Department of Veterans Affairs
Office of Inspector General

Office of Healthcare Inspections

Report No. 14-00231-158

Community Based Outpatient Clinic and Primary Care Clinic Reviews at Aleda E. Lutz VA Medical Center Saginaw, Michigan

May 22, 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
FY	fiscal year
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 site visits during the week of March 24, 2014, at the following CBOCs which are under the oversight of the Aleda E. Lutz VA Medical Center and Veterans Integrated Service Network 11:

- Alpena CBOC, Alpena, MI
- Bad Axe CBOC, Bad Axe, MI

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

Environment of Care. Ensure that:

- The handicapped accessible restroom is compliant with the Americans with Disability Act and accessible during regular clinic hours at the Alpena CBOC.
- A hazardous materials inventory review occurs twice within a 12-month period at the Alpena and Bad Axe CBOCs.
- Gowned women veterans at the Bad Axe CBOC can access a gender-specific restroom without entering a public area.
- The parent facility includes staff at the Alpena and Bad Axe CBOCs in required education, training, planning, and participation in annual disaster exercises.

Alcohol Use Disorder. Ensure that CBOC/PCC:

- Staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.

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.
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Objectives, Scope, and Methodology

Objectives

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

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

Scope

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

- EOC
- AUD
- MM
- DWHP Proficiency

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

Methodology

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

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

Table 1. CBOC/PCC Focused Reviews and Study Populations

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

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

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

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

Results and Recommendations

EOC

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

We reviewed relevant documents and conducted physical inspections of the Bad Axe and Alpena CBOCs. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

Table 2. EOC

NM	Areas Reviewed	Findings
	The CBOC's location is clearly identifiable from the street as a VA CBOC.	
	The CBOC has interior signage available that clearly identifies the route to and location of the clinic entrance.	
X	The CBOC is Americans with Disabilities Act accessible.	The handicapped sink faucet at the Alpena CBOC was difficult to operate without tight grasping, pinching, or twisting of the wrist. The handicapped bathroom at the Alpena CBOC is accessible only from 0800 to 1130.
	The furnishings are clean and in good repair.	
	The CBOC is clean.	
X	The CBOC maintains a written, current inventory of hazardous materials and waste that it uses, stores, or generates.	The inventory of hazardous materials at the Alpena and Bad Axe CBOCs were not reviewed for accuracy twice within the prior 12 months.
	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.	

NM	Areas Reviewed (continued)	Findings
	No expired medications were noted during the onsite visit.	
	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.	Gowned women veterans at the Bad Axe CBOC cannot access gender-specific restrooms without entering public areas.
	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 The Joint Commission standards.	
X	The parent facility includes the CBOC in required education, training, planning, and participation leading up to the annual disaster exercise.	The parent facility did not include the Bad Axe and Alpena CBOCs in required education, training, planning, and participation leading up to the annual disaster exercises.
	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 sink faucet control in the handicap accessible restroom at the Alpena CBOC meets Americans with Disabilities Act Guidelines and is accessible during regular clinic hours.

2. We recommended that processes are improved to ensure review of the hazardous materials inventory occurs twice within a 12-month period at the Alpena and Bad Axe CBOCs.

3. We recommended processes are strengthened to ensure women veterans can access gender-specific restrooms without entering public areas at the Bad Axe CBOC.

4. We recommended that the parent facility includes staff at the Alpena and Bad Axe CBOCs in required education, training, planning, and participation in annual disaster exercise.

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.	
	Diagnostic assessments are completed for patients with a positive alcohol screen.	
	Education and counseling about drinking levels and adverse consequences of heavy drinking are provided for patients with positive alcohol screens and drinking levels above National Institute on Alcohol Abuse and Alcoholism guidelines.	
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 3 of 12 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.	
	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.	

Recommendation

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

MM

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

We reviewed relevant documents. We also reviewed 40 EHRs and validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The facility generally met requirements. We made no recommendations.

Table 4. Fluoroquinolones

NM	Areas Reviewed	Findings
	Clinicians documented the medication reconciliation process that included the fluoroquinolone.	
	Written information on the patient's prescribed medications was provided at the end of the outpatient encounter.	
	Medication counseling/education for the fluoroquinolone was documented in the patients' EHRs.	
	Clinicians documented the evaluation of each patient's level of understanding for the education provided.	
	The facility complied with local policy.	

