Department of Veterans Affairs
Office of Inspector General

Office of Healthcare Inspections

Report No. 14-00921-223

Community Based Outpatient Clinic and Primary Care Clinic Reviews at Washington DC VA Medical Center Washington, DC

July 28, 2014

Washington, DC 20420

To Report Suspected Wrongdoing in VA Programs and Operations
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Glossary

AUD	alcohol use disorder
CBOC	community based outpatient clinic
DWHP	designated women's health provider
EHR	electronic health record
EOC	environment of care
FY	fiscal year
IT	Information Technology
MM	medication management
NM	not met
OIG	Office of Inspector General
PCC	primary care clinic
PCP	primary care provider
RN	registered nurse
SPGC	Southern Prince George's County
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 provide safe, consistent, and high-quality health care for our veterans. We conducted a site visit during the week of June 9, 2014, at the Southern Prince George's County (SPGC) CBOC, Camp Springs, MD, which is under the oversight of the Washington DC VA Medical Center and Veterans Integrated Service Network 5.

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

Environment of Care. Ensure that:

- The external signage clearly identifies the building as a VA CBOC at the SPGC CBOC.
- All interior signs clearly identify the route to and location of the SPGC CBOC.
- The clinic entrance door access is Americans with Disabilities Act accessible at the SPGC CBOC.
- Staff can access the electronic version of the hazardous materials inventory at the SPGC CBOC.
- Signage is installed at the SPGC CBOC to clearly identify the location of fire extinguishers.
- Signage at the SPGC CBOC clearly identifies all emergency exits and that the exit signs are visible from any direction.
- The information technology server closet at the SPGC CBOC is secured according to information technology safety and security standards.

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

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 SPGC CBOC. 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 SPGC CBOC's location was not clearly identifiable from the street as a VA CBOC by the address provided by the parent facility.
X	The CBOC has interior signage available that clearly identifies the route to and location of the clinic entrance.	At the SPGC CBOC, there was no interior signage available that clearly identified the route to and location of the clinic entrance.
X	The CBOC is Americans with Disabilities Act accessible.	The clinic entrance door hardware at the SPGC CBOC was difficult to grasp with one hand and required tight grasping, pinching, or twisting of the wrist to operate.
	The furnishings are clean and in good repair.	
	The CBOC is clean.	
X	The CBOC maintains a written, current inventory of hazardous materials and waste that it uses, stores, or generates.	Staff at the SPGC CBOC could not demonstrate how to access the electronic version of the inventory without coaching.
	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.	
X	The CBOC has signs identifying the locations of fire extinguishers.	There were no signs clearly identifying the locations of fire extinguishers at the SPGC CBOC.

NM	Areas Reviewed (continued)	Findings
X	Exit signs are visible from any direction.	Emergency exit signs were not visible from every direction in the SPGC CBOC.
	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.	
X	The IT network room/server closet is locked.	• Access to the IT network room/server closet at the SPGC CBOC was not restricted to personnel authorized by OIT. • Access to the IT network room/server closet at the SPGC CBOC was not documented.
	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 managers ensure that external signage is installed that clearly identifies the building as a VA CBOC at the Southern Prince George's County CBOC.

2. We recommended that managers ensure all interior signs clearly identify the route to and location of the Southern Prince George's County CBOC.

3. We recommended that the clinic entrance door access is Americans with Disabilities Act accessible at the Southern Prince George's County CBOC.

4. We recommended that managers ensure staff can access the electronic version of the hazardous materials inventory at the Southern Prince George's County CBOC.

5. We recommended that signage is installed at the Southern Prince George's County CBOC to clearly identify the location of all fire extinguishers.

6. We recommended that signage is installed at the Southern Prince George's County CBOC to clearly identify emergency exits from any direction.

7. We recommended that the information technology server closet at the Southern Prince George's County CBOC is secured according to information technology safety and security standards.

AUD

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

We reviewed relevant documents. We reviewed 40 EHRs and 14 RN Care Managers' training records. We also 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 NIAAA 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 7 of 14 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 3 of 14 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

8. We recommended that the CBOC/Primary Care Clinic Registered Nurse Care Managers receive motivational interviewing training 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 facility generally met requirements. We made no recommendations.

