Department of Veterans Affairs
Office of Inspector General

Office of Healthcare Inspections

Report No. 14-00912-192

Community Based Outpatient Clinic and Primary Care Clinic Reviews at South Texas Veterans Health Care System San Antonio, Texas

June 25, 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
MH	mental health
MM	medication management
NM	not met
OIG	Office of Inspector General
PACT	Patient Aligned Care Teams
PCC	primary care clinic
PCN	Primary Care Network
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	6
MM	7
DWHP Proficiency	8
Appendixes	
A. CBOC Profiles and Services Provided	9
B. PACT Compass Metrics	11
C. Acting VISN Director Comments	15
D. Facility Director Comments	16
E. OIG Contact and Staff Acknowledgments	19
F. Report Distribution	20
G. Endnotes	21

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 May 5, 2014, at the following CBOCs which are under the oversight of the South Texas Veterans Health Care System and Veterans Integrated Service Network 17:

- Beeville CBOC, Beeville, TX
- Frank M. Tejeda Satellite CBOC, San Antonio, TX
- San Antonio Area Primary Care Network (PCN) CBOC, San Antonio, TX

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:

- External signage clearly identifies the building as a VA CBOC at the Beeville CBOC.
- Managers maintain clean carpets at the Frank M. Tejeda Satellite CBOC.
- All identified environment of care deficiencies at the Beeville and San Antonio PCN CBOCs are reported to and tracked by the parent facility's Environment of Care Committee until resolution.

Alcohol Use Disorder. Ensure that CBOC/PCC:

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

Medication Management. Ensure that CBOC/PCC staff:

- Document that medication reconciliation 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 flouroquinolone medication education.

Comments

The Acting 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 consider recommendations 1 and 4 closed. We will follow up on the planned actions for the open recommendations until they are completed.

JOHN D. DAIGH, JR., M.D.
Assistant Inspector General for
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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.[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 physical inspections of the Beeville, Frank M. Tejeda Satellite, and San Antonio PCN 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
X	The CBOC's location is clearly identifiable from the street as a VA CBOC.	The Beeville CBOC's location was not clearly identifiable from the street as a VA CBOC at the address provided by the parent facility.
	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.	
X	The CBOC is clean.	Carpeted areas at the Frank M. Tejeda Satellite CBOC were not 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.	

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.	
	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.	
X	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.	EOC deficiencies at the Beeville and San Antonio PCN CBOCs were not reported to and tracked by the parent facility's 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.	

Recommendations

1. We recommended that external signage clearly identifies the building as a VA CBOC at the Beeville CBOC.

2. We recommended that managers maintain clean carpets at the Frank M. Tejeda Satellite CBOC.

3. We recommended that all identified environment of care deficiencies at the Beeville and San Antonio Primary Care Network CBOCs are reported to and tracked by the parent facility's Environment of Care Committee until resolution.

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 35 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.	
	Documentation reflects the offer of further treatment for patients diagnosed with alcohol dependence.	
	For patients with AUD who decline referral to specialty care, CBOC/PCC staff monitored them and their alcohol use.	
	Counseling, education, and brief treatments for AUD are provided within 2 weeks of positive screening.	
X	CBOC/PCC RN Care Managers have received motivational interviewing training within 12 months of appointment to PACT.	We found that 4 of 27 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 3 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.	

Recommendation

4. 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 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 6 (15 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 8 (20 percent) of 40 patients.
	The facility complied with local policy.	

Recommendations

5. 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.

6. We recommended that staff document the evaluation of patient's level of understanding for the flouroquinolone 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.[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.

