



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

Office of Healthcare Inspections

Report No. 14-00242-160

**Community Based Outpatient Clinic
and Primary Care Clinic Reviews
at
W.G. (Bill) Hefner VA Medical Center,
Salisbury, North Carolina**

May 27, 2014

Washington, DC 20420

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

Table of Contents

	Page
Executive Summary	i
Objectives, Scope, and Methodology	1
Objectives	1
Scope	1
Methodology	1
Results and Recommendations	3
EOC	3
AUD	5
MM	7
DWHP Proficiency	8
Appendixes	
A. CBOC Profiles and Services Provided	9
B. PACT Compass Metrics	11
C. VISN Director Comments	15
D. Facility Director Comments	16
E. OIG Contact and Staff Acknowledgments	20
F. Report Distribution	21
G. Endnotes	22

Executive Summary

Review Purpose: The purpose of the review was to evaluate selected patient care activities to determine whether the community based outpatient clinic (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 24, 2014, at the Charlotte, NC, CBOC which is under the oversight of the W.G. (Bill) Hefner VA Medical Center and Veterans Integrated Service Network 6.

Review Results: We conducted four focused reviews and had no findings for the Environment of Care and Designated Women's Health Provider reviews. However, we made recommendations in the following two review areas:

Alcohol Use Disorder. Ensure that CBOC/PCCs:

- 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/PCCs:

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

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 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 a randomly selected CBOC that had not been previously inspected.¹ Details of the targeted study populations for the AUD, MM, and DWHP Proficiency focused reviews are noted in Table 1.

¹ 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 ² 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.

² 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.^a

We reviewed relevant documents and conducted a physical inspection of the Charlotte 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., MH clinic).	
	Alcohol hand wash or soap dispenser and sink are available in the examination rooms.	
	Sharps containers are secured.	
	Safety needle devices are available.	
	The CBOC has a separate storage room for storing medical (infectious) waste.	
	The CBOC conducts fire drills at least every 12 months.	
	Means of egress from the building are unobstructed.	
	Access to fire alarm pull stations is unobstructed.	
	Access to fire extinguishers is unobstructed.	
	The CBOC has signs identifying the locations of fire extinguishers.	
	Exit signs are visible from any direction.	
	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.	
	Adequate privacy is provided to women veterans in the examination room.	
	The information technology network room/server closet is locked.	
	All computer screens are locked when not in use.	
	Staff use privacy screens on monitors to prevent unauthorized viewing in high-traffic areas.	
	EOC rounds are conducted semi-annually (at least twice in a 12-month period) and deficiencies are reported to and tracked by the EOC Committee until resolution.	
	The CBOC has an automated external defibrillator.	
	Safety inspections are performed on the CBOC medical equipment in accordance with Joint Commission standards.	
	The parent facility includes the CBOC in required education, training, planning, and participation leading up to the annual disaster exercise.	
	The parent facility's Emergency Management Committee evaluates CBOC emergency preparedness activities, participation in annual disaster exercise, and staff training/education relating to emergency preparedness requirements.	

AUD

The purpose of this review was to determine whether the facility's CBOCs and PCCs complied with selected alcohol use screening and treatment requirements.^b

We reviewed relevant documents. We also reviewed 40 EHRs and validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

Table 3. AUD

NM	Areas Reviewed	Findings
	Alcohol use screenings are completed during new patient encounters, and at least annually.	
X	Diagnostic assessments are completed for patients with a positive alcohol screen.	Staff did not complete diagnostic assessments for 14 (35 percent) of 40 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 MI training within 12 months of appointment to PACT.	We found that 3 of 8 RN Care Managers did not receive MI 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 6 of 27 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 CBOC/Primary Care Clinic staff consistently complete diagnostic assessments for patients with a positive alcohol screen.

2. 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.

