Department of Veterans Affairs
Office of Inspector General

Office of Healthcare Inspections

Report No. 14-00909-191

Community Based Outpatient Clinic and Primary Care Clinic Reviews at VA Black Hills Health Care System Fort Meade, South Dakota

July 2, 2014

Washington, DC 20420

To Report Suspected Wrongdoing in VA Programs and Operations
Telephone: 1-800-488-8244
E-Mail: vaoighotline@va.gov
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Glossary

AUD	alcohol use disorder
CBOC	community based outpatient clinic
CWT	Compensated Work Therapy
DWHP	designated women's health provider
EHR	electronic health record
EOC	environment of care
FY	fiscal year
MM	medication management
NA	not applicable
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 April 21, 2014, at the following CBOCs which are under the oversight of the VA Black Hills Health Care System and Veterans Integrated Service Network 23:

- McLaughlin CBOC, McLaughlin, SD
- Scottsbluff CBOC, Scottsbluff, NE

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:

- Signage is installed at the Scottsbluff CBOC to clearly identify the location of fire extinguishers.
- Women veterans can access gender-specific restrooms without entering public areas at the Scottsbluff CBOC.

Alcohol Use Disorder. Ensure that CBOC/PCC:

- Staff consistently complete diagnostic assessments for patients with a positive alcohol screen.
- Staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.
- 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 medication education.

Comments

The VISN and Facility Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes C and D, pages 16–21, for the full text of the Directors' comments.) We will follow up on the planned actions for the open recommendations until they are completed.

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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 McLaughlin and Scottsbluff CBOCs. The table below shows the areas reviewed for this topic. We considered the CWT mission of the McLaughlin CBOC and reviewed applicable EOC requirements to the extent possible. 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.	
NA	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.	
NA	Access to fire alarm pull stations is unobstructed.	
	Access to fire extinguishers is unobstructed.	
X	The CBOC has signs identifying the locations of fire extinguishers.	There were no signs identifying the location of fire extinguishers at the Scottsbluff CBOC.
	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.	
	PII is protected on laboratory specimens during transport so that patient privacy is maintained.	
	Adequate privacy is provided to patients in examination rooms.	
	Documents containing patient-identifiable information are not laying around, visible, or unsecured.	
	Window coverings provide privacy.	
	The CBOC has a designated examination room for women veterans.	
X	Adequate privacy is provided to women veterans in the examination room.	Gowned women veterans at the Scottsbluff 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 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 signage is installed at the Scottsbluff CBOC to clearly identify the location of fire extinguishers.

2. We recommended that processes are strengthened to ensure women veterans can access gender-specific restrooms without entering public areas at the Scottsbluff CBOC.

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 33 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 9 (27 percent) of 33 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 NIAAA 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 four of seven 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 one of three 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 two of three 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

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

4. We recommended that CBOC/Primary Care Clinic staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.

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

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 25 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 of18 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 12 of 18 patients.
	The facility complied with local policy.	

Recommendations

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

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

DWHP Proficiency

The purpose of this review was to determine whether the facility's CBOCs and PCCs complied with selected DWHP proficiency requirements.[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 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.[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**
Rapid City	SD	568GA	Urban	Large	1,754	4,355	3,212	5,993	13,404	9,617	8,622	31,643
Scottsbluff	NE	568HH	Rural	Small	169	1,358	422	1,452	1,065	4,182	1,035	6,282
Pierre	SD	568GB	Rural	Small	96	1,386	1,350	1,428	447	2,768	3,614	6,829
Winner	SD	568HP	Highly Rural	Small	25	531	135	542	140	1,855	705	2,700
Eagle Butte	SD	568HM	Highly Rural	Small	64	251	9	284	1,041	729	9	1,779
Gordon	NE	568HB	Highly Rural	Small	22	182	0	199	88	408	0	496
Pine Ridge	SD	568HF	Rural	Small	112	80	25	168	826	199	33	1,058
Mission	SD	568HJ	Rural	Small	0	148	2	148	0	312	2	314
Newcastle	WY	568HA	Highly Rural	Small	17	83	19	92	45	147	30	222
McLaughlin	SD	568HK	Highly Rural	Small	66	0	0	66	689	0	0	689