					Uniques[4]				Encounters[4]			
Location	**State**	**Station #**	**Locality[5]**	**CBOC Size[6]**	**MH[7]**	**PC[8]**	**Other[9]**	**All**	**MH[7]**	**PC[8]**	**Other[9]**	**All**
Frank M. Tejeda Satellite	TX	671BY	Urban	Very Large	11,543	11,948	17,091	26,019	54,982	30,867	43,030	128,879
North Central Federal, San Antonio	TX	671GO	Urban	Very Large	2,109	7,324	7,819	11,744	7,508	16,547	18,476	42,531
San Antonio Area PCN	TX	671GK	Urban	Large	0	5,625	2,006	5,791	0	9,097	3,476	12,573
South Bexar County	TX	671GF	Urban	Mid-Size	1,199	4,480	2,375	4,963	4,079	11,662	6,747	22,488
Victoria	TX	671GB	Urban	Mid-Size	1,267	3,027	2,121	3,202	4,347	9,566	8,889	22,802
New Braunfels	TX	671GL	Urban	Mid-Size	0	1,551	303	1,588	0	2,868	384	3,252
Seguin	TX	671GN	Rural	Small	0	549	56	554	0	952	79	1,031
Beeville	TX	671GH	Rural	Small	0	373	39	376	0	1,570	54	1,624

[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 October 1, 2012, through September 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

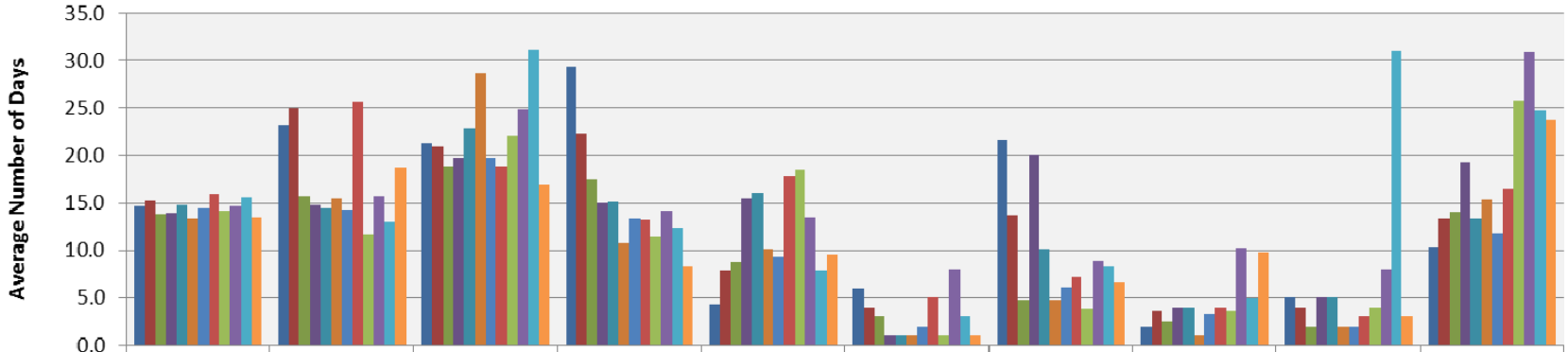
In addition to primary care integrated with WH and MH care, the CBOCs provide various specialty care, ancillary, and tele-health services. The following table lists the services provided at each CBOC.[10]

CBOC	Specialty Care Services[11]	Ancillary Services[12]	Tele-Health Services[13]
Frank M. Tejeda Satellite	Orthopedics Optometry Neurology General Surgery	Radiology Audiology Pulmonary Function Test Pharmacy Diabetic Retinal Screening Diabetes Care Social Work Nutrition	Tele Primary Care
North Central Federal	Gynecology	Radiology Mammography Pharmacy Diabetic Retinal Screening MOVE! Program[14] Nutrition Social Work	Tele Primary Care
San Antonio Area PCN	---	---	Tele Primary Care
South Bexar County	---	MOVE! Program	Tele Primary Care
Victoria	Podiatry	Pharmacy Nutrition Diabetic Retinal Screening MOVE! Program	Tele Primary Care
New Braunfels	---	---	Tele Primary Care
Seguin	---	---	---
Beeville	---	---	---

[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 October 1, 2012, through September 30, 2013, timeframe at the specified CBOC.
[11] Specialty Care Services refer to non-Primary Care and non-MH services provided by a physician.
[12] Ancillary Services refer to non-Primary Care and non-MH 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.