DWHP Proficiency

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

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

Table 5. DWHP Proficiency

NM	Areas Reviewed	Findings
	CBOC and PCC DWHPs maintained proficiency requirements.	
	CBOC and PCC DWHPs were designated with the Women's Health 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**
Traverse City	MI	655GB	Rural	Large	1,690	3,815	1,434	5,080	6,498	8,113	5,809	20,420
Clare	MI	655GE	Rural	Mid-Size	603	2,735	1,884	3,741	2,917	5,893	6,976	15,786
Gaylord	MI	655GA	Rural	Mid-Size	749	3,176	1,234	3,687	5,223	6,533	5,263	17,019
Cadillac	MI	655GG	Rural	Mid-Size	553	1,374	1,194	2,238	2,903	2,886	3,003	8,792
Alpena	MI	655GD	Rural	Mid-Size	399	1,680	813	1,986	2,160	3,953	4,509	10,622
Oscoda	MI	655GC	Rural	Mid-Size	266	1,743	479	1,811	1,782	3,838	1,080	6,700
Cheboygan	MI	655GH	Rural	Small	446	1,156	267	1,415	1,772	2,473	589	4,834
Bad Axe	MI	655GF	Rural	Small	502	839	323	1,225	2,060	1,943	1,911	5,914
Grayling	MI	655GI	Rural	Small	110	445	199	524	460	1,069	373	1,902

[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

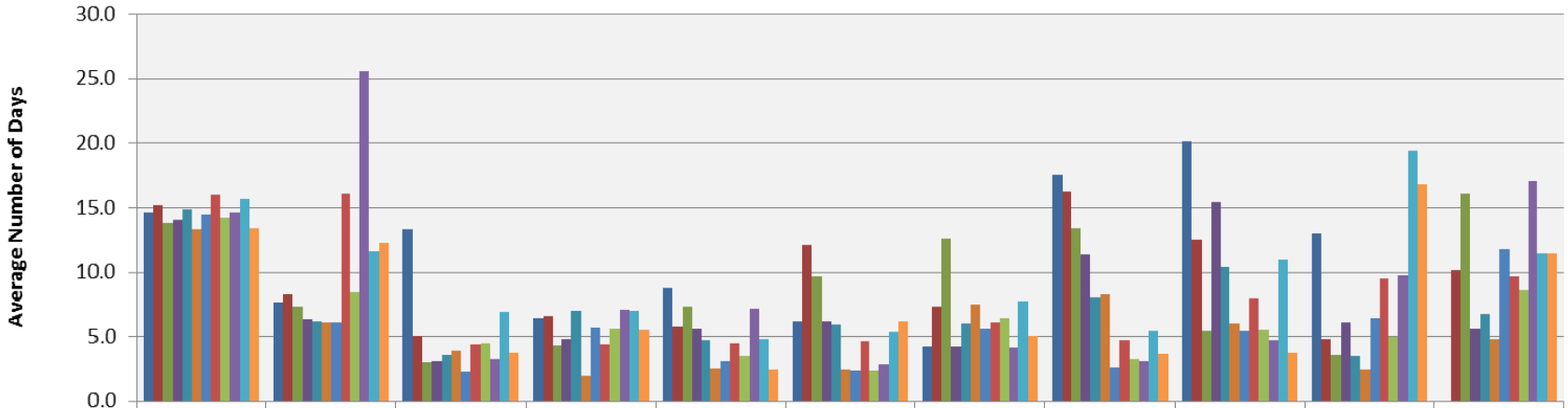
In addition to primary care integrated with WH and MH care, the CBOCs provide various specialty care, ancillary, and tele-health services. The following table lists the services provided at each CBOC.[j]

CBOC	Specialty Care Services[k]	Ancillary Services[l]	Tele-Health Services[m]
Traverse City	Dermatology	Rehabilitation MOVE! Program[n] Respiratory Therapy Pharmacy Prosthetics/Orthotics	Tele Primary Care
Clare	Dermatology	Rehabilitation MOVE! Program Nutrition Prosthetics/Orthotics Diabetes Care	Tele Primary Care
Gaylord	Dermatology	Pharmacy Respiratory Therapy Prosthetics/Orthotics MOVE! Program	Tele Primary Care
Cadillac	Dermatology	Audiology MOVE! Program Prosthetics/Orthotics Nutrition	Tele Primary Care
Alpena	---	Rehabilitation MOVE! Program Nutrition Prosthetics/Orthotics	Tele Primary Care
Oscoda	Podiatry	Prosthetics/Orthotics MOVE! Program	Tele Primary Care
Cheboygan	---	MOVE! Program Prosthetics/Orthotics	Tele Primary Care
Bad Axe	---	Rehabilitation MOVE! Program Nutrition	---
Grayling	---	Prosthetics/Orthotics	---

[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.