[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

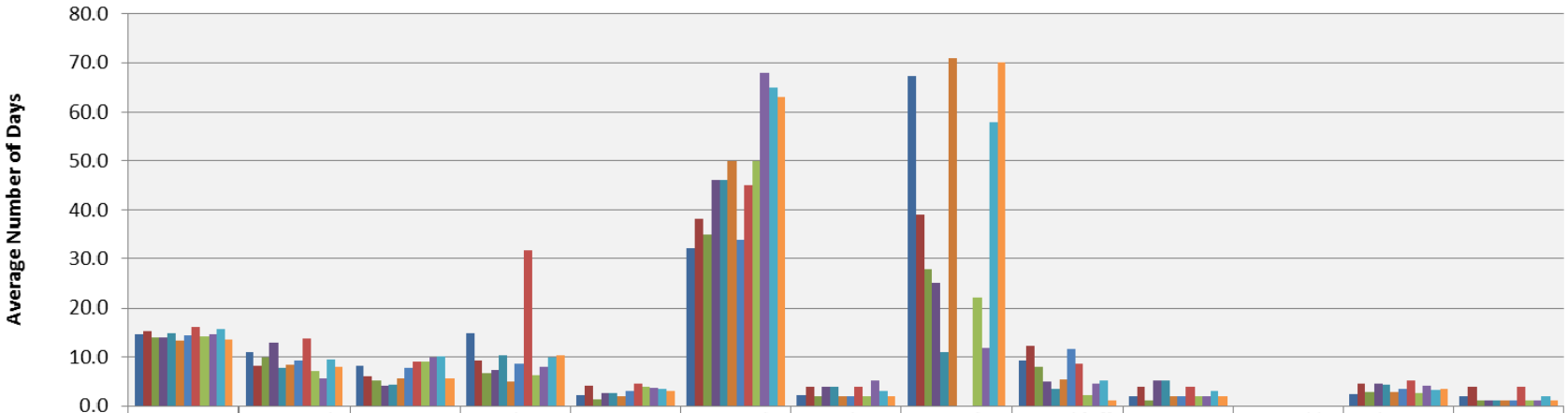
In addition to primary care integrated with WH and MH care, the CBOCs provide various specialty care, ancillary, and tele-health services. The following table lists the services provided at each CBOC.[10]

CBOC	Specialty Care Services[11]	Ancillary Services[12]	Tele-Health Services[13]
Rapid City	Neurology	Audiology MOVE! Program[14] Pharmacy Nutrition	Tele Primary Care
Scottsbluff	---	Pharmacy MOVE! Program Nutrition	Tele Primary Care
Pierre	---	Laboratory Pharmacy	Tele Primary Care
Winner	---	Laboratory	---
Eagle Butte	---	---	---
Gordon	---	---	---
Pine Ridge	---	---	---
Mission	---	---	---
Newcastle	---	---	---
McLaughlin	---	---	---

[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.