MM

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

We reviewed relevant documents. We also reviewed 39 EHRs and validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

Table 4. Fluoroquinolones

NM	Areas Reviewed	Findings
X	Clinicians documented the medication reconciliation process that included the fluoroquinolone.	We did not find documentation that medication reconciliation included the newly prescribed fluoroquinolone in 17 (44 percent) of 39 patient EHRs.
X	Written information on the patient's prescribed medications was provided at the end of the outpatient encounter.	We did not find documentation that 13 (33 percent) of 39 patients received written information that included the fluoroquinolone.
X	Medication counseling/education for the fluoroquinolone was documented in the patients' EHRs.	We did not find documentation of medication counseling that included the fluoroquinolone in 16 (41 percent) of 39 patients' EHRs.
	Clinicians documented the evaluation of each patient's level of understanding for the education provided.	
	The facility complied with local policy.	

Recommendations

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 as required.

DWHP Proficiency

The purpose of this review was to determine whether the facility’s CBOCs and PCCs complied with selected DWHP proficiency requirements.^d

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.³ The table below provides information relative to each of the CBOCs.

Location	State	Station #	Locality ⁵	CBOC Size ⁶	Uniques ⁴				Encounters ⁴			
					MH ⁷	PC ⁸	Other ⁹	All	MH ⁷	PC ⁸	Other ⁹	All
Charlotte	NC	659GA	Urban	Very Large	5,571	20,426	21,464	23,442	35,627	64,300	113,690	213,617
Winston-Salem	NC	659BY	Urban	Very Large	4,951	18,179	20,963	23,178	21,329	53,281	91,640	166,250
Hickory	NC	659GB	Urban	Large	1,905	7,144	6,256	8,339	8,918	23,195	22,909	55,022

³ Includes all CBOCs in operation before March 31, 2013.

⁴ 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.

⁵ http://vaww.pssg.med.va.gov/PSSG/DVDC/FY2013_Q1_VAST.xlsx

⁶ 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).

⁷ Mental Health includes stop codes in the 500 series, excluding 531 and 563, in the primary position.

⁸ 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.

⁹ 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.¹⁰

CBOC	Specialty Care Services ¹¹	Ancillary Services ¹²	Tele-Health Services ¹³
Charlotte	Optometry Podiatry Gastroenterology Urology Medicine Specialties Dermatology Cardiology Surgery General Surgery Women's Cancer Care Pulmonary Nephrology Rheumatology Neurology Ophthalmology Pain Clinic	Laboratory Radiology Audiology Computer Tomography Electrocardiography Pharmacy Diabetic Retinal Screening MOVE! Program ¹⁴ Pulmonary Function Test Nutrition Chaplain VIST ¹⁵ Positron Emission Tomography	Tele Primary Care
Winston-Salem	Optometry Podiatry Dermatology General Surgery Ear, Nose and Throat Surgery Ophthalmology Infectious Disease Neurology Women's Cancer Care Endocrinology Medicine Specialties	Laboratory Radiology Audiology Pharmacy Diabetic Retinal Screening Nutrition MOVE! Program Pulmonary Function Test Diabetes Care VIST Blind Rehabilitation	Tele Primary Care
Hickory	Optometry Dermatology Medicine Specialties	Laboratory Audiology Pharmacy Diabetic Retinal Screening MOVE! Program Nutrition	Tele Primary Care

¹⁰ 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.

¹¹ Specialty Care Services refer to non-Primary Care and non-Mental Health services provided by a physician.

¹² Ancillary Services refer to non-Primary Care and non-Mental Health services that are not provided by a physician.