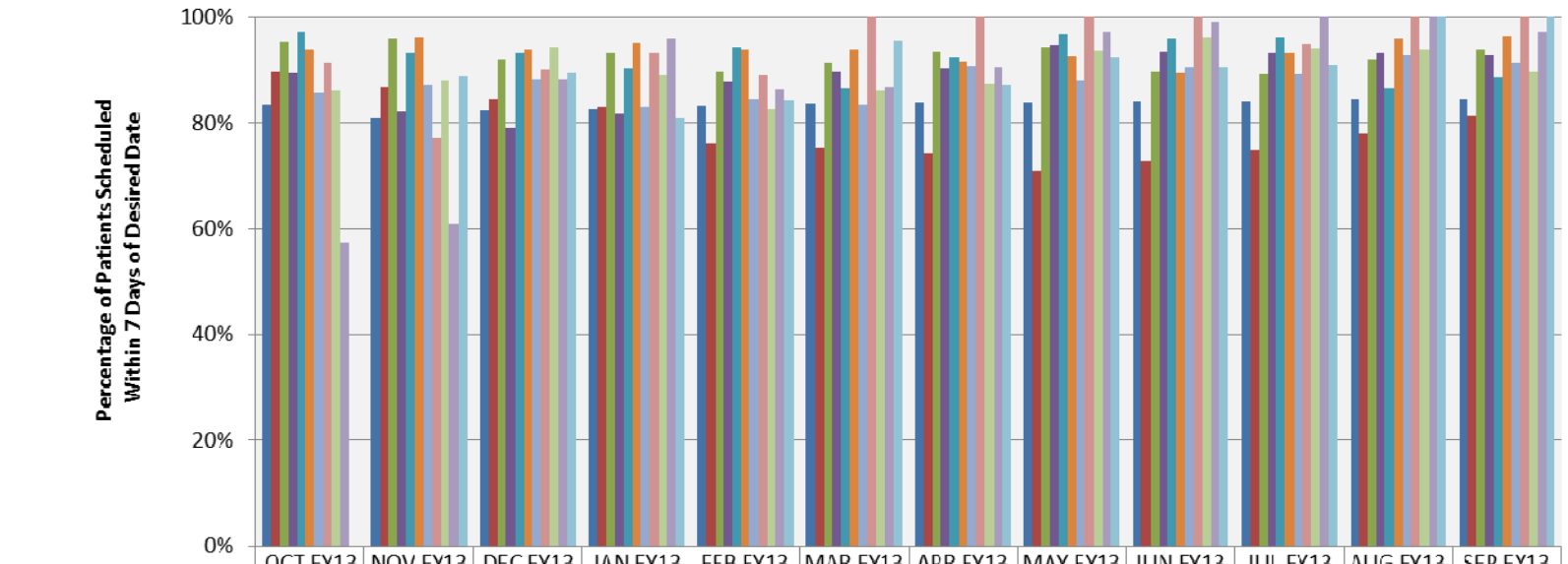
PACT Compass Metrics

FY 2013 Average 3rd Next Available in PC Clinics



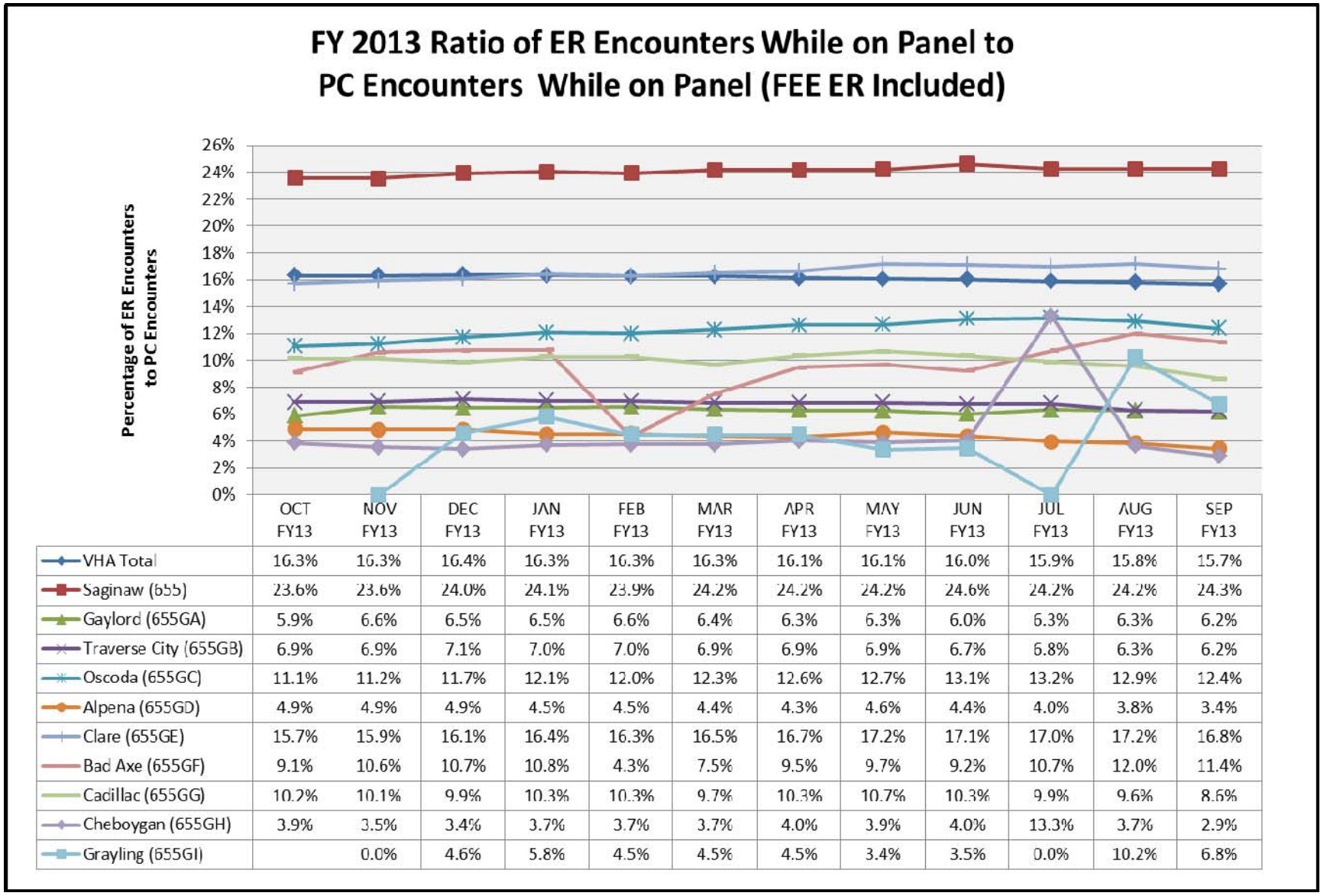
	VHA Total	Saginaw (655)	Gaylord (655GA)	Traverse City (655GB)	Oscoda (655GC)	Alpena (655GD)	Clare (655GE)	Bad Axe (655GF)	Cadillac (655GG)	Cheboygan (655GH)	Grayling (655GI)
OCT FY13	14.6	7.6	13.3	6.5	8.8	6.2	4.2	17.5	20.1	12.9	
NOV FY13	15.2	8.2	5.0	6.5	5.8	12.1	7.3	16.2	12.6	4.8	10.2
DEC FY13	13.8	7.3	3.0	4.3	7.3	9.7	12.6	13.3	5.4	3.6	16.1
JAN FY13	14.0	6.4	3.1	4.8	5.6	6.2	4.2	11.4	15.4	6.1	5.6
FEB FY13	14.8	6.2	3.6	6.9	4.7	5.9	6.0	8.0	10.3	3.5	6.7
MAR FY13	13.3	6.1	3.9	2.0	2.5	2.5	7.5	8.3	6.0	2.4	4.8
APR FY13	14.4	6.1	2.3	5.6	3.1	2.4	5.6	2.6	5.4	6.4	11.7
MAY FY13	16.0	16.1	4.4	4.4	4.5	4.6	6.1	4.7	7.9	9.5	9.6
JUN FY13	14.2	8.5	4.5	5.6	3.5	2.4	6.4	3.2	5.5	5.0	8.6
JUL FY13	14.6	25.6	3.2	7.0	7.1	2.8	4.1	3.0	4.7	9.7	17.1
AUG FY13	15.7	11.6	6.9	7.0	4.8	5.3	7.7	5.4	10.9	19.4	11.5
SEP FY13	13.4	12.3	3.7	5.5	2.5	6.1	5.1	3.7	3.7	16.7	11.5

