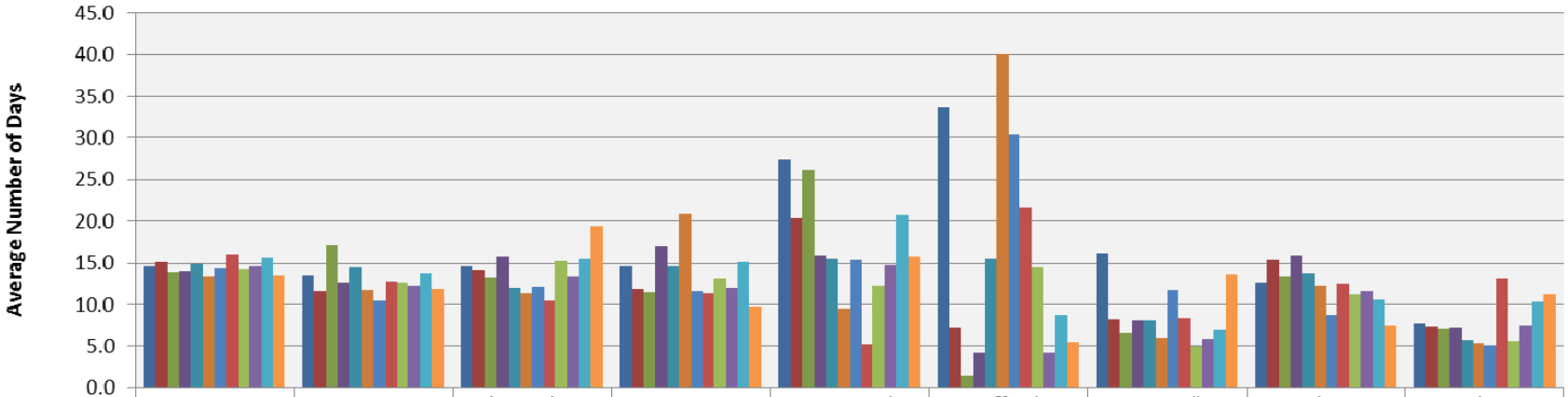
In addition to primary care integrated with WH and MH care, the CBOCs provide various specialty care, ancillary, and tele-health services. The following table lists the services provided at each CBOC.[j]

CBOC	Specialty Care Services[k]	Ancillary Services[l]	Tele-Health Services[m]
NW Tucson Urban 1	Optometry	Pharmacy Rehabilitation Radiology Diabetes Care Nutrition MOVE! Program[n]	Tele Primary Care
Sierra Vista	Optometry Podiatry Pain Clinic Cardiology	Rehabilitation Audiology Radiology MOVE! Program Nutrition Diabetic Retinal Screening	Tele Primary Care
SE Tucson Urban 2	Optometry	Rehabilitation Radiology Pharmacy MOVE! Program Nutrition Diabetic Retinal Screening	Tele Primary Care
Yuma	Pain Clinic Cardiology	Radiology Pharmacy Rehabilitation MOVE! Program Nutrition Audiology	Tele Primary Care
Casa Grande	Optometry Pain Clinic Podiatry	Audiology Radiology Rehabilitation Pharmacy Nutrition MOVE! Program	Tele Primary Care
Green Valley	---	---	Tele Primary Care
Safford	---	---	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.