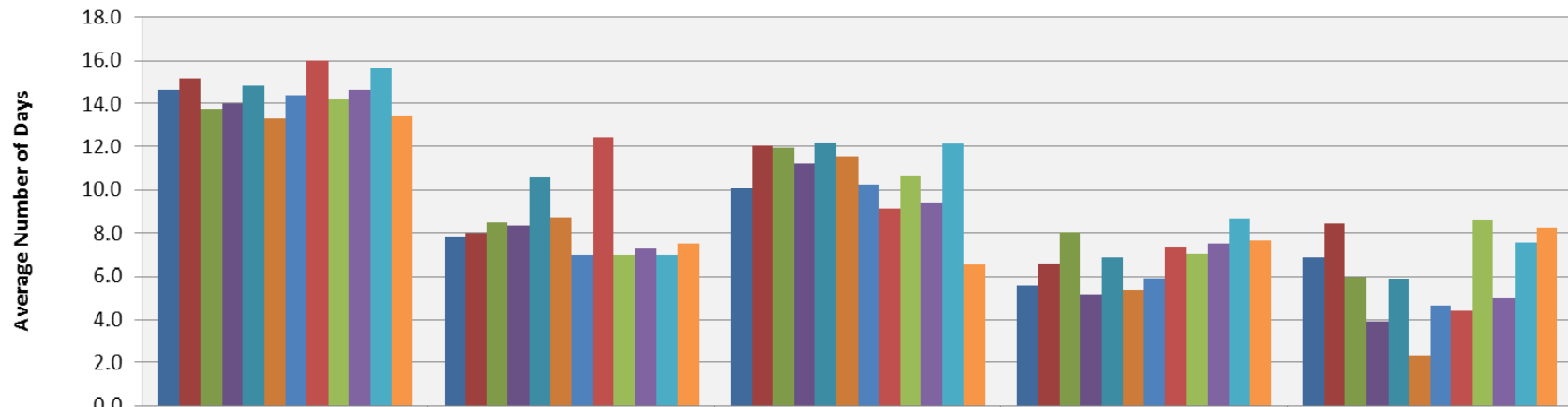
¹³ Tele-Health Services refer to services provided under the VA Telehealth program (<http://www.telehealth.va.gov/>)

¹⁴ VHA Handbook 1120.01, *MOVE! Weight Management Program for Veterans*, March 31, 2011.

¹⁵ The Visual Impairment Services Team (VIST) is a group of case managers that coordinate services for severely disabled and visually impaired Veterans and active duty service members.

PACT Compass Metrics

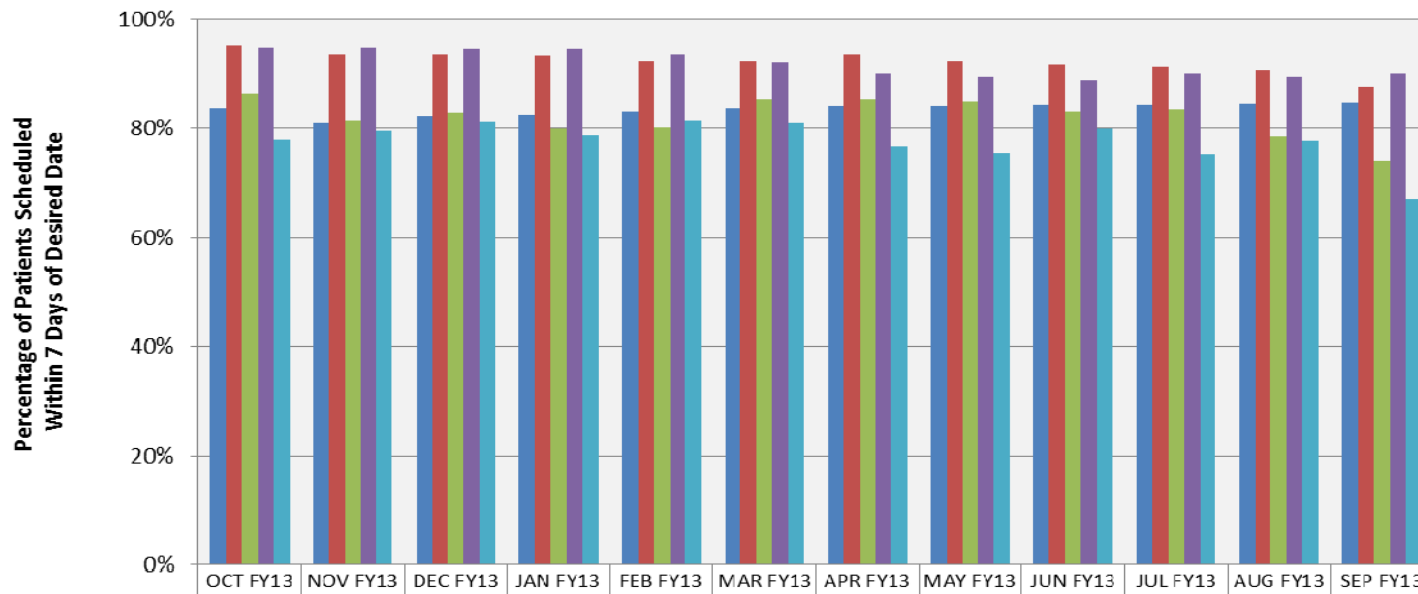
FY 2013 Average 3rd Next Available in PC Clinics