Data Definition.[5] The average waiting time in days until the next third open appointment slot for completed primary care appointments in stop code 350. Completed appointments in stop code 350 for this metric include completed appointments where a 350 stop code is in the primary position on the appointment or one of the telephone stop codes is in the primary position, and 350 stop code is in the secondary position. The data is averaged from the national to the division level. Blank cells indicate the absence of reported data.



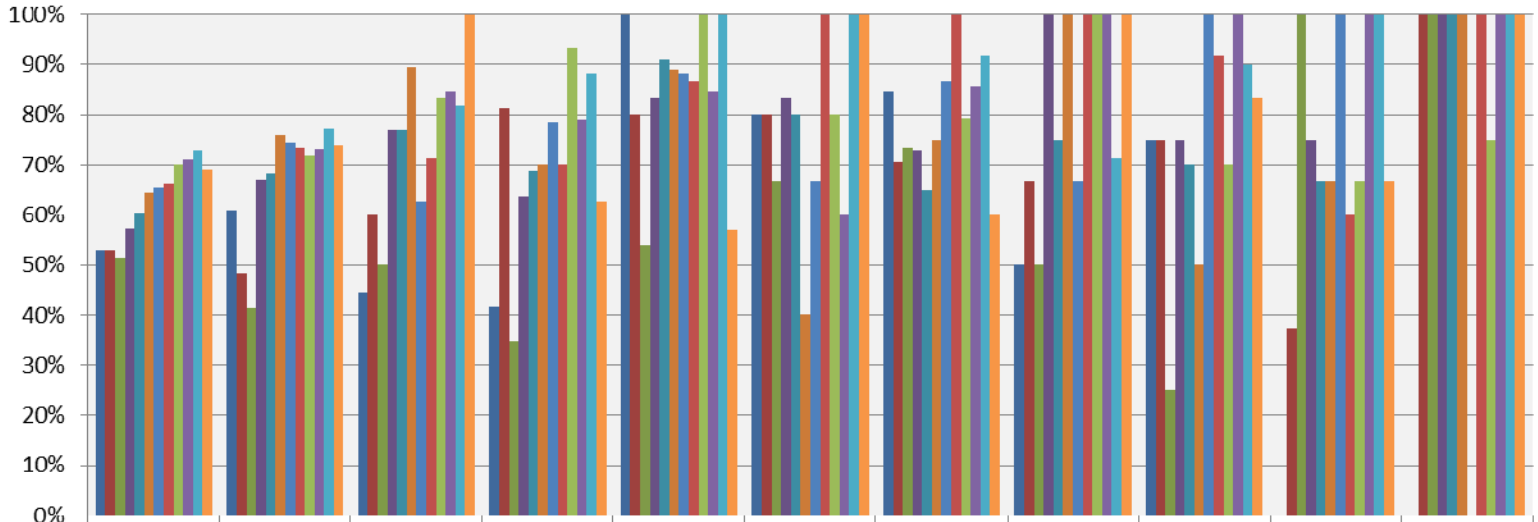
	OCT FY13	NOV FY13	DEC FY13	JAN FY13	FEB FY13	MAR FY13	APR FY13	MAY FY13	JUN FY13	JUL FY13	AUG FY13	SEP FY13
VHA Total	83.5%	81.1%	82.4%	82.6%	83.2%	83.6%	84.0%	84.0%	84.1%	84.3%	84.5%	84.7%
Saginaw (655)	89.7%	86.7%	84.6%	83.1%	76.3%	75.3%	74.2%	70.9%	72.8%	74.9%	78.0%	81.2%
Gaylord (655GA)	95.5%	95.8%	92.2%	93.3%	89.6%	91.4%	93.5%	94.4%	89.8%	89.3%	92.1%	93.8%
Traverse City (655GB)	89.4%	82.2%	79.2%	81.7%	87.9%	89.6%	90.4%	94.8%	93.5%	93.3%	93.2%	92.7%
Oscoda (655GC)	97.1%	93.3%	93.3%	90.3%	94.4%	86.7%	92.4%	96.8%	95.8%	96.2%	86.6%	88.6%
Alpena (655GD)	93.9%	96.2%	93.9%	95.3%	94.0%	93.8%	91.7%	92.5%	89.6%	93.3%	95.9%	96.4%
Clare (655GE)	85.8%	87.2%	88.3%	83.1%	84.6%	83.5%	90.8%	88.1%	90.6%	89.1%	92.9%	91.4%
Bad Axe (655GF)	91.4%	77.3%	90.2%	93.3%	89.1%	100.0%	100.0%	100.0%	100.0%	95.0%	100.0%	100.0%
Cadillac (655GG)	86.2%	88.2%	94.4%	89.0%	82.6%	86.1%	87.5%	93.6%	96.1%	94.1%	94.0%	89.6%
Cheboygan (655GH)	57.4%	60.9%	88.4%	95.8%	86.4%	86.7%	90.6%	97.3%	99.2%	100.0%	100.0%	97.3%
Grayling (655GI)		88.9%	89.4%	81.1%	84.3%	95.7%	87.3%	92.3%	90.7%	91.0%	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.