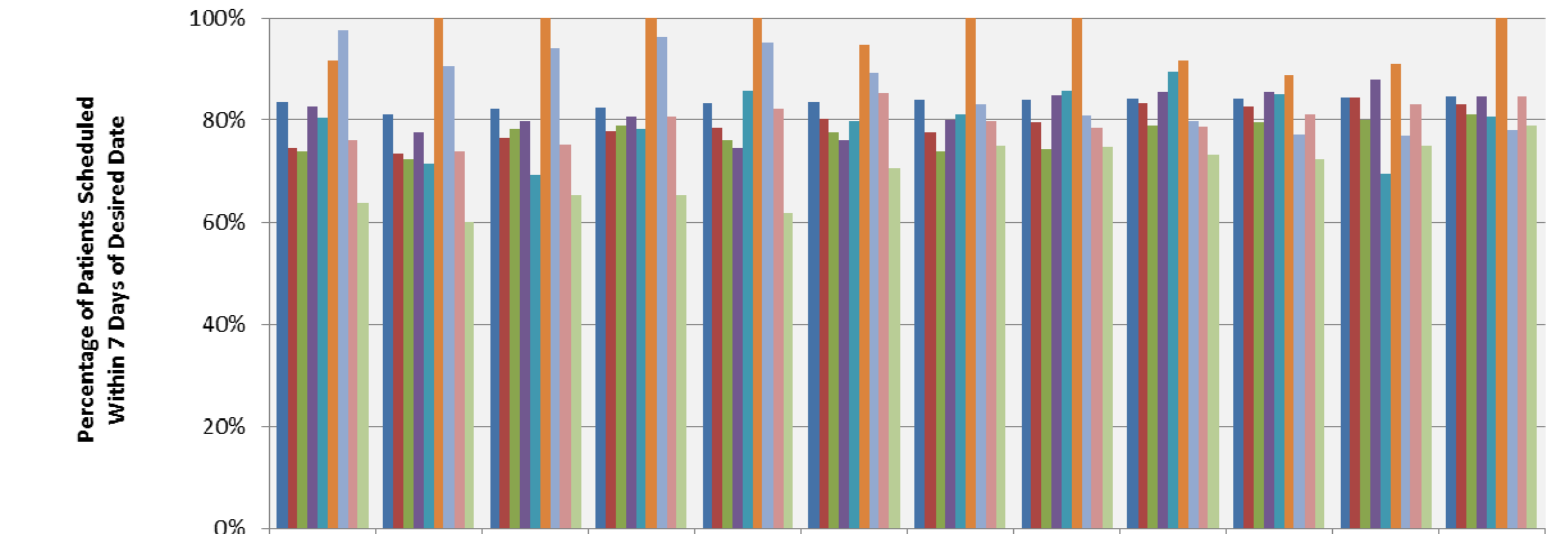
PACT Compass Metrics

FY 2013 Average 3rd Next Available in PC Clinics



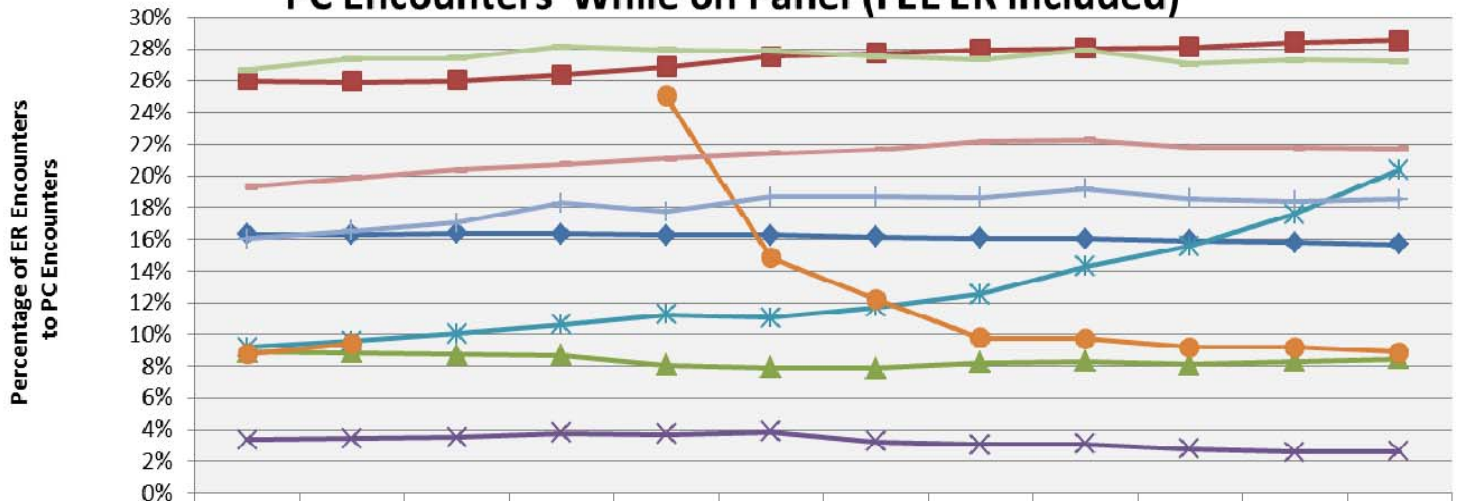
	VHA Total	Tucson (678)	Sierra Vista (678GA)	Yuma (678GB)	Casa Grande (678GC)	Safford (678GD)	Green Valley (678GE)	Northwest (678GF)	Southeast (678GG)
OCT FY13	14.6	13.4	14.7	14.6	27.3	33.7	16.2	12.6	7.8
NOV FY13	15.2	11.6	14.2	11.8	20.3	7.2	8.3	15.4	7.3
DEC FY13	13.8	17.1	13.1	11.5	26.3	1.5	6.5	13.3	7.1
JAN FY13	14.0	12.7	15.8	17.0	15.9	4.2	8.1	15.9	7.2
FEB FY13	14.8	14.5	12.0	14.7	15.5	15.5	8.1	13.7	5.7
MAR FY13	13.3	11.7	11.4	20.9	9.5	40.0	6.0	12.3	5.4
APR FY13	14.4	10.5	12.2	11.7	15.4	30.4	11.8	8.7	5.2
MAY FY13	16.0	12.8	10.5	11.3	5.3	21.6	8.4	12.6	13.1
JUN FY13	14.2	12.7	15.2	13.1	12.2	14.5	4.9	11.2	5.6
JUL FY13	14.6	12.2	13.3	12.0	14.8	4.2	5.9	11.6	7.4
AUG FY13	15.7	13.7	15.5	15.1	20.7	8.8	7.0	10.5	10.4
SEP FY13	13.4	11.9	19.4	9.6	15.7	5.4	13.5	7.5	11.2

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 codes is in the secondary position. The data is averaged from the national to the division level.