Table 4. Fluoroquinolones

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

DWHP Proficiency

The purpose of this review was to determine whether the facility's CBOCs and PCCs complied with selected DWHP proficiency requirements.[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**
Fort Belvoir	VA	688GA	Urban	Large	1,533	4,680	2,294	5,360	6,559	9,901	5,987	22,447
Southern Prince George's County	MD	688GE	Urban	Mid-Size	746	2,089	2,039	3,416	2,007	5,285	4,843	12,135
Charlotte Hall	MD	688GD	Rural	Mid-Size	689	2,405	1,505	2,921	2,954	7,157	4,449	14,560
Landover/Greenbelt	MD	688GC	Urban	Mid-Size	236	1,518	729	1,650	610	4,646	1,274	6,530
Southeast Washington	DC	688GB	Urban	Small	251	530	187	653	681	1,864	312	2,857

[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

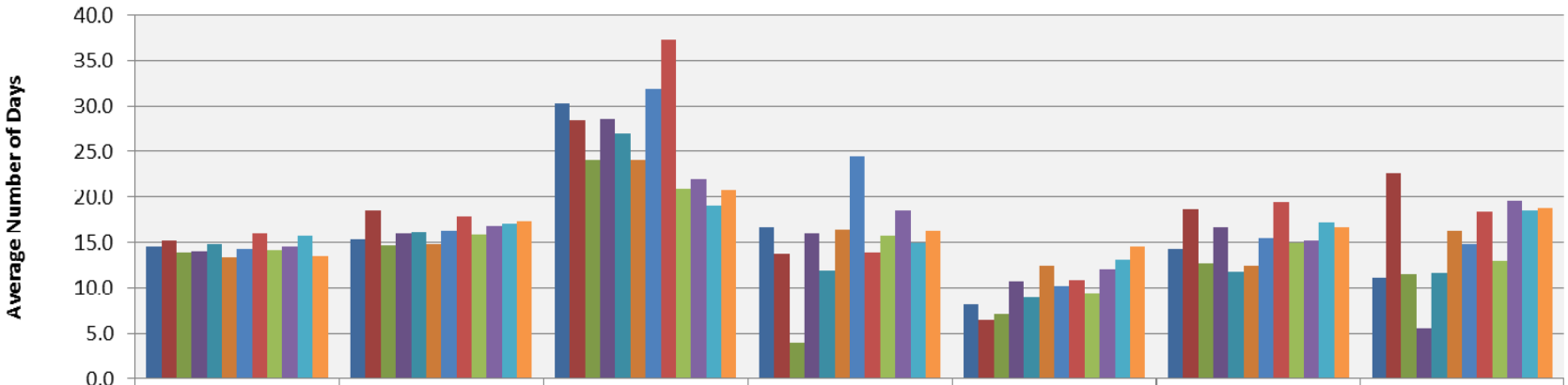
In addition to primary care integrated with WH and MH care, the CBOCs provide various specialty care, ancillary, and tele-health services. The following table lists the services provided at each CBOC.[10]

CBOC	Specialty Care Services[11]	Ancillary Services[12]	Tele-Health Services[13]
Fort Belvoir	---	Rehabilitation Nutrition MOVE! Program[14] Polytrauma Pharmacy	Tele Primary Care
Southern Prince George's County	Dental	Audiology Nutrition MOVE! Program	Tele Primary Care
Charlotte Hall	---	MOVE! Program Social Work Health Screening Audiology Pharmacy Nutrition Diabetic Retinal Screening Rehabilitation	Tele Primary Care
Landover/Greenbelt	---	Nutrition	Tele Primary Care
Southeast Washington	---	---	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 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.