	VHA Total	W.G. (Bill) Hefner VAMC (659)	Winston-Salem (659BY)	Charlotte (659GA)	Hickory (659GB)
■ OCT FY13	14.6	7.8	10.1	5.6	6.9
■ NOV FY13	15.2	8.0	12.0	6.6	8.4
■ DEC FY13	13.8	8.5	12.0	8.0	6.0
■ JAN FY13	14.0	8.4	11.2	5.1	3.9
■ FEB FY13	14.8	10.6	12.2	6.9	5.9
■ MAR FY13	13.3	8.7	11.6	5.4	2.3
■ APR FY13	14.4	7.0	10.2	5.9	4.6
■ MAY FY13	16.0	12.4	9.1	7.4	4.4
■ JUN FY13	14.2	7.0	10.7	7.1	8.6
■ JUL FY13	14.6	7.3	9.4	7.5	5.0
■ AUG FY13	15.7	7.0	12.1	8.6	7.6
■ SEP FY13	13.4	7.5	6.5	7.7	8.2

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

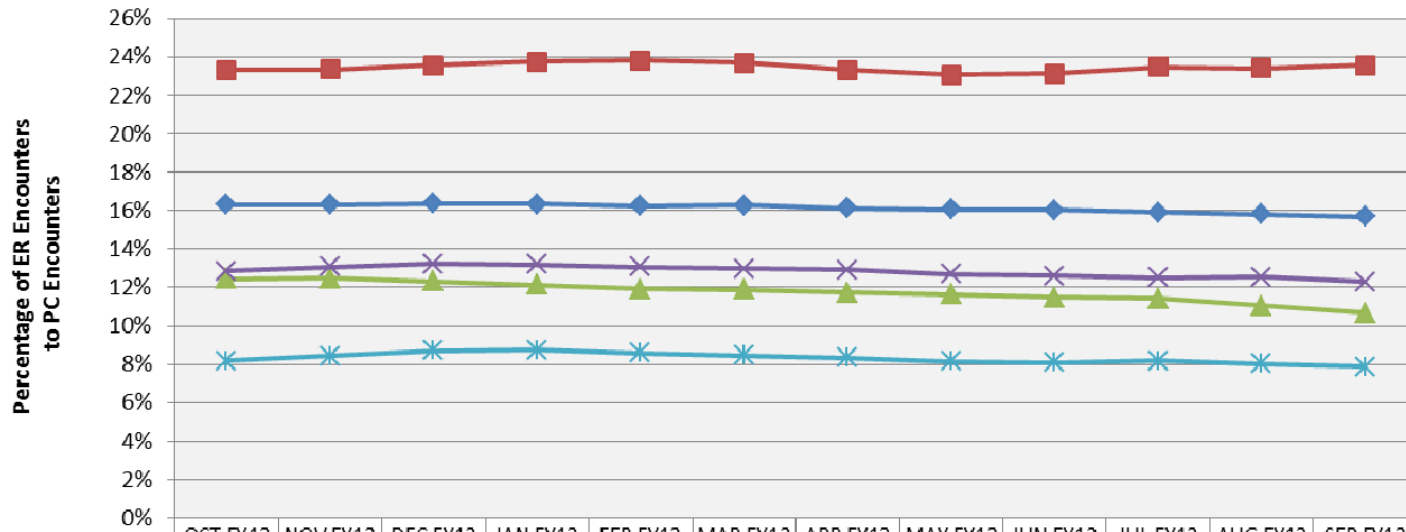
FY 2013 Established PC Prospective Wait Times 7 Days