	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%
Saginaw (655)	23.6%	23.6%	24.0%	24.1%	23.9%	24.2%	24.2%	24.2%	24.6%	24.2%	24.2%	24.3%
Gaylord (655GA)	5.9%	6.6%	6.5%	6.5%	6.6%	6.4%	6.3%	6.3%	6.0%	6.3%	6.3%	6.2%
Traverse City (655GB)	6.9%	6.9%	7.1%	7.0%	7.0%	6.9%	6.9%	6.9%	6.7%	6.8%	6.3%	6.2%
Oscoda (655GC)	11.1%	11.2%	11.7%	12.1%	12.0%	12.3%	12.6%	12.7%	13.1%	13.2%	12.9%	12.4%
Alpena (655GD)	4.9%	4.9%	4.9%	4.5%	4.5%	4.4%	4.3%	4.6%	4.4%	4.0%	3.8%	3.4%
Clare (655GE)	15.7%	15.9%	16.1%	16.4%	16.3%	16.5%	16.7%	17.2%	17.1%	17.0%	17.2%	16.8%
Bad Axe (655GF)	9.1%	10.6%	10.7%	10.8%	4.3%	7.5%	9.5%	9.7%	9.2%	10.7%	12.0%	11.4%
Cadillac (655GG)	10.2%	10.1%	9.9%	10.3%	10.3%	9.7%	10.3%	10.7%	10.3%	9.9%	9.6%	8.6%
Cheboygan (655GH)	3.9%	3.5%	3.4%	3.7%	3.7%	3.7%	4.0%	3.9%	4.0%	13.3%	3.7%	2.9%
Grayling (655GI)		0.0%	4.6%	5.8%	4.5%	4.5%	4.5%	3.4%	3.5%	0.0%	10.2%	6.8%

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. Blank cells indicate the absence of reported data.