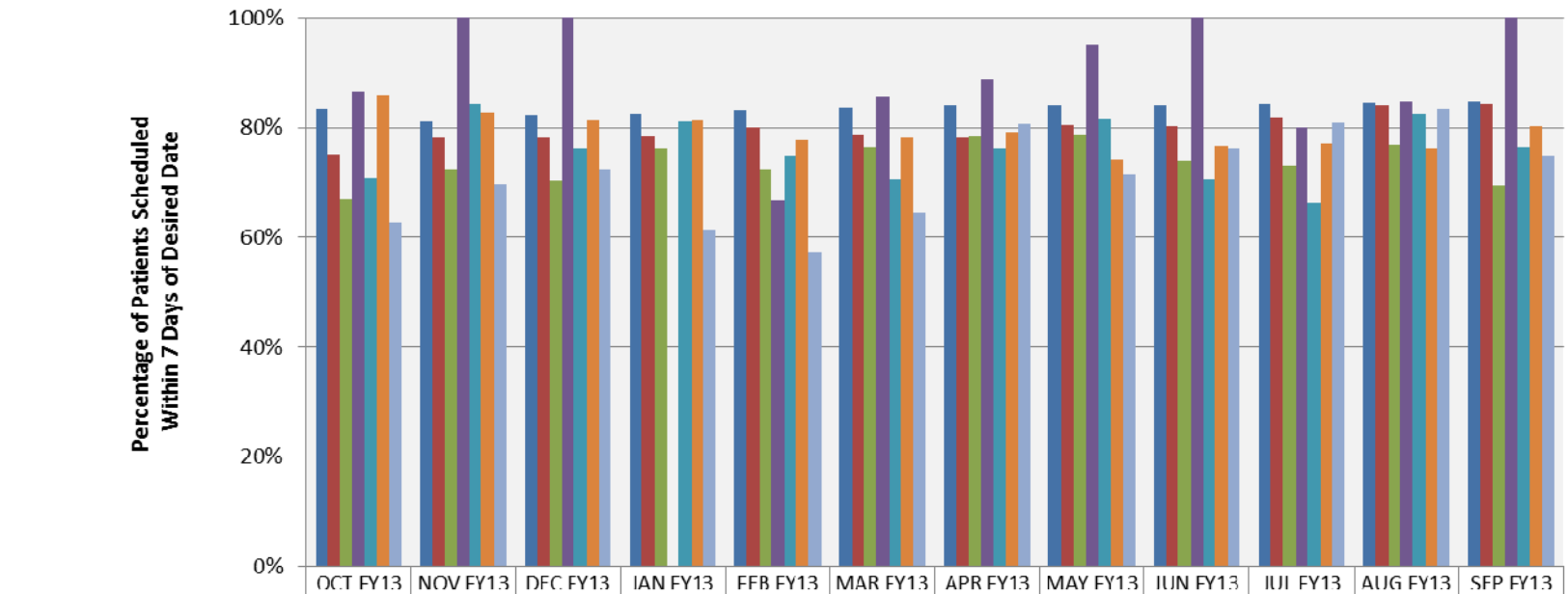
PACT Compass Metrics

FY 2013 Average 3rd Next Available in PC Clinics



	VHA Total	Washington (688)	Fort Belvoir (688GA)	Southeast Washington (688GB)	Landover/Greenbelt (688GC)	Charlotte Hall (688GD)	Southern Prince George's County (688GE)
OCT FY13	14.6	15.4	30.3	16.7	8.2	14.3	11.1
NOV FY13	15.2	18.4	28.5	13.7	6.5	18.7	22.5
DEC FY13	13.8	14.7	24.1	4.0	7.2	12.7	11.4
JAN FY13	14.0	15.9	28.5	16.0	10.8	16.7	5.6
FEB FY13	14.8	16.1	27.0	12.0	9.0	11.8	11.7
MAR FY13	13.3	14.9	24.1	16.4	12.4	12.5	16.2
APR FY13	14.4	16.3	31.9	24.5	10.3	15.5	14.8
MAY FY13	16.0	17.8	37.3	13.8	10.8	19.4	18.3
JUN FY13	14.2	15.9	21.0	15.8	9.3	14.9	13.0
JUL FY13	14.6	16.8	22.0	18.4	12.1	15.2	19.6
AUG FY13	15.7	17.1	19.1	14.9	13.1	17.2	18.4
SEP FY13	13.4	17.4	20.7	16.4	14.6	16.8	18.8