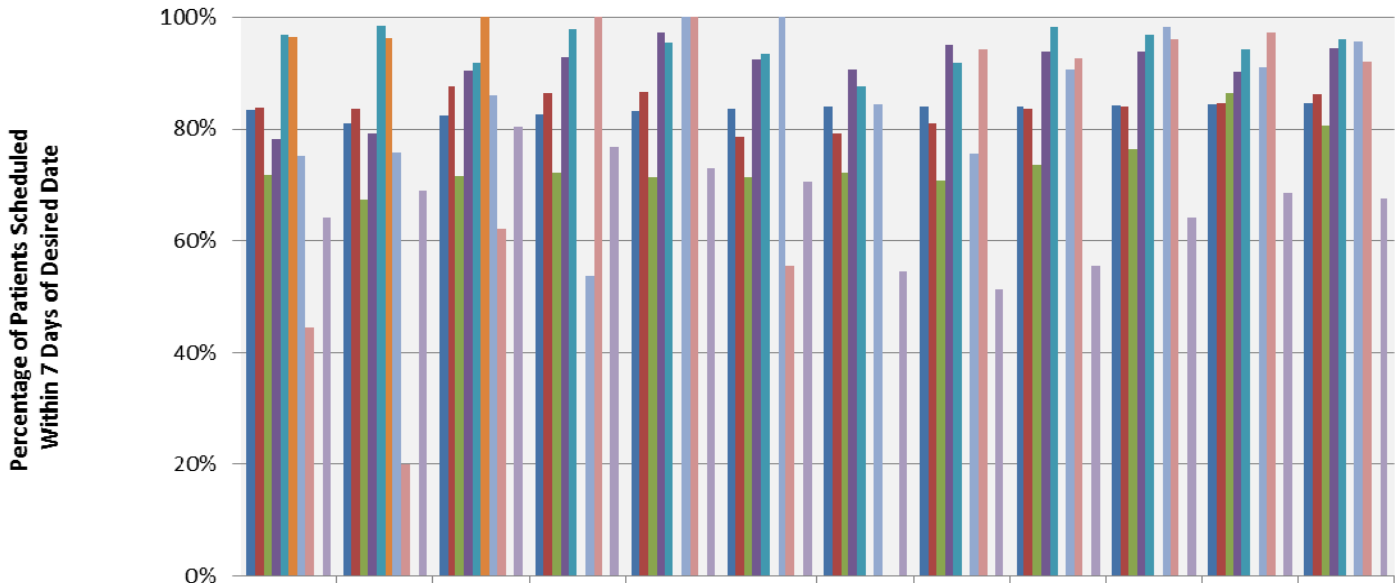
PACT Compass Metrics

FY 2013 Average 3rd Next Available in PC Clinics



	VHA Total	San Antonio VAMC (671)	Frank M. Tejeda Satellite (671BY)	Victoria (671GB)	South Bexar County (671GF)	Beeville (671GH)	San Antonio Area PCN (671GK)	New Braunfels (671GL)	Seguin (671GN)	North Central Federal (671GO)
OCT FY13	14.6	23.2	21.3	29.4	4.3	6.0	21.7	2.0	5.0	10.4
NOV FY13	15.2	24.9	21.0	22.2	7.9	4.0	13.7	3.7	4.0	13.3
DEC FY13	13.8	15.8	18.9	17.5	8.7	3.0	4.6	2.5	2.0	14.0
JAN FY13	14.0	14.8	19.8	15.1	15.5	1.0	20.1	4.0	5.0	19.3
FEB FY13	14.8	14.4	22.8	15.1	16.1	1.0	10.1	4.0	5.0	13.4
MAR FY13	13.3	15.5	28.6	10.8	10.2	1.0	4.7	1.0	2.0	15.4
APR FY13	14.4	14.3	19.8	13.3	9.3	2.0	6.1	3.3	2.0	11.8
MAY FY13	16.0	25.7	18.8	13.3	17.8	5.0	7.1	4.0	3.0	16.4
JUN FY13	14.2	11.6	22.1	11.4	18.5	1.0	3.9	3.6	4.0	25.8
JUL FY13	14.6	15.7	24.9	14.2	13.5	8.0	8.9	10.2	8.0	30.9
AUG FY13	15.7	13.0	31.2	12.4	7.9	3.0	8.4	5.0	31.0	24.8
SEP FY13	13.4	18.7	16.9	8.4	9.6	1.0	6.6	9.8	3.0	23.8