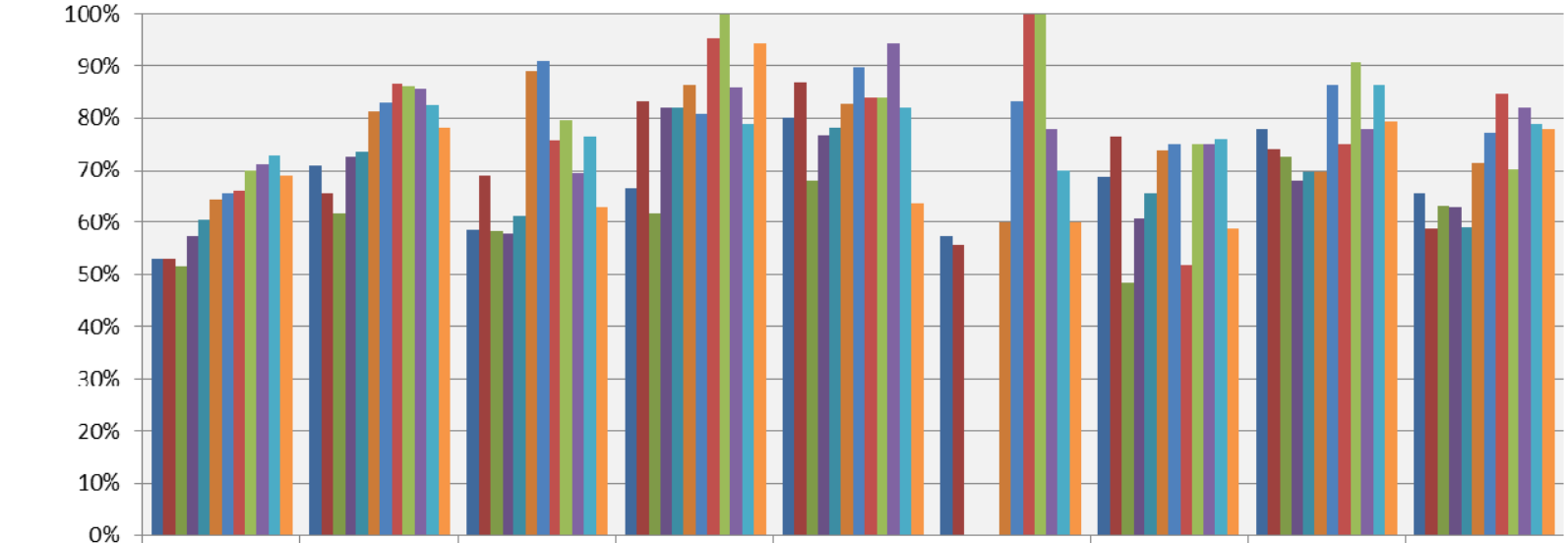
	OCT FY13	NOV FY13	DEC FY13	JAN FY13	FEB FY13	MAR FY13	APR FY13	MAY FY13	JUN FY13	JUL FY13	AUG FY13	SEP FY13
VHA Total	83.5%	81.1%	82.4%	82.6%	83.2%	83.6%	84.0%	84.0%	84.1%	84.3%	84.5%	84.7%
Tucson (678)	74.6%	73.5%	76.4%	77.8%	78.6%	80.2%	77.7%	79.5%	83.3%	82.7%	84.4%	83.1%
Sierra Vista (678GA)	73.8%	72.4%	78.3%	79.0%	76.0%	77.8%	73.8%	74.3%	79.0%	79.6%	80.1%	81.1%
Yuma (678GB)	82.8%	77.7%	79.7%	80.7%	74.6%	75.9%	79.9%	85.0%	85.7%	85.7%	87.9%	84.6%
Casa Grande (678GC)	80.4%	71.6%	69.1%	78.3%	85.8%	79.8%	81.1%	85.8%	89.7%	85.2%	69.4%	80.7%
Safford (678GD)	91.7%	100.0%	100.0%	100.0%	100.0%	94.7%	100.0%	100.0%	91.7%	88.9%	90.9%	100.0%
Green Valley (678GE)	97.6%	90.6%	94.0%	96.5%	95.2%	89.4%	83.1%	81.0%	79.8%	77.3%	76.9%	78.2%
Northwest (678GF)	76.1%	73.8%	75.3%	80.7%	82.4%	85.3%	79.8%	78.6%	78.7%	81.1%	83.0%	84.7%
Southeast (678GG)	63.8%	60.1%	65.2%	65.3%	61.8%	70.6%	75.0%	74.7%	73.3%	72.3%	75.1%	79.0%

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.



	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%
Tucson (678)	26.0%	25.9%	26.0%	26.4%	26.9%	27.5%	27.7%	27.9%	28.0%	28.1%	28.4%	28.5%
Sierra Vista (678GA)	8.9%	8.8%	8.7%	8.7%	8.1%	7.9%	7.9%	8.2%	8.3%	8.1%	8.3%	8.4%
Yuma (678GB)	3.4%	3.4%	3.5%	3.8%	3.7%	3.9%	3.2%	3.1%	3.1%	2.8%	2.6%	2.6%
Casa Grande (678GC)	9.2%	9.6%	10.0%	10.6%	11.3%	11.1%	11.7%	12.5%	14.3%	15.6%	17.6%	20.4%
Safford (678GD)	8.8%	9.4%			25.0%	14.8%	12.2%	9.8%	9.7%	9.2%	9.2%	8.9%
Green Valley (678GE)	16.0%	16.5%	17.0%	18.3%	17.7%	18.7%	18.7%	18.6%	19.2%	18.5%	18.4%	18.5%
Northwest (678GF)	19.3%	19.9%	20.4%	20.7%	21.1%	21.4%	21.7%	22.1%	22.3%	21.8%	21.8%	21.7%
Southeast (678GG)	26.7%	27.4%	27.4%	28.2%	28.0%	27.9%	27.5%	27.3%	27.9%	27.1%	27.3%	27.2%

