Department of Veterans Affairs
Office of Inspector General

Office of Healthcare Inspections

Report No. 14-00932-200

Community Based Outpatient Clinic and Primary Care Clinic Reviews at James J. Peters VA Medical Center Bronx, New York

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
(Hotline Information: www.va.gov/oig/hotline)

Glossary

AUD	alcohol use disorder
CBOC	community based outpatient clinic
DWHP	designated women's health provider
EHR	electronic health record
EOC	environment of care
FY	fiscal year
IT	information technology
MH	mental health
MM	medication management
NM	not met
OIG	Office of Inspector General
PACT	Patient Aligned Care Teams
PCC	primary care clinic
PCP	primary care provider
RN	registered nurse
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
WH	women's health

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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 a site visit during the week of May 5, 2014, at the Yonkers CBOC, Yonkers, NY, which is under the oversight of the James J. Peters VA Medical Center and Veterans Integrated Service Network 3.

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:

- Review of the hazardous materials inventory occurs twice within a 12-month period at the Yonkers CBOC.
- The information technology (IT) server closet at the Yonkers CBOC is maintained according to IT safety and security standards.
- Only IT and other official telephone and electrical equipment are stored in the Yonkers CBOC IT server closet.

Alcohol Use Disorder. Ensure that CBOC/PCC:

- Staff consistently complete diagnostic assessments for patients with a positive alcohol screen.
- Staff document a plan to monitor the alcohol use of patients who decline referral to specialty care.
- Registered Nurse Care Managers receive motivational interviewing and health coaching training within12 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.
- Consistently provide written medication information that includes the fluoroquinolone.
- Provide medication counseling/education as required.

Comments

The VISN and Facility Directors agreed with the CBOC and PCC review findings and recommendations and provided acceptable improvement plans. (See Appendixes C and D, pages 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.

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 Yonkers 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
	The CBOC's location is clearly identifiable from the street as a VA CBOC.	
	The CBOC has interior signage available that clearly identifies the route to and location of the clinic entrance.	
	The CBOC is Americans with Disabilities Act accessible.	
	The furnishings are clean and in good repair.	
	The CBOC is clean.	
X	The CBOC maintains a written, current inventory of hazardous materials and waste that it uses, stores, or generates.	The CBOC's inventory of hazardous materials at the Yonkers CBOC was not reviewed for accuracy twice within the prior 12 months.
	An alarm system and/or panic buttons are installed and tested in high-risk areas (e.g., MH clinic).	
	Alcohol hand wash or soap dispenser and sink are available in the examination rooms.	
	Sharps containers are secured.	
	Safety needle devices are available.	
	The CBOC has a separate storage room for storing medical (infectious) waste.	
	The CBOC conducts fire drills at least every 12 months.	
	Means of egress from the building are unobstructed.	
	Access to fire alarm pull stations is unobstructed.	
	Access to fire extinguishers is unobstructed.	
	The CBOC has signs identifying the locations of fire extinguishers.	
	Exit signs are visible from any direction.	
	No expired medications were noted during the onsite visit.	
	All medications are secured from unauthorized access.	

NM	Areas Reviewed (continued)	Findings
	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 Yonkers CBOC was not: o Restricted to personnel authorized by the Office of Information and Technology. o Documented. • The IT network/server closet at the Yonkers CBOC contained storage of non-authorized supplies.
	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 processes are improved to ensure review of the hazardous materials inventory occurs twice within a 12-month period at the Yonkers CBOC.

2. We recommended that the information technology server closet at the Yonkers CBOC is maintained according to information technology safety and security standards.

3. We recommended that processes are improved to ensure that only information technology and other official telephone and electrical equipment are stored in the Yonkers CBOC information technology server closet.

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 22 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 3 of 22 patients who had positive alcohol use screens.
	Education and counseling about drinking levels and adverse consequences of heavy drinking are provided for patients with positive alcohol screens and drinking levels above National Institute on Alcohol Abuse and Alcoholism guidelines.	
	Documentation reflects the offer of further treatment for patients diagnosed with alcohol dependence.	
X	For patients with AUD who decline referral to specialty care, CBOC/PCC staff monitored them and their alcohol use.	CBOC/PCC staff did not monitor the alcohol use of any of the three patients who declined referral to specialty care.
	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 5 of 11 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 2 of 11 RN Care Managers did not receive health coaching training (most likely TEACH for Success) within 12 months of appointment to PACT.
	The facility complied with any additional elements required by VHA or local policy.	

Recommendations

4. We recommended that CBOC/PCC staff consistently complete diagnostic assessments for patients with a positive alcohol screen.