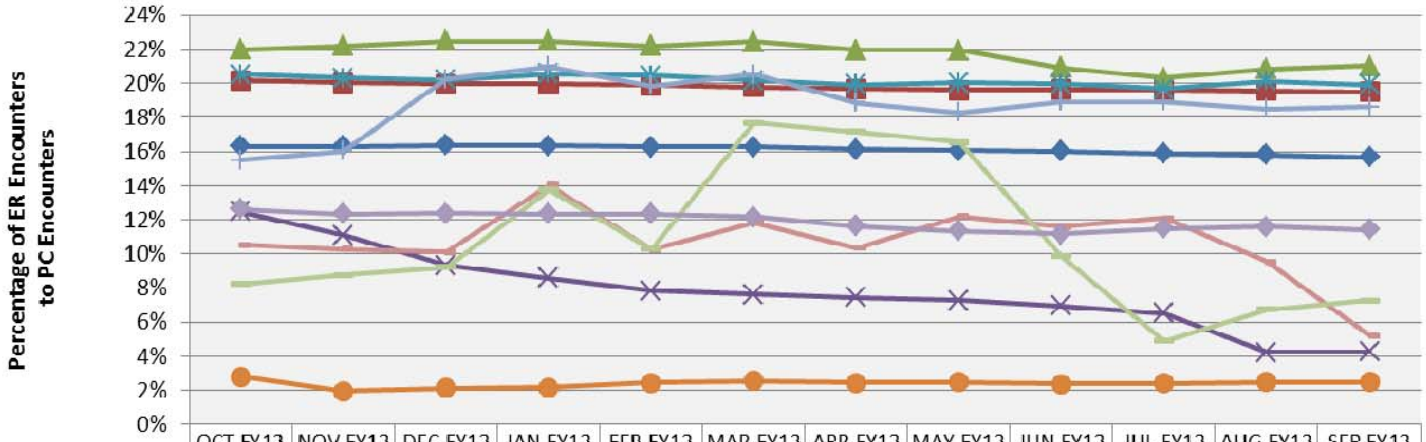
Data Definition.[e] The average waiting time in days until the next third open appointment slot for completed primary care appointments in stop code 350. Completed appointments in stop code 350 for this metric include completed appointments where a 350 stop code is in the primary position on the appointment 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.



	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%
San Antonio VAMC (671)	83.8%	83.5%	87.6%	86.5%	86.6%	78.5%	79.1%	81.1%	83.6%	84.1%	84.7%	86.1%
Frank M. Tejeda Satellite (671BY)	71.7%	67.3%	71.6%	72.1%	71.3%	71.4%	72.1%	70.8%	73.5%	76.3%	86.3%	80.6%
Victoria (671GB)	78.1%	79.2%	90.4%	92.9%	97.2%	92.6%	90.6%	95.0%	93.7%	93.9%	90.1%	94.3%
South Bexar County (671GF)	97.0%	98.5%	91.8%	97.7%	95.5%	93.3%	87.6%	91.9%	98.2%	96.8%	94.1%	96.2%
Beeville (671GH)	96.6%	96.3%	100.0%									
San Antonio Area PCN (671GK)	75.1%	75.8%	86.0%	53.7%	100.0%	100.0%	84.4%	75.6%	90.7%	98.2%	91.0%	95.6%
New Braunfels (671GL)	44.4%	20.0%	62.1%	100.0%	100.0%	55.6%		94.1%	92.8%	96.0%	97.1%	92.2%
Seguin (671GN)												
North Central Federal (671GO)	64.2%	69.1%	80.5%	76.8%	73.1%	70.6%	54.5%	51.2%	55.4%	64.3%	68.6%	67.6%