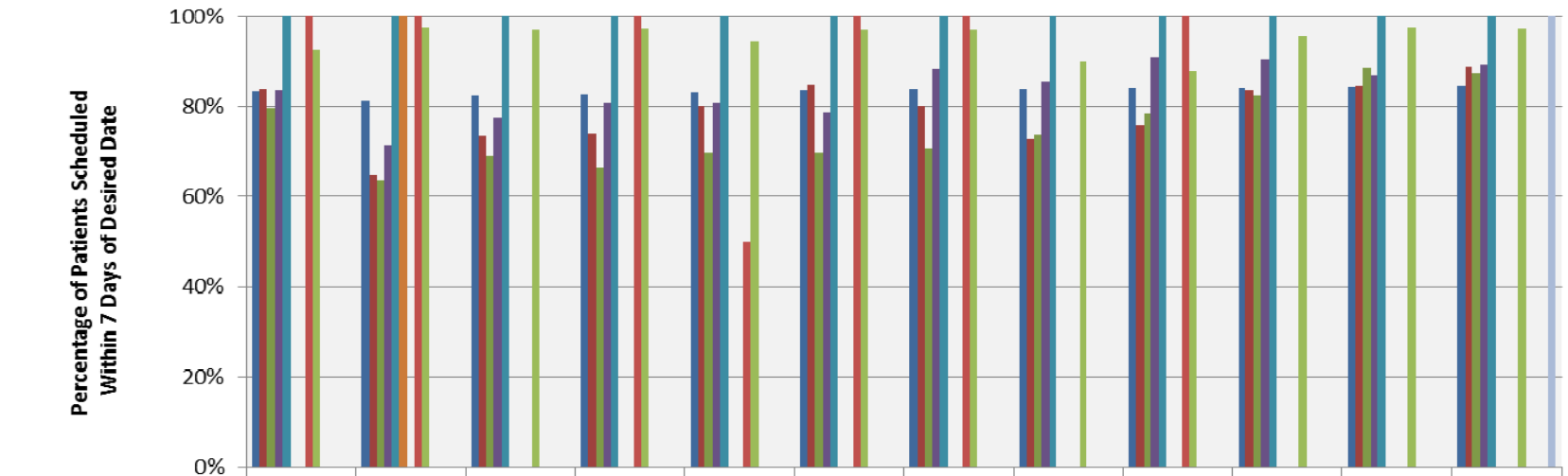
PACT Compass Metrics

FY 2013 Average 3rd Next Available in PC Clinics



	VHA Total	Fort Meade (568)	Hot Springs (568A4)	Rapid City (568GA)	Pierre (568GB)	Newcastle (568HA)	Gordon (568HB)	Pine Ridge (568HF)	Scottsbluff (568HH)	Mission (568HJ)	McLaughlin (568HK)	Eagle Butte (568HM)	Winner (568HP)
OCT FY13	14.6	10.9	8.1	14.8	2.2	32.1	2.1	67.3	9.3	2.0		2.5	2.0
NOV FY13	15.2	8.3	5.9	9.3	4.1	38.0	4.0	39.0	12.3	4.0		4.7	4.0
DEC FY13	13.8	10.0	5.2	6.6	1.3	35.0	2.0	28.0	8.0	1.0		2.8	1.1
JAN FY13	14.0	12.7	4.3	7.2	2.7	46.0	4.0	25.0	4.8	5.0		4.7	1.0
FEB FY13	14.8	7.7	4.4	10.4	2.6	46.0	4.0	11.0	3.4	5.0		4.4	1.0
MAR FY13	13.3	8.4	5.5	4.9	2.0	50.0	2.0	71.0	5.3	2.0		2.9	1.0
APR FY13	14.4	9.3	7.7	8.7	3.1	34.0	2.0	0.0	11.6	2.0		3.5	1.0
MAY FY13	16.0	13.7	9.1	31.7	4.7	45.0	4.0		8.6	4.0		5.0	4.0
JUN FY13	14.2	7.0	9.1	6.2	3.9	50.0	2.0	22.0	2.3	2.0		2.6	1.0
JUL FY13	14.6	5.6	9.9	7.8	3.7	68.0	5.0	12.0	4.6	2.0		4.3	1.0
AUG FY13	15.7	9.4	10.2	10.0	3.5	65.0	3.0	58.0	5.1	3.0		3.2	2.0
SEP FY13	13.4	8.0	5.5	10.3	3.1	63.0	2.0	70.0	1.2	2.0		3.4	1.0