5. We recommended that CBOC/PCC staff document a plan to monitor the alcohol use of patients who decline referral to specialty care.

6. We recommended that CBOC/PCC 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 37 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 28 (76 percent) of 37 patient EHRs.
X	Written information on the patient's prescribed medications was provided at the end of the outpatient encounter.	We did not find documentation that 33 (89 percent) of 37 patients received written information that included the fluoroquinolone.
X	Medication counseling/education for the fluoroquinolone was documented in the patients' EHRs.	We did not find documentation of medication counseling that included the fluoroquinolone in 28 (76 percent) of 37 patients' EHRs.
	Clinicians documented the evaluation of each patient's level of understanding for the education provided.	
	The facility complied with local policy.	

Recommendations

7. 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.

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

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

DWHP Proficiency

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

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

Table 5. DWHP Proficiency

NM	Areas Reviewed	Findings
	CBOC and PCC DWHPs maintained proficiency requirements.	
	CBOC and PCC DWHPs were designated with the WH indicator in the Primary Care Management Module.	

CBOC Profiles

This review evaluates the quality of care provided to veterans at all of the CBOCs under the parent facility's oversight.[3] The table below provides information relative to each of the CBOCs.

					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**
White Plains	NY	526GA	Urban	Mid-Size	319	1,572	189	1,623	1,534	2,700	1,004	5,238
Yonkers	NY	526GB	Urban	Small	243	982	127	1,031	1,666	2,219	246	4,131
Queens	NY	526GD	Urban	Small	4	452	54	454	10	1,306	65	1,381

[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

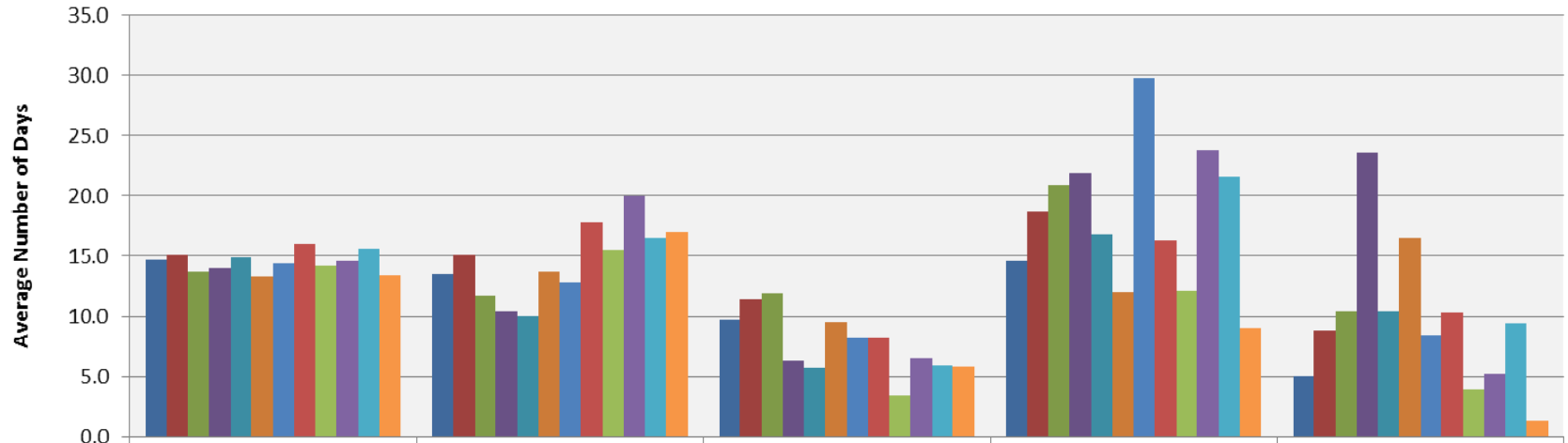
In addition to primary care integrated with WH and MH care, the CBOCs provide various specialty care, ancillary, and tele-health services. The following table lists the services provided at each CBOC.[10]

CBOC	Specialty Care Services[11]	Ancillary Services[12]	Tele-Health Services[13]
White Plains	---	Pharmacy	---
Yonkers	---	---	---
Queens	---	---	---

[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/)