	OCT FY13	NOV FY13	DEC FY13	JAN FY13	FEB FY13	MAR FY13	APR FY13	MAY FY13	JUN FY13	JUL FY13	AUG FY13	SEP FY13
VHA Total	83.5%	81.1%	82.4%	82.6%	83.2%	83.6%	84.0%	84.0%	84.1%	84.3%	84.5%	84.7%
W.G. (Bill) Hefner VAMC (659)	95.2%	93.4%	93.5%	93.4%	92.4%	92.3%	93.5%	92.2%	91.6%	91.2%	90.6%	87.6%
Winston-Salem (659BY)	86.3%	81.4%	82.9%	79.9%	80.2%	85.3%	85.4%	84.9%	83.1%	83.3%	78.4%	74.0%
Charlotte (659GA)	94.8%	94.8%	94.6%	94.6%	93.5%	92.1%	90.2%	89.5%	88.9%	90.2%	89.5%	90.1%
Hickory (659GB)	77.9%	79.5%	81.2%	78.8%	81.5%	81.0%	76.7%	75.5%	80.0%	75.4%	77.6%	67.2%

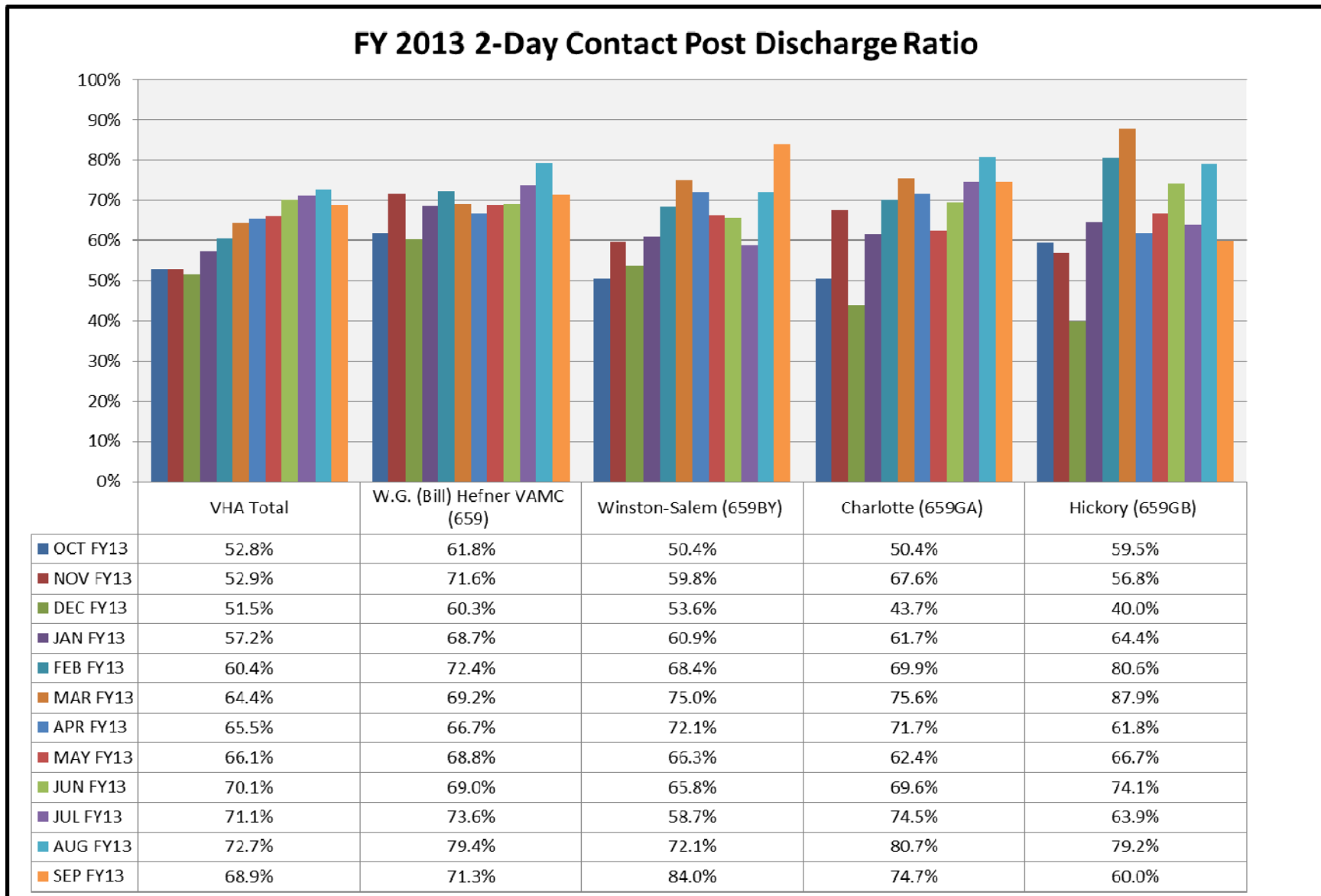
Data Definition.^c The percent of patients scheduled within 7 days of the desired date. Data source is the Wait Times Prospective Wait Times measures. The total number of scheduled appointments for primary care-assigned patients in primary care clinics 322, 323 and 350. Data is collected twice a month 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)