	VHA Total	Saginaw (655)	Gaylord (655GA)	Traverse City (655GB)	Oscoda (655GC)	Alpena (655GD)	Clare (655GE)	Bad Axe (655GF)	Cadillac (655GG)	Cheboygan (655GH)	Grayling (655GI)
OCT FY13	52.8%	61.0%	44.4%	41.7%	100.0%	80.0%	84.6%	50.0%	75.0%	0.0%	
NOV FY13	52.9%	48.3%	60.0%	81.3%	80.0%	80.0%	70.6%	66.7%	75.0%	37.5%	100.0%
DEC FY13	51.5%	41.3%	50.0%	34.8%	53.8%	66.7%	73.3%	50.0%	25.0%	100.0%	100.0%
JAN FY13	57.2%	67.0%	76.9%	63.6%	83.3%	83.3%	72.7%	100.0%	75.0%	75.0%	100.0%
FEB FY13	60.4%	68.2%	76.9%	68.8%	90.9%	80.0%	65.0%	75.0%	70.0%	66.7%	100.0%
MAR FY13	64.4%	75.8%	89.5%	70.0%	88.9%	40.0%	75.0%	100.0%	50.0%	66.7%	100.0%
APR FY13	65.5%	74.5%	62.5%	78.6%	88.2%	66.7%	86.7%	66.7%	100.0%	100.0%	
MAY FY13	66.1%	73.3%	71.4%	70.0%	86.7%	100.0%	100.0%	100.0%	91.7%	60.0%	100.0%
JUN FY13	70.1%	71.9%	83.3%	93.3%	100.0%	80.0%	79.3%	100.0%	70.0%	66.7%	75.0%
JUL FY13	71.1%	72.9%	84.6%	78.9%	84.6%	60.0%	85.7%	100.0%	100.0%	100.0%	100.0%
AUG FY13	72.7%	77.2%	81.8%	88.2%	100.0%	100.0%	91.7%	71.4%	90.0%	100.0%	100.0%
SEP FY13	68.9%	73.8%	100.0%	62.5%	57.1%	100.0%	60.0%	100.0%	83.3%	66.7%	100.0%

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. Blank cells indicate the absence of reported data.

VISN Director Comments

Department of Veterans Affairs **Memorandum**

Date: April 24, 2014

From: Network Director, Veterans In Partnership (10N11)

Subject: **CBOC and PCC Reviews of the Aleda E. Lutz VA Medical Center, Saginaw, MI**

To: Director, Chicago Office of Healthcare Inspections (54CH)

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

1. I concur with the findings and recommendations in the reports of the Community Based Outpatient Clinic and Primary Care Clinic Reviews at the Aleda E. Lutz VA Medical Center, Saginaw, MI.

2. If you have any questions regarding the responses and action to the recommendations, please contact me at 734-222-4300.

Thank you,

Paul Bockelman

Paul Bockelman, FACHE

Appendix D

Facility Director Comments

Department of Veterans Affairs **Memorandum**

Date: April 22, 2014

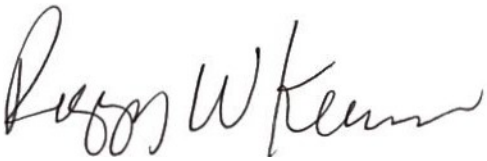
From: Director, Aleda E. Lutz VA Medical Center, Saginaw, MI (655/00)

Subject: **CBOC and PCC Reviews of the Aleda E. Lutz VA Medical Center, Saginaw, MI**

To: Director, Veterans In Partnership (10N11)

I concur with the responses and action plans as detailed within the report for the Community Based Outpatient Clinic and Primary Care Clinic Reviews at the Aleda E. Lutz VA Medical Center, Saginaw, MI.

Thank you,



Peggy W. Kearns, MS, 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 sink faucet control in the handicap accessible restroom at the Alpena CBOC meets Americans with Disabilities Act Guidelines and is accessible during regular clinic hours.

Concur

Target date for completion: June 15, 2014

Facility response: Contracting Officer (COR) to contact Building Owner for price quote to change faucet handles in the lab bathroom (room 109). Projected completion: handles to be changed.

Target date for completion: April 22, 2014

Facility response: Handicap bathroom will be accessible during clinic hours.

Recommendation 2. We recommended that processes are improved to ensure review of the hazardous materials inventory occurs twice within a 12-month period at the Alpena and Bad Axe CBOCs.

Concur

Target date for completion: June 15, 2014

Facility response: MCM 00-16, Hazardous Materials Management will be amended to ensure the chemical inventory at Saginaw and all CBOC's is completed twice within a 12 month period.

Recommendation 3. We recommended processes are strengthened to ensure women veterans can access gender-specific restrooms without entering public areas at the Bad Axe CBOC.

Concur

Target date for completion: May 15, 2014

Facility response: Bad Axe CBOC has selected a bathroom that will be changed from unisex to a women's only bathroom without entering public areas.

Recommendation 4. We recommended that the parent facility includes staff at the Alpena and Bad Axe CBOCs in required education, training, planning, and participation in annual disaster exercise.