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. Blank cells indicate the absence of reported data.



	VHA Total	Tucson (678)	Sierra Vista (678GA)	Yuma (678GB)	Casa Grande (678GC)	Safford (678GD)	Green Valley (678GE)	Northwest (678GF)	Southeast (678GG)
OCT FY13	52.8%	71.0%	58.6%	66.7%	80.0%	57.1%	68.8%	77.8%	65.7%
NOV FY13	52.9%	65.8%	69.0%	83.3%	87.0%	55.6%	76.5%	74.1%	58.8%
DEC FY13	51.5%	61.9%	58.3%	61.9%	68.0%		48.4%	72.5%	63.2%
JAN FY13	57.2%	72.5%	57.9%	81.8%	76.7%		60.6%	67.9%	63.0%
FEB FY13	60.4%	73.5%	61.2%	81.8%	78.3%	0.0%	65.5%	69.5%	59.1%
MAR FY13	64.4%	81.1%	88.9%	86.4%	82.9%	60.0%	73.9%	69.6%	71.4%
APR FY13	65.5%	83.0%	90.9%	80.8%	89.7%	83.3%	75.0%	86.5%	77.1%
MAY FY13	66.1%	86.7%	75.6%	95.2%	84.0%	100.0%	51.7%	75.0%	84.6%
JUN FY13	70.1%	86.2%	79.5%	100.0%	83.9%	100.0%	75.0%	90.7%	70.3%
JUL FY13	71.1%	85.6%	69.2%	85.7%	94.1%	77.8%	75.0%	78.0%	81.8%
AUG FY13	72.7%	82.5%	76.5%	78.9%	82.1%	70.0%	75.9%	86.4%	78.9%
SEP FY13	68.9%	78.3%	63.0%	94.4%	63.6%	60.0%	58.8%	79.4%	77.8%

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. Blank cells indicate the absence of reported data.

VISN Director Comments

Department of Veterans Affairs **Memorandum**

Date: March 25, 2014

From: Director, Southwest Health Care Network (10N18)

Subject: **CBOC and PCC Reviews of the Southern Arizona VA Health Care System, Tucson, AZ**

To: Director, San Diego Office of Healthcare Inspections (54SD)

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

1. I concur with the attached facility responses and action plans detained in this report of the CBOC and PCC Reviews of the Southern Arizona VA Health Care System, Tucson, AZ.

2. If you have additional questions or concerns, please contact Robert Baum, VISN 18 Executive Officer to the Network Director, at (480) 397-2777.

Susan P. Bowers

Appendix D

Facility Director Comments

Department of Veterans Affairs **Memorandum**

Date: March 25, 2014

From: Director, Southern Arizona VA Health Care System (678/00)

Subject: **CBOC and PCC Reviews of the Southern Arizona VA Health Care System, Tucson, AZ**

To: Director, Southwest Health Care Network (10N18)

1. I concur with the findings and recommendations of the CBOC and PCC Reviews of the Southern Arizona VA Health Care System, Tucson, Arizona.

2. Attached are the facility actions taken as a result of these findings. If you have questions or require additional information, please contact Margaret C. Lumm, Clinical Director, Performance Management at (520) 629-1882.

(original signed by:)

Jonathan H. Gardner, MPA, 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 the door to the examination room designated for women veterans is equipped with an electronic or manual lock at the Casa Grande CBOC.