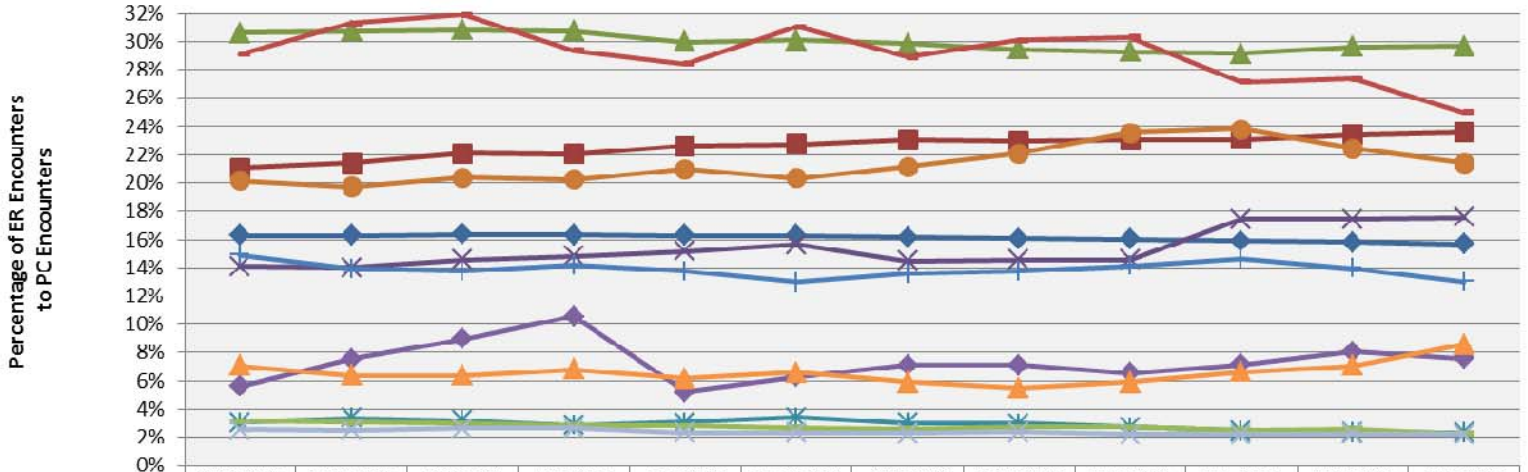
Data Definition.[e] The average waiting time in days until the next third open appointment slot for completed primary care appointments in stop code 350. Completed appointments in stop code 350 for this metric include completed appointments where a 350 stop code is in the primary position on the appointment 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. Blank cells indicate the absence of reported data. McLaughlin is listed as a CBOC on the VAST website; however, it provides CWT services only.



	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%
Fort Meade (568)	83.9%	64.8%	73.3%	74.0%	80.3%	84.9%	80.1%	72.7%	75.9%	83.6%	84.8%	88.9%
Hot Springs (568A4)	79.7%	63.8%	68.9%	66.5%	69.7%	69.8%	70.7%	73.8%	78.5%	82.5%	88.6%	87.5%
Rapid City (568GA)	83.7%	71.4%	77.6%	81.0%	81.0%	78.6%	88.4%	85.5%	90.9%	90.4%	86.9%	89.5%
Pierre (568GB)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Newcastle (568HA)		100.0%										
Gordon (568HB)												
Pine Ridge (568HF)	100.0%	100.0%		100.0%	50.0%	100.0%	100.0%		100.0%			
Scottsbluff (568HH)	92.7%	97.7%	97.2%	97.4%	94.4%	97.1%	97.2%	90.0%	88.0%	95.7%	97.5%	97.3%
Mission (568HJ)												
McLaughlin (568HK)												
Eagle Butte (568HM)												
Winner (568HP)												100.0%