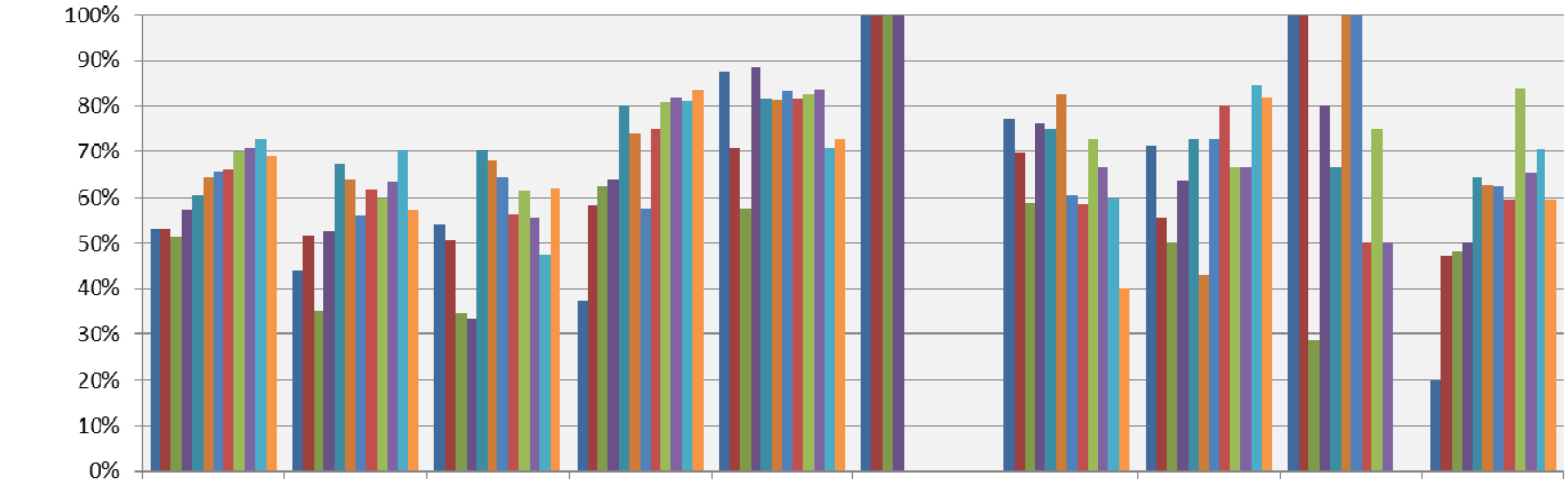
Data Definition.[e] The percent of patients scheduled within 7 days of the desired date. Data source is the Wait Times Prospective Wait Times measures. The total number of scheduled appointments for primary care-assigned patients in primary care clinics 322, 323 and 350. Data is collected twice a month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