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%
W.G. (Bill) Hefner VAMC (659)	23.3%	23.3%	23.6%	23.7%	23.8%	23.7%	23.3%	23.1%	23.1%	23.5%	23.4%	23.6%
Winston-Salem (659BY)	12.5%	12.5%	12.3%	12.1%	11.9%	11.9%	11.7%	11.6%	11.5%	11.4%	11.1%	10.7%
Charlotte (659GA)	12.8%	13.1%	13.2%	13.2%	13.1%	13.0%	12.9%	12.7%	12.6%	12.5%	12.5%	12.3%
Hickory (659GB)	8.2%	8.4%	8.7%	8.8%	8.6%	8.5%	8.3%	8.1%	8.1%	8.2%	8.0%	7.9%

Data Definition.^e 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.



Data Definition.^e 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: May 1, 2014

From: Director, VA Mid-Atlantic Healthcare Network (10N6)

Subject: **CBOC and PCC Reviews of the W.G. (Bill) Hefner VA Medical Center, Salisbury, NC**

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

1. The attached subject report is forwarded for your review and further action. I reviewed the response of the W. G. (Bill) Hefner VA Medical Center (VAMC), Salisbury, NC, and concur with the facility's recommendations.
2. If you have further questions, please contact Lisa Shear, VISN 6 QMO, at (919) 956-5541.

/es/

DANIEL F. HOFFMANN, FACHE

Facility Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: April 28, 2014
From: Director, W.G. (Bill) Hefner VA Medical Center (659/00)
Subject: **CBOC and PCC Reviews of the W.G. (Bill) Hefner VA
Medical Center, Salisbury, NC**
To: Director, VA Mid-Atlantic Healthcare Network (10N6)

1. I have reviewed the draft report of the Office of Inspector General and I concur with the recommendations.
2. I have included my response in the attached Director's Comments.
3. Please contact me if you have any questions or comments.

/es/

Kaye Green FACHE

Director, W. G. (Bill) Hefner VA Medical Center (659/00)

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 CBOC/Primary Care Clinic staff consistently complete diagnostic assessments for patients with a positive alcohol screen.