Concur

Target date for completion: May 2014

Facility response: Locks are ordered and will be installed on exam room doors by May 2014. SAVAHCS will continue with our long-standing practice of placing a chaperone/LPN staff member who is assisting the provider with the women health visits outside the exam room door to ensure privacy for the patient and to assist the provider as needed.

Recommendation 2. We recommended that processes are strengthened to ensure women veterans can access gender-specific restrooms without entering public areas at the Casa Grande, Green Valley, and Safford CBOCs.

Concur

Target date for completion: Safford CBOC; July 2014, Green Valley CBOC, Oct 2014, Casa Grande CBOC, January 2015

Facility response: Current Green Valley and Safford CBOC construction projects will mitigate this concern. Construction of the new Safford facility is underway and expected to be activated in July 2014. Green Valley should start soon, based on contracting feedback and will be completed no less than 160 days from construction onset. New construction is required and will be planned with leasing for the Casa Grande CBOC to enable access to a gender-specific restroom without entering public areas. Currently there is no restroom with close proximity to examination rooms. Expected completion is projected in January 2015. In the interim staff will utilize exams rooms in closest proximity to the female restroom. Staff will ensure hallway privacy and escort female patients.

Recommendation 3. We recommended that the information technology server closets at the Green Valley and Safford CBOCs are maintained according to information technology safety and security standards.

Concur

Target date for completion: January 2015

Facility response: Concerns with both the Green Valley and Safford server closets will be mitigated with the construction projects in process for both CBOCs. Green Valley CBOC projected activation is Oct 2014 and Safford CBOC is July 2014. In the interim staff will ensure the door is locked and staff will be required to sign in.

Recommendation 4. We recommended that CBOC/Primary Care Clinic staff document a plan to monitor the alcohol use of patients who decline referral to specialty care.

Concur

Target date for completion: May 2014

Facility response: The AUDIT-C provider screen template will be revised to insure a plan is outlined for the patient for follow-up monitoring, education, and referrals to other care team members or specialties as appropriate. Refresher education will be delivered to primary care providers on the importance of developing and documenting a plan to follow patients who decline referral to specialty care during their annual AUDIT-C screen.

Recommendation 5. We recommended that CBOC/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: Completed March 2014

Facility response: At the time of the March 2014 OIG site visit all current PACT RNs had received motivational interviewing and health coaching training. To ensure RN Care Managers meet the requirement in the future, new RN Care Managers will be scheduled for the next quarterly TEACH and health coaching class as a part of their new staff orientation schedule. Successful and timely training completion will be monitored by the supervisor and the care line.

Recommendation 6. We recommended that staff document that medication reconciliation was completed at each episode of care where the newly prescribed fluoroquinolone was administered, prescribed, or modified.

Concur

Target date for completion: June 2014

Facility response: Fluoroquinolone prescribing will be restricted to a guided note in the EHR. The note will contain the required documentation for medication reconciliation.

Recommendation 7. We recommended that staff document the evaluation of patient's level of understanding for the medication education.

Concur

Target date for completion: June 2014

Facility response: Fluoroquinolone prescribing will be restricted to a guided note in the EHR. The note will contain the required documentation for medication education and level of understanding.

OIG Contact and Staff Acknowledgments

Contact	For more information about this report, please contact the OIG at (202) 461-4720.
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Endnotes

[1] References used for the EOC review included:
- US Access Board, *Americans with Disabilities Act Accessibility Guidelines (ADAAG)*, September 2, 2002.
- US Department of Health and Human Services, Health Insurance Portability and Accountability Act, *The Privacy Rule*, August 14, 2002.
- US Department of Labor, Occupational Safety and Health Administration, *Laws and Regulations*.
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- Joint Commission, *Joint Commission Comprehensive Accreditation and Certification 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.
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- VHA Deputy Under Secretary for Health for Operations and Management, Memorandum: *Environmental Rounds*, March 5, 2007.
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- 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:
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- 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.