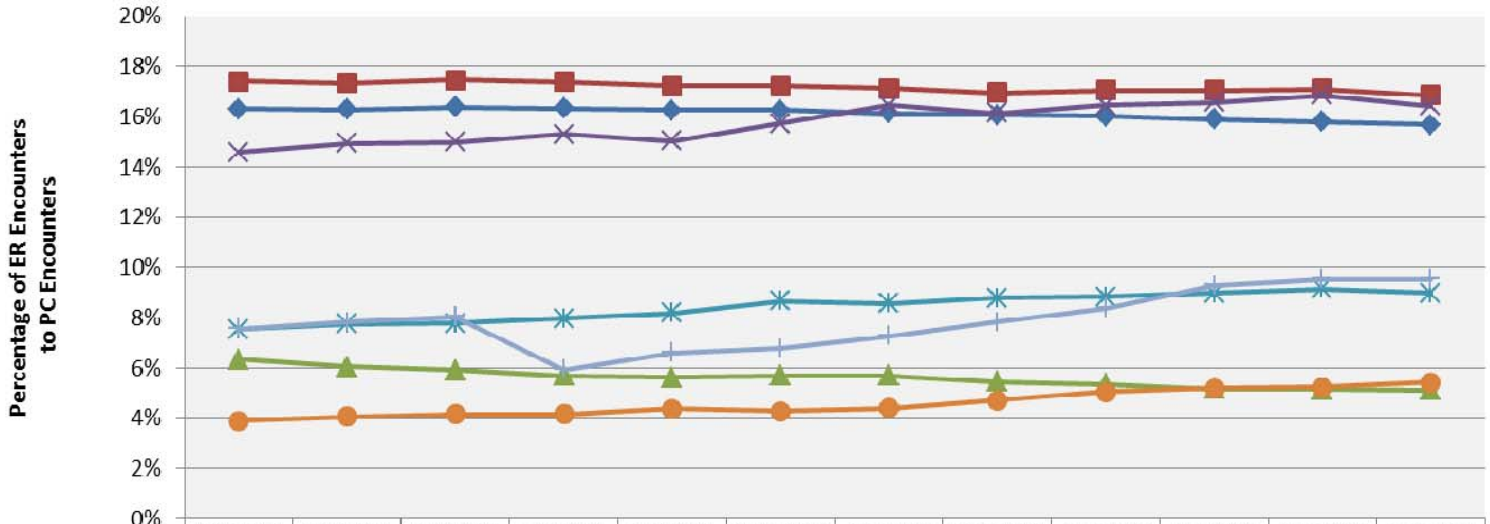
Data Definition.[e] The average waiting time in days until the next third open appointment slot for completed primary care appointments in stop code 350. Completed appointments in stop code 350 for this metric include completed appointments where a 350 stop code is in the primary position on the appointment 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%
Washington (688)	75.3%	78.4%	78.2%	78.6%	80.1%	78.8%	78.1%	80.4%	80.2%	81.7%	84.0%	84.2%
Fort Belvoir (688GA)	66.9%	72.5%	70.4%	76.2%	72.4%	76.5%	78.5%	78.7%	73.8%	73.0%	76.8%	69.5%
Southeast Washington (688GB)	86.5%	100.0%	100.0%		66.7%	85.7%	88.9%	95.0%	100.0%	80.0%	84.6%	100.0%
Landover/Greenbelt (688GC)	70.8%	84.3%	76.2%	81.2%	74.7%	70.5%	76.1%	81.5%	70.6%	66.4%	82.6%	76.4%
Charlotte Hall (688GD)	85.9%	82.7%	81.2%	81.3%	77.6%	78.1%	79.1%	74.1%	76.7%	77.1%	76.3%	80.3%
Southern Prince George's County (688GE)	62.8%	69.7%	72.3%	61.5%	57.1%	64.6%	80.6%	71.6%	76.1%	80.8%	83.3%	74.7%