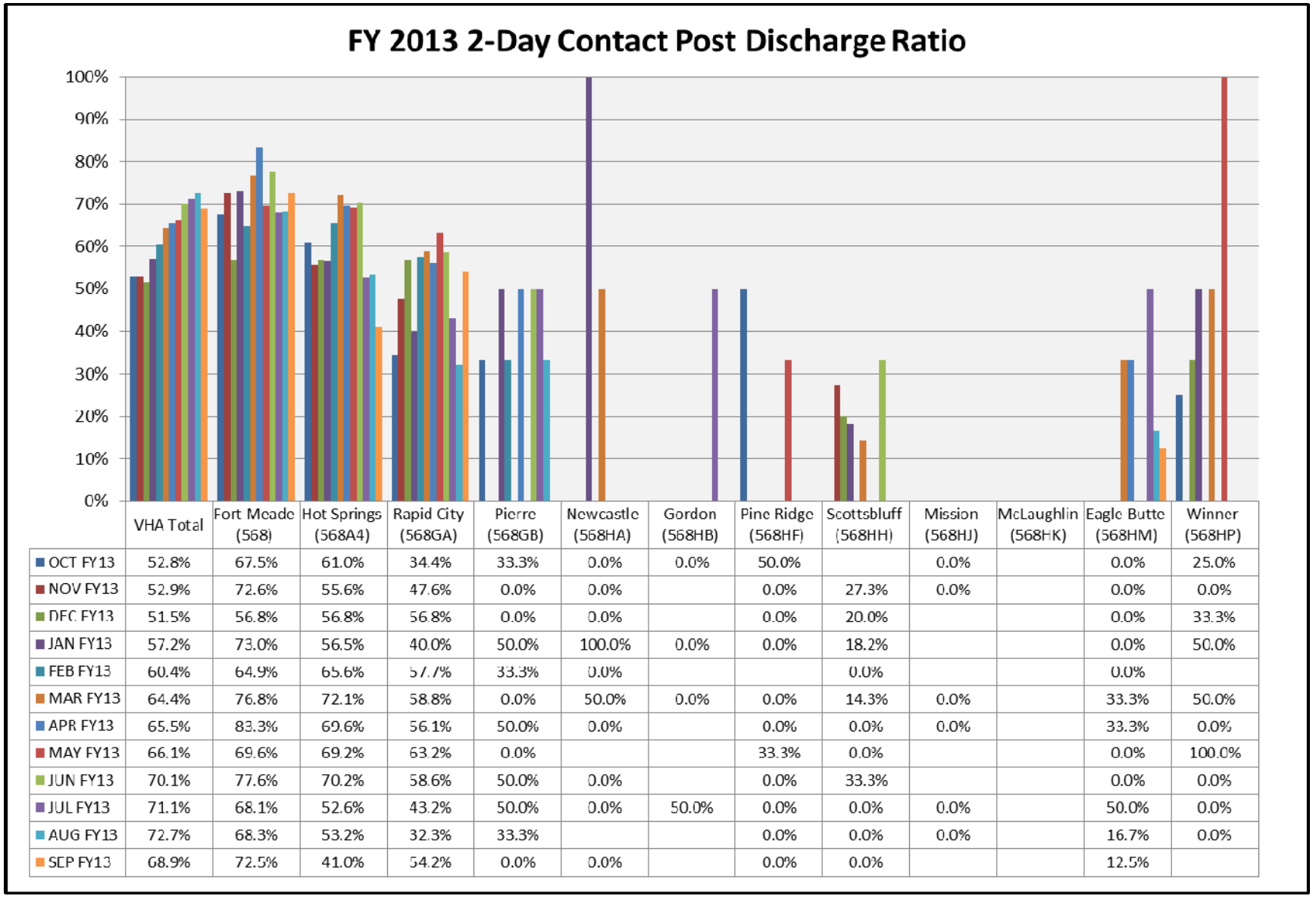
Data Definition.[e] The percent of patients scheduled within 7 days of the desired date. Data source is the Wait Times Prospective Wait Times measures. The total number of scheduled appointments for primary care-assigned patients in primary care clinics 322, 323 and 350. Data is collected twice a month 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. McLaughlin is listed as a CBOC on the VAST website; however, it provides CWT services only.