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



	OCT FY13	NOV FY13	DEC FY13	JAN FY13	FEB FY13	MAR FY13	APR FY13	MAY FY13	JUN FY13	JUL FY13	AUG FY13	SEP FY13
VHA Total	16.3%	16.3%	16.4%	16.3%	16.3%	16.3%	16.1%	16.1%	16.0%	15.9%	15.8%	15.7%
San Antonio VAMC (671)	20.2%	20.0%	20.0%	19.9%	19.9%	19.8%	19.7%	19.6%	19.7%	19.6%	19.6%	19.5%
Frank M. Tejeda Satellite (671BY)	22.0%	22.2%	22.5%	22.5%	22.2%	22.4%	22.0%	21.9%	20.9%	20.3%	20.8%	21.0%
Victoria (671GB)	12.5%	11.1%	9.3%	8.6%	7.9%	7.6%	7.4%	7.3%	7.0%	6.5%	4.2%	4.3%
South Bexar County (671GF)	20.5%	20.3%	20.2%	20.6%	20.5%	20.2%	19.9%	20.0%	20.0%	19.7%	20.1%	19.9%
Beeville (671GH)	2.8%	1.9%	2.1%	2.2%	2.5%	2.5%	2.5%	2.5%	2.4%	2.4%	2.5%	2.5%
San Antonio Area PCN (671GK)	15.5%	16.0%	20.2%	21.0%	19.9%	20.5%	18.9%	18.3%	18.9%	18.9%	18.5%	18.6%
New Braunfels (671GL)	10.5%	10.3%	10.1%	14.0%	10.2%	11.8%	10.4%	12.2%	11.6%	12.1%	9.6%	5.2%
Seguin (671GN)	8.2%	8.8%	9.2%	13.8%	10.3%	17.7%	17.2%	16.5%	9.9%	4.9%	6.8%	7.3%
North Central Federal (671GO)	12.6%	12.3%	12.4%	12.3%	12.3%	12.2%	11.7%	11.3%	11.2%	11.5%	11.6%	11.4%

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.



	VHA Total	San Antonio VAMC (671)	Frank M. Tejeda Satellite (671BY)	Victoria (671GB)	South Bexar County (671GF)	Beeville (671GH)	San Antonio Area PCN (671GK)	New Braunfels (671GL)	Seguin (671GN)	North Central Federal (671GO)
OCT FY13	52.8%	44.0%	54.0%	37.5%	87.5%	100.0%	77.1%	71.4%	100.0%	20.0%
NOV FY13	52.9%	51.7%	50.5%	58.3%	71.1%	100.0%	69.8%	55.6%	100.0%	47.4%
DEC FY13	51.5%	35.1%	34.5%	62.5%	57.5%	100.0%	58.8%	50.0%	28.6%	48.3%
JAN FY13	57.2%	52.7%	33.7%	64.0%	88.5%	100.0%	76.2%	63.6%	80.0%	50.0%
FEB FY13	60.4%	67.4%	70.6%	80.0%	81.6%		75.0%	72.7%	66.7%	64.3%
MAR FY13	64.4%	64.0%	67.8%	74.1%	81.4%		82.6%	42.9%	100.0%	62.7%
APR FY13	65.5%	55.9%	64.3%	57.6%	83.0%		60.5%	72.7%	100.0%	62.5%
MAY FY13	66.1%	61.7%	56.3%	75.0%	81.5%	0.0%	58.5%	80.0%	50.0%	59.5%
JUN FY13	70.1%	59.8%	61.4%	80.8%	82.5%	0.0%	72.7%	66.7%	75.0%	83.8%
JUL FY13	71.1%	63.4%	55.4%	81.8%	83.7%		66.7%	66.7%	50.0%	65.3%
AUG FY13	72.7%	70.5%	47.4%	81.0%	71.0%		60.0%	84.6%	0.0%	70.7%
SEP FY13	68.9%	57.0%	62.0%	83.3%	72.7%		40.0%	81.8%	0.0%	59.6%

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. Blank cells indicate the absence of reported data.

Acting VISN Director Comments

Department of Veterans Affairs **Memorandum**

Date: June 11, 2014

From: Acting Director, VA Heart of Texas Health Care Network (10N17)

Subject: **CBOC and PCC Reviews of the South Texas Veterans Health Care System, San Antonio, TX**

To: Director, Dallas Office of Healthcare Inspections (54DA)

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

1. Thank you for allowing me to respond to this Community Based Outpatient Clinic (CBOC) and Primary Care Clinic Review of the South Texas Veterans Health Care System, San Antonio, Texas.