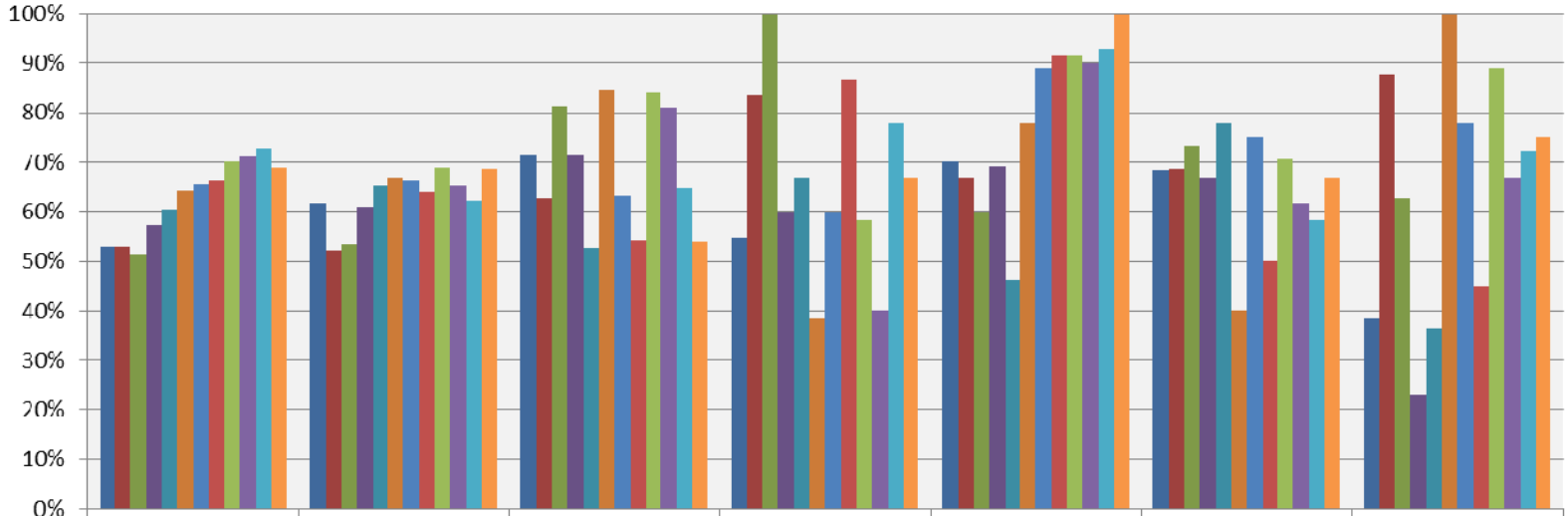
Data Definition.[e] The percent of patients scheduled within 7 days of the desired date. Data source is the Wait Times Prospective Wait Times measures. The total number of scheduled appointments for primary care-assigned patients in primary care clinics 322, 323 and 350. Data is collected twice a month 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%
Washington (688)	17.4%	17.3%	17.5%	17.4%	17.2%	17.2%	17.1%	17.0%	17.0%	17.0%	17.1%	16.8%
Fort Belvoir (688GA)	6.3%	6.1%	5.9%	5.7%	5.6%	5.7%	5.7%	5.5%	5.4%	5.2%	5.1%	5.1%
Southeast Washington (688GB)	14.6%	14.9%	15.0%	15.3%	15.0%	15.7%	16.4%	16.1%	16.5%	16.6%	16.9%	16.4%
Landover/Greenbelt (688GC)	7.5%	7.8%	7.8%	8.0%	8.2%	8.7%	8.6%	8.8%	8.8%	9.0%	9.2%	9.0%
Charlotte Hall (688GD)	3.9%	4.1%	4.2%	4.2%	4.4%	4.3%	4.4%	4.7%	5.1%	5.2%	5.2%	5.4%
Southern Prince George's County (688GE)	7.6%	7.8%	8.0%	5.9%	6.6%	6.8%	7.3%	7.8%	8.4%	9.3%	9.5%	9.5%

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	Washington (688)	Fort Belvoir (688GA)	Southeast Washington (688GB)	Landover/ Greenbelt (688GC)	Charlotte Hall (688GD)	Southern Prince George's County (688GF)
OCT FY13	52.8%	61.6%	71.4%	54.5%	70.0%	68.4%	38.5%
NOV FY13	52.9%	52.3%	62.5%	83.3%	66.7%	68.8%	87.5%
DEC FY13	51.5%	53.4%	81.3%	100.0%	60.0%	73.3%	62.5%
JAN FY13	57.2%	60.9%	71.4%	60.0%	69.2%	66.7%	23.1%
FEB FY13	60.4%	65.3%	52.6%	66.7%	46.2%	77.8%	36.4%
MAR FY13	64.4%	66.7%	84.6%	38.5%	77.8%	40.0%	100.0%
APR FY13	65.5%	66.3%	63.2%	60.0%	88.9%	75.0%	77.8%
MAY FY13	66.1%	64.0%	54.2%	86.7%	91.7%	50.0%	45.0%
JUN FY13	70.1%	69.0%	84.2%	58.3%	91.7%	70.6%	88.9%
JUL FY13	71.1%	65.2%	81.0%	40.0%	90.0%	61.5%	66.7%
AUG FY13	72.7%	62.0%	64.7%	77.8%	92.9%	58.3%	72.2%
SEP FY13	68.9%	68.8%	53.8%	66.7%	100.0%	66.7%	75.0%

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: July 07, 2014

From: Director, VA Capitol Health Care Network (10N5)

Subject: **CBOC and PCC Reviews of the Washington DC VA Medical Center, Washington, DC**

To: Director, Bay Pines Office of Healthcare Inspections (54SP)

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

1. I have reviewed the comments provided by the Medical Center Director, DC VA Medical Center and concur with the responses and actions to the recommendations outlined in the report.

2. Should you require any additional information, please contact Jeffrey Lee, Quality Management Officer, VA Capitol Health Care Network, VISN 5 at 410-691-7816.