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%
Fort Meade (568)	21.1%	21.4%	22.1%	22.0%	22.6%	22.8%	23.0%	23.0%	23.1%	23.1%	23.4%	23.6%
Hot Springs (568A4)	30.6%	30.7%	30.9%	30.8%	30.0%	30.1%	29.8%	29.4%	29.3%	29.2%	29.6%	29.7%
Rapid City (568GA)	14.1%	14.0%	14.6%	14.8%	15.2%	15.6%	14.5%	14.5%	14.6%	17.5%	17.4%	17.6%
Pierre (568GB)	3.0%	3.4%	3.2%	2.8%	3.1%	3.4%	3.0%	3.0%	2.7%	2.4%	2.4%	2.3%
Newcastle (568HA)	20.2%	19.7%	20.4%	20.2%	21.0%	20.3%	21.2%	22.1%	23.6%	23.8%	22.4%	21.4%
Gordon (568HB)	14.9%	13.9%	13.7%	14.2%	13.7%	13.0%	13.6%	13.8%	14.1%	14.6%	13.9%	13.0%
Pine Ridge (568HF)	29.1%	31.3%	31.9%	29.4%	28.4%	31.1%	28.9%	30.1%	30.3%	27.1%	27.4%	25.0%
Scottsbluff (568HH)	3.1%	3.1%	3.0%	2.8%	2.8%	2.7%	2.6%	2.7%	2.7%	2.5%	2.6%	2.3%
Mission (568HJ)	5.6%	7.5%	9.0%	10.6%	5.2%	6.3%	7.1%	7.1%	6.6%	7.2%	8.1%	7.6%
McLaughlin (568HK)												
Eagle Butte (568HM)	7.1%	6.4%	6.4%	6.8%	6.2%	6.6%	5.9%	5.5%	5.9%	6.6%	7.1%	8.6%
Winner (568HP)	2.5%	2.5%	2.6%	2.6%	2.3%	2.3%	2.3%	2.4%	2.2%	2.2%	2.3%	2.2%

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. McLaughlin is listed as a CBOC on the VAST website; however, it provides CWT services only.



	VHA Total	Fort Meade (568)	Hot Springs (568A4)	Rapid City (568GA)	Pierre (568GB)	Newcastle (568HA)	Gordon (568HB)	Pine Ridge (568HF)	Scottsbluff (568HH)	Mission (568HJ)	McLaughlin (568HK)	Eagle Butte (568HM)	Winner (568HP)
OCT FY13	52.8%	67.5%	61.0%	34.4%	33.3%	0.0%	0.0%	50.0%		0.0%		0.0%	25.0%
NOV FY13	52.9%	72.6%	55.6%	47.6%	0.0%	0.0%		0.0%	27.3%	0.0%		0.0%	0.0%
DEC FY13	51.5%	56.8%	56.8%	56.8%	0.0%	0.0%		0.0%	20.0%			0.0%	33.3%
JAN FY13	57.2%	73.0%	56.5%	40.0%	50.0%	100.0%	0.0%	0.0%	18.2%			0.0%	50.0%
FEB FY13	60.4%	64.9%	65.6%	57.7%	33.3%	0.0%			0.0%			0.0%	
MAR FY13	64.4%	76.8%	72.1%	58.8%	0.0%	50.0%	0.0%	0.0%	14.3%	0.0%		33.3%	50.0%
APR FY13	65.5%	83.3%	69.6%	56.1%	50.0%	0.0%		0.0%	0.0%	0.0%		33.3%	0.0%
MAY FY13	66.1%	69.6%	69.2%	63.2%	0.0%			33.3%	0.0%			0.0%	100.0%
JUN FY13	70.1%	77.6%	70.2%	58.6%	50.0%	0.0%		0.0%	33.3%			0.0%	0.0%
JUL FY13	71.1%	68.1%	52.6%	43.2%	50.0%	0.0%	50.0%	0.0%	0.0%	0.0%		50.0%	0.0%
AUG FY13	72.7%	68.3%	53.2%	32.3%	33.3%			0.0%	0.0%	0.0%		16.7%	0.0%
SEP FY13	68.9%	72.5%	41.0%	54.2%	0.0%	0.0%		0.0%	0.0%			12.5%	