2. I concur with the recommendations and have ensured that action plans with target dates for completion were developed.

3. If you have further questions regarding these CBOC & PCC reviews, please contact Denise B. Elliott, Quality Management Officer at 817-385-3734.

Wendell E. Jones, MD, MBA
Acting Director, VA Heart of Texas Health Care Network (10N17)

Facility Director Comments

Department of Veterans Affairs **Memorandum**

Date: June 11, 2014

From: Director, South Texas Veterans Health Care System (671/00)

Subject: **CBOC and PCC Reviews of the South Texas Veterans Health Care System, San Antonio, TX**

To: Director, VA Heart of Texas Health Care Network (10N17)

South Texas Veterans Health Care System submits the attached document.

Marie L. Weldon, FACHE
Director, South Texas Veterans Health Care System (671/00)

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 external signage clearly identifies the building as a VA CBOC at the Beeville CBOC.

Concur

Target date for completion: May 15, 2014

Facility response: The external signage for the Beeville CBOC was installed 5/15/14.

Recommendation 2. We recommended that managers maintain clean carpets at the Frank M. Tejeda Satellite CBOC.

Concur

Target date for completion: September 30, 2014

Facility response: The carpets within the Frank M. Tejeda Satellite CBOC are being vacuumed nightly and shampooed weekly. The Building Owner plans to replace the carpet in the waiting areas with a combination of new carpet and tile by July 30, 2014, and all other carpeting before the end of FY 14 (September 30, 2014).

Recommendation 3. We recommended that all identified environment of care deficiencies at the Beeville and San Antonio Primary Care Network CBOCs are reported to and tracked by the parent facility's Environment of Care Committee until resolution.

Concur

Target date for completion: September 30, 2014

Facility response: Reporting of environment of care deficiencies and resolutions at contract CBOCs will be added as a standing agenda item for the Environment of Care Committee.

Recommendation 4. 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: June 2, 2014

Facility response: CBOC newly hired Primary Care Clinic RN Care Managers will receive MI and health coach training (TEACH for Success) within 12 months of appointment to PACT, using three strategies to ensure compliance: (1) Nurse managers will alert Health Promotion Disease Prevention (HPDP) Staff of all new RN Care Managers hired and their date of hire; (2) HPDP staff will add MI and TEACH to each new RN Care Manager's TMS learning plan, with a due date of 9 months from date of appointment to PACT; (3) Introduction to HPDP Program, the HPDP Staff, and MI & TEACH Requirements added to the Primary Care New Employee Checklist for RN Care Managers. This comprehensive training plan was implemented on June 2, 2014, and will be sustained through the joint efforts of Primary Care and Nursing Services.

Recommendation 5. We recommended that staff document that medication reconciliation was completed at each episode of care where the newly prescribed fluoroquinolone was administered, prescribed, or modified.

Concur

Target date for completion: September 30, 2014

Facility response: Each provider of care prescribing, administering or modifying a fluoroquinolone prescription will document reconciliation of medications for the Veteran patient. This will be accomplished through the medication reconciliation documentation process. Quality Management will monitor 30% of patients prescribed fluoroquinolones at patient appointment for 90% compliance for a period of not less than 90 days to ensure compliance.

Recommendation 6. We recommended that staff document the evaluation of patient's level of understanding for the flouroquinolone medication education.

Concur

Target date for completion: September 30, 2014

Facility response: A mandatory element will be added to the After Visit Summary (AVS) and Medication Reconciliation templates to include a statement regarding the education provided to the patient and patient's response to education. Quality Management will monitor 30% of patients prescribed fluoroquinolones at patient appointment for 90% compliance for a period of not less than 90 days to ensure compliance.

OIG Contact and Staff Acknowledgments

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Endnotes

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

[b] 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.

[c] 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.

[d] 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.

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