Concur

Target date for completion: Completed 12/17/13

Facility response: The facility implemented a new clinical reminder in Dec 2013 that ensures that patients with a positive alcohol screen receive a complete diagnostic assessment. Staff was educated on the new clinical reminder and began using it in January 2013. At least 120 chart audits have been completed a month for the past three months and the facility has been at least 90% compliant each of those months. Audits will continue to be completed until closed by the OIG. Audit reports are reported monthly to the Clinical Executive Board for ongoing oversight.

Recommendation 2. 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: 6/6/14

Facility response: The facilities began offering more frequent training opportunities for motivational interviewing and health coaching training and strengthened the tracking mechanism to ensure RN Care Managers complete the training within 12 months of appointment to PACT. 100% of RN Care Managers have completed the MI training as of 4/16/14. 97.3% of RN Care Managers have completed the health coaching training as of 4/16/14. The rest of the RN Care Managers are scheduled to complete health coaching training in May 2014. The Chief Nurse of Primary Care will randomly audit the training records of RN Care Managers to ensure training is completed within 12 months of appointment to PACT. Results will be reported to the Nursing Executive Board for ongoing oversight.

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: 4/22/14

Facility response: The Chief of Staff Office reeducated providers that medication reconciliation must be completed at all outpatient visits per MCM 659-119-5 Medication Reconciliation. A sample of at least 30 electronic health records will be reviewed for presence of documentation that medication reconciliation occurred at each episode of care where fluoroquinolones were administered, prescribed, or modified. At least 30 electronic health records, from 30 unique patients, will be selected at random each month to ensure at least 90% compliance with documentation requirements. Results of the audit will be reported to the Clinical Executive Board and to the Executive Leadership Board for ongoing oversight.

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

Concur

Target date for completion: 4/22/14

Facility response: The prescriber will provide written medication information for all outpatients utilizing the Medication Reconciliation Note, which contains a medication list that includes the Fluoroquinolones when one is prescribed. In addition, Pharmacy Service will provide a printed copy of an FDA Medication Guide, which informs the patient in regards to what Fluoroquinolones are used for, how the medication should be taken with respect to food and other medications, as well as any associated precautions (i.e., potential drug-drug or drug food interactions, side effects, adverse events, and Black Box Warnings). A sample of at least 30 electronic health records will be reviewed for presence of documentation that written medication information was given where fluoroquinolones were administered, prescribed, or modified. At least 30 electronic health records, from 30 unique patients, will be selected at random each month to ensure at least 90% compliance with providing written medication information for fluoroquinolones. Results of the audit will be reported to the Clinical Executive Board and to the Executive Leadership Board for ongoing oversight.

Recommendation 5. We recommended that staff provide medication counseling/education as required.

Concur

Target date for completion: 4/22/14

Facility response: The prescriber will provide the necessary medication education/counseling for all patients, along with a Medication Reconciliation Note, which will document that the education/counseling has occurred. Pharmacy Service will provide a printed copy of a FDA Medication Guide, which informs the patient in regards to what Fluoroquinolones are used for, how the medication should be taken with respect to food and other medications, as well as any associated precautions (i.e., potential drug-drug or drug food interactions, side effects, adverse events, and Black Box

Warnings). A sample of at least 30 electronic health records will be reviewed for presence of documentation that written medication information was given and medication education was completed where fluoroquinolones were administered, prescribed, or modified. At least 30 electronic health records, from 30 unique patients, will be selected at random each month to ensure at least 90% compliance with patient medication education/counseling requirements. Results of the audit will be reported to the Clinical Executive Board and to the Executive Leadership Board for ongoing oversight.

OIG Contact and Staff Acknowledgments

Contact	For more information about this report, please contact the OIG at (202) 461-4720.
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Director, W.G. (Bill) Hefner VA Medical Center (659/00)

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Related Agencies
Senate Committee on Homeland Security and Governmental Affairs
National Veterans Service Organizations
Government Accountability Office
Office of Management and Budget
U.S. Senate: Richard Burr, Kay R. Hagan
U.S. House of Representatives: Virginia Foxx

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

Endnotes

^a References used for the EOC review included:

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