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. McLaughlin is listed as a CBOC on the VAST website; however, it provides CWT services only.

Appendix C

VISN Director Comments

Department of Veterans Affairs **Memorandum**

Date: June 9, 2014

From: Acting Network Director, VA Midwest Health Care Network (10N23)

Subject: **CBOC and PCC Reviews of the VA Black Hills Health Care System, Fort Meade, SD**

To: Director, Seattle Office of Healthcare Inspections (54SE)

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

I concur with VA Black Hills HCS comments in response to the recommendations in the Draft OIG Report.

(original signed by:)

Steven C. Julius, M.D.

Facility Director Comments

Department of Veterans Affairs **Memorandum**

Date: June 6, 2014

From: Director, VA Black Hills Health Care System (568/00)

Subject: **CBOC and PCC Reviews of the VA Black Hills Health Care System, Fort Meade, SD**

To: Director, VA Midwest Health Care Network (10N23)

Attached please find our facility response to the recommendations in the CBOC and Primary Care Clinic Review completed the week of April 21,2014.

If you have any questions, you may contact the Director at VA Black Hills Health Care System at (605) 347-2511 Extension 7170.

(original signed by:)

Stephen R. DiStasio
FACHE Director

Comments to OIG's Report

The following Director's comments are submitted in response to the recommendations in the OIG report:

OIG Recommendations

Recommendation 1. We recommended that signage is installed at the Scottsbluff CBOC to clearly identify the location of fire extinguishers.

Concur

Target date for completion: August 1, 2014

Facility response: Signage for Fire Extinguishers was ordered June 4, 2014 with expected delivery date of June 10, 2014. They will be installed by the clinic when received. Follow-up to verify installation will be completed by CBOC Coordinator prior to August 1, 2014.

Recommendation 2. We recommended that processes are strengthened to ensure women veterans can access gender-specific restrooms without entering public areas at the Scottsbluff CBOC.

Concur

Target date for completion: June 4, 2014

Facility response: The Women's Health exam room was relocated to the back of the clinic to provide access to the restroom without walking into the check-in area or waiting room. This was verified with the Clinic Manager June 4, 2014.

Recommendation 3. We recommended that CBOC/Primary Care Clinic staff consistently complete diagnostic assessments for patients with a positive alcohol screen.

Concur

Target date for completion: September 30, 2014

Facility response: The clinical reminder, "Evaluation of Positive Alcohol Screen," will be utilized within 14 days of an AUDIT-C score of 5 or greater. This tool includes the statement 'drinks below' or 'above recommended limits'. Primary care staff will be provided a concurrent list of Veterans requiring completion of the reminder. Audit for compliance will be completed by review of the Veterans seen in Primary Care/CBOC clinics with an AUDIT-C Score greater than or equal to 5.

Numerator/Denominator: Number of Veterans with complete diagnostic assessment/number of Veterans with AUDIT-C Score greater than or equal to 5. Target performance rate: 90%. Auditing will be continued until compliance at 90% is demonstrated for 3 consecutive months.

Recommendation 4. We recommended that CBOC/Primary Care Clinic staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.

Concur

Target date for completion: September 30, 2014

Facility response: The reminder "Evaluation of Positive Alcohol Screen" will be revised to include an option to document offer of referral for further evaluation for those Veterans with an AUDIT-C greater than or equal to 8. Documentation will reflect either declination of referral or interest in the referral. Audit for compliance will be completed by review of the Veterans seen in Primary Care/CBOC clinics with an AUDIT-C Score greater than or equal to 8.