(original signed by:)

Fernando O. Rivera, FACHE

Appendix D

Facility Director Comments

Department of Veterans Affairs **Memorandum**

Date: July 1, 2014

From: Director, Washington DC VA Medical Center (688/00)

Subject: **CBOC and PCC Reviews of the Washington DC VA Medical Center, Washington, DC**

To: Director, VA Capitol Health Care Network (10N5)

1. Thank you for the opportunity to review the draft report and I concur with the OIG recommendations.

2. Our corrective actions have been established with planned completion dates as detailed in the attached report.

3. If you have any questions please contact Geraldlene Adams, BSN, MBA, Director of Quality Management at 202-745-8564.

(original signed by:)

Brian A. Hawkins, MHA

Medical Center 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 managers ensure that external signage is installed that clearly identifies the building as a VA CBOC at the Southern Prince George's County CBOC.

Concur

Target date for completion: October 1, 2014

Facility response: The CBOC at Southern Prince George's is a leased space and requires necessary approvals when adding both internal and external signage from the property manager. The DC CBOC Operations Manager is working with the property manager for additional external signage. The Southern Prince George's CBOC property manager made contact with the CBOC Operations Manager about the placement of street sign on Allentown Road, on May 15, 2014. CBOC Operations Manager is awaiting a draft from the property manager to ensure signage meets VA regulations prior to approval.

Recommendation 2. We recommended that managers ensure all interior signs clearly identify the route to and location of the Southern Prince George's County CBOC.

Concur

Target date for completion: October 1, 2014

Facility response: The CBOC at Southern Prince George's is a leased space and requires necessary approvals when adding both internal and external signage from the property manager. The DC CBOC Operations Manager will work with the property manager for additional internal directional signage.

Recommendation 3. We recommended that the clinic entrance door access is Americans with Disabilities Act accessible at the Southern Prince George's County CBOC.

Concur

Target date for completion: July 15, 2014

Facility response: The DC VAMC has contracted with a local locksmith to modify the entrance door for handicap accessibility.

Recommendation 4. We recommended that managers ensure staff can access the electronic version of the hazardous materials inventory at the Southern Prince George's County CBOC.

Concur

Target date for completion: June 24, 2014

Facility response: The DC VAMC CBOC Operations Manager provided additional training CBOC-wide on June 24, 2014, on how to locate the Material Safety Data Sheet (MSDS) via the medical center homepage. CBOC clinical leads will conduct continuous random audits to ensure that all staff is knowledgeable and can navigate the MSDS website.

Recommendation 5. We recommended that signage be installed at the Southern Prince George's County CBOC to clearly identify the location of all fire extinguishers.

Concur

Target date for completion: July 1, 2014

Facility response: The DC VAMC CBOC Operations Manager has ordered directional signage to point visitors and staff to the location of fire extinguishers throughout the Southern Prince George's CBOC, as well ensuring that other CBOCs met this requirement.

Recommendation 6. We recommended that signage is installed at the Southern Prince George's CBOC to clearly identify emergency exits from any direction.

Concur

Target date for completion: August 1, 2014

Facility response: The CBOC at Southern Prince George's is a leased space and requires necessary approvals when making modification within the clinic from the property manager. The CBOC Operations Manager has notified the property manager and they are working together replace the current one-sided visible exit signs with clear or two-sided visible exit signs.

Recommendation 7. We recommended that the information technology server closet at the Southern Prince George's County CBOC is secured according to information technology safety and security standards.

Concur

Target date for completion: July 1, 2014

Facility response: The DC VAMC Office Information and Technology (OI&T) is developing a list of personnel who should gain access to the CBOC server closets. This is in accordance to VA Risk Assessment section Appendix B 2d; certifying that the facility has a list of personnel with authorized access to areas containing information systems, issues authorization credentials and reviews the list annually. The list will be distributed to all the DC VAMC CBOCs and the approved listed will be evaluated yearly.

Recommendation 8. We recommended that the CBOC/Primary Care Clinic Registered Nurse Care Managers receive motivational interviewing training and health-coaching training within 12 months of appointment to Patient Aligned Care Teams.

Concur

Target date for completion: June 24, 2014

Facility response: All current CBOC RN Care Managers who have not received prior motivational interviewing and health-coaching training within 12-months of appointment to PACT have been scheduled to complete the trainings. The training schedule has been in place since before the June 9, 2014 OIG visit.

The schedule was developed by Nursing Education to ensure adequate training classes are available to ensure on-going training opportunities for both trainings. Nursing Education will continue to monitor compliance since this will be an on-going PACT requirement.

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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.
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- 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.
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- 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.
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[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.