Concur

Target date for completion: September 30, 2014

Facility response:

- Drills-Conduct Emergency Management drills at each CBOC based on their Hazardous Vulnerability Assessments. We are beginning these drills this month starting with the Clare CBOC.
- Education-Create Emergency Management Flyers, Quickbooks, CBOC service level Emergency Management plan review.
- Training-Drills, tracers, actual events, CBOC Service level Emergency Management plan review.
- Planning–Include CBOC representative (frontline staff) at all Emergency Management Committee meetings, be involved in updating CBOC service level EM plan.
- Participation-Annual drill, critiques, Emergency Management meeting attendance.

Recommendation 5. We recommended that CBOC/PCC staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.

Concur

Target date for completion: Completed April 17, 2014

Facility response: Clinical Reminder has been modified to mandate the documentation of the offering of further treatment to patients diagnosed with alcohol dependence. Quality Management will monitor monthly to ensure compliance.

OIG Contact and Staff Acknowledgments

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

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

Endnotes

[1] References used for the EOC review included:
- US Access Board, *Americans with Disabilities Act Accessibility Guidelines (ADAAG)*, September 2, 2002.
- US Department of Health and Human Services, Health Insurance Portability and Accountability Act, *The Privacy Rule*, August 14, 2002.
- US Department of Labor, Occupational Safety and Health Administration, *Laws and Regulations*.
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- Joint Commission, *Joint Commission Comprehensive Accreditation and Certification Manua*l, July 1, 2013.
- VA Directive 0324, *Test, Training, Exercise, and Evaluation Program,* April 5, 2012.
- VA Directive 0059, *VA Chemicals Management and Pollution Prevention,* May 25, 2012.
- VA Handbook 6500, *Risk Management Framework for VA Information System,* September 20, 2012.
- VHA Center for Engineering, Occupational Safety, and Health, *Emergency Management Program Guidebook,* March 2011.
- VHA Center for Engineering, Occupational Safety, and Health, *Online National Fire Protection Association Codes, Standards, Handbooks, and Annotated Editions of Select Codes and Standards*, July 9, 2013.
- VHA Deputy Under Secretary for Health for Operations and Management, Memorandum: *Environmental Rounds*, March 5, 2007.
- VHA Directive 2011-007, *Required Hand Hygiene Practices,* February 16, 2011.
- VHA Directive 2012-026, *Sexual Assaults & Other Defined Public Safety Incidents in VHA Facilities,* September 27, 2012.
- VHA Handbook 1006.1, *Planning and Activating Community-Based Outpatient Clinics,* May 19, 2004.
- VHA Handbook 1330.01, *Health Care Services for Women Veterans,* May 21, 2010.
- VHA Handbook 1850.05, *Interior Design Operations and Signage,* July 1, 2011.

[2] References used for the AUD review included:
- National Center for Health Promotion and Disease Prevention (NCP), Veteran Health Education and Information (NVEI) Program, *Patient Education: TEACH for Success.* Retrieved from http://www.prevention.va.gov/Publications/Newsletters/2013/HealthPOWER_Prevention_News_Winter_2012_2013_FY12_TEACH_MI_Facilitator_Training.asp on January 17, 2014.
- VHA Handbook 1120.02, *Health Promotion Disease Prevention (HPDP) Program*, July 5, 2012.
- VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics,* September 11, 2008.

[3] References used for the Medication Management review included:
- VHA Directive 2011-012, *Medication Reconciliation,* March 9, 2011.
- VHA Directive 2012-011, *Primary Care Standards*, April 11, 2012.
- VHA Handbook 1108.05, *Outpatient Pharmacy Services*, May 30, 2006.
- VHA Handbook 1108.07, *Pharmacy General Requirements*, April 17, 2008.
- Joint Commission, *Joint Commission Comprehensive Accreditation and Certification Manua*l, July 1, 2013.

[4] References used for the DWHP review included:
- VHA Deputy Under Secretary for Health for Operations and Management, Memorandum: *Health Care Services for Women Veterans*, Veterans Health Administration (VHA) Handbook 1330.01; Women's Health (WH) Primary Care Provider (PCP) Proficiency, July 8, 2013.
- VHA Handbook 1330.01, *Health Care Services for Women Veterans*, May 21, 2010.
- VHA Handbook 1100.19, *Credentialing and Privileging,* November 14, 2008.

[5] Reference used for PACT Compass data graphs:
- Department of Veterans' Affairs, *Patient Aligned Care Teams Compass Data Definitions*, August 29, 2013.