Numerator/Denominator: Number of Veterans offered further evaluation/number of Veterans with AUDIT-C Score greater than or equal to 8. Target performance rate: 90%. Auditing will be continued until compliance at 90% is demonstrated for 3 consecutive months.

Recommendation 5. We recommended that CBOC/Primary Care Clinic Registered Nurse Care Managers receive motivational interviewing and health coaching training within 12 months of appointment to Patient Aligned Care Teams.

Concur

Target date for completion: September 30, 2014

Facility response: Three dates for TEACH and MI have been established. To allow all required staff to be scheduled within 12 months of their appointment to a PACT Team, the VA Black Hills Health Care System will continue to schedule both courses 3 times a fiscal year. Classes will be advertised for a 12 month rolling time frame to facilitate clinical staff scheduling:

1. Advertise in Intercom (weekly Employee Newsletter)

2. Advertise via PACT Steering Committee

• To assure accurate staff monitoring for completion, Talent Management System (TMS) will be the gold standard for tracking assignment and completion of these classes and manual logs will be discontinued immediately. Activities to facilitate staff monitoring include:

1. Services will identify staff to be trained in TMS monitoring reports by June 15, 2014.

2. Access and training will be provided to those staff by TMS Coordinator by June 30, 2014.

• PCMM will be the data driver, identifying PACT team members, maintained by PCMM Coordinator.

• Contract CBOC PACT staff are highly recommended to take these classes, but not required by existing contract. New contracts will include these and other required educational components.

• Effective FY14 Quarter 3, PACT Steering Committee will review TEACH and MI compliance on a quarterly basis and address deficiencies with appropriate supervisor.

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

Concur

Target date for completion: September 30, 2014

Facility response: The VA Black Hills Health Care System is revising medication order set for oral fluoroquinolones to include 4 questions that are required to be answered by the ordering provider. The questions are:

1. Was this patient educated on fluoroquinolone therapy? (Yes/No)

2. Did the patient demonstrate understanding of education provided (Yes/No)

3. Was the medication reconciliation completed after the addition of fluoroquinolones? (Yes/No)

4. Was the patient's written medication list updated with fluoroquinolone? (Yes/No)

The questions cover both the medication reconciliation and patient's level of understanding. Medication orders will not be released by Pharmacy until the questions are responded to by the provider. Once the questions are satisfied, the medication will be processed and provided to the patient.

Audits for compliance will begin post-implementation of education and initiation of the new process and completed by pharmacy. 90% targeted compliance. Auditing will be continued until compliance at 90% is demonstrated for 3 consecutive months.

Numerator= number of Veterans with documentation of medication reconciliation; Denominator= number of Veterans prescribed Fluoroquinolone therapy

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

Concur

Target date for completion: September 30, 2014

Facility response: The VA Black Hills Health Care System is revising medication order set for oral fluoroquinolones to include 4 questions that are required to be answered by the ordering provider. The questions are:

1. Was this patient educated on fluoroquinolone therapy? (Yes/No)

2. Did the patient demonstrate understanding of education provided (Yes/No)

3. Was the medication reconciliation completed after the addition of fluoroquinolones? (Yes/No)

4. Was the patient's written medication list updated with fluoroquinolone? (Yes/No)

The questions cover both the medication reconciliation and patient's level of understanding. Medication orders will not be released by Pharmacy until the questions are responded to by the provider. Once the questions are satisfied, the medication will be processed and provided to the patient.

Audits for compliance will begin post-implementation of education and initiation of the new process and completed by pharmacy. 90% targeted compliance. Auditing will be continued until compliance at 90% is demonstrated for 3 consecutive months.

Numerator= number of Veterans with documentation of Veteran's understanding of education;

Denominator= number of Veterans prescribed Fluoroquinolone therapy

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.