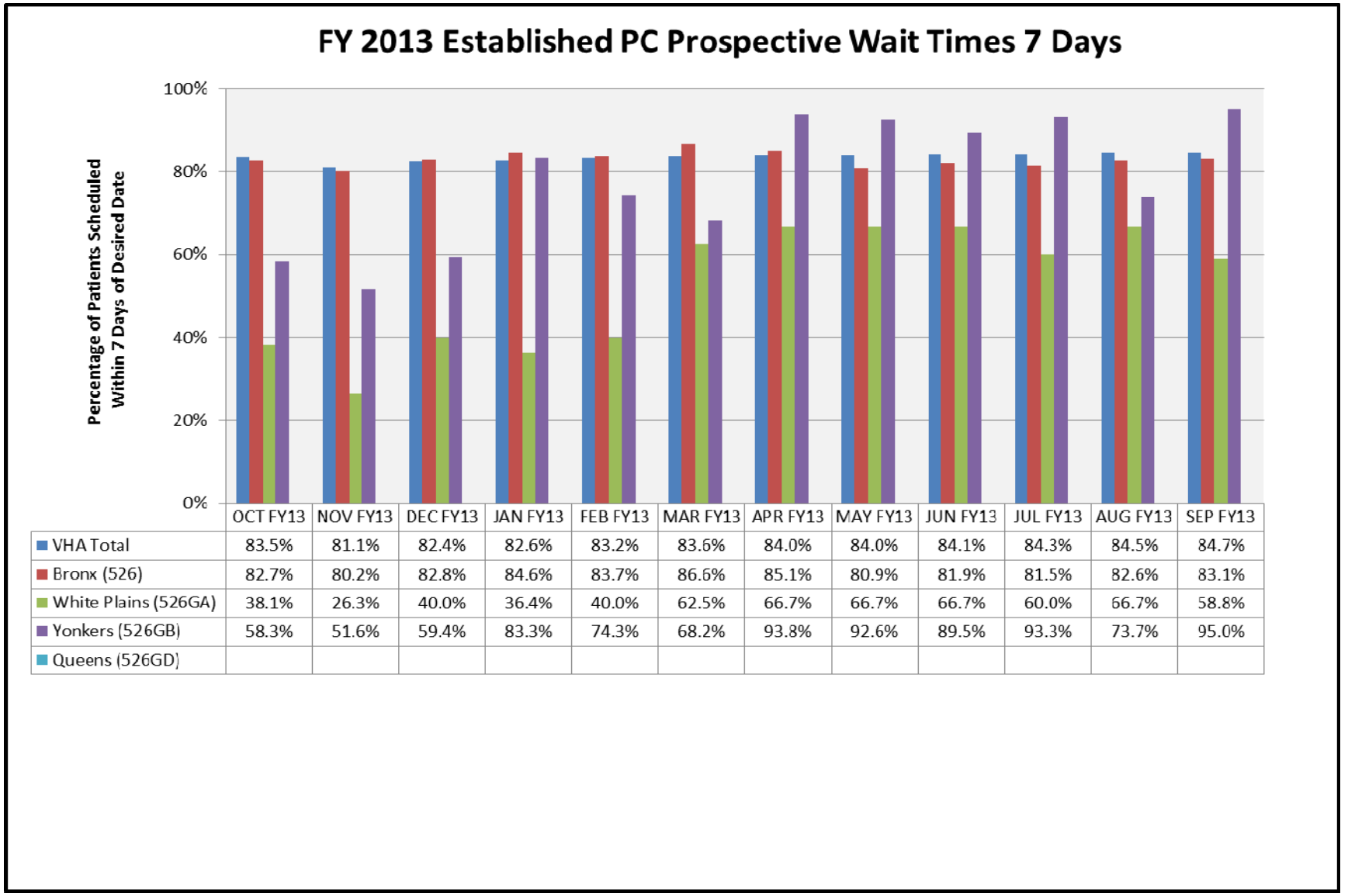
PACT Compass Metrics

FY 2013 Average 3rd Next Available in PC Clinics



	VHA Total	Bronx (526)	White Plains (526GA)	Yonkers (526GB)	Queens (526GD)
OCT FY13	14.6	13.6	9.7	14.6	5.0
NOV FY13	15.2	15.1	11.4	18.7	8.9
DEC FY13	13.8	11.7	11.9	20.9	10.5
JAN FY13	14.0	10.4	6.3	21.8	23.5
FEB FY13	14.8	10.1	5.7	16.8	10.4
MAR FY13	13.3	13.7	9.5	12.1	16.4
APR FY13	14.4	12.8	8.2	29.8	8.4
MAY FY13	16.0	17.8	8.2	16.3	10.4
JUN FY13	14.2	15.6	3.4	12.1	3.9
JUL FY13	14.6	20.0	6.5	23.7	5.2
AUG FY13	15.7	16.5	5.9	21.6	9.4
SEP FY13	13.4	17.1	5.8	9.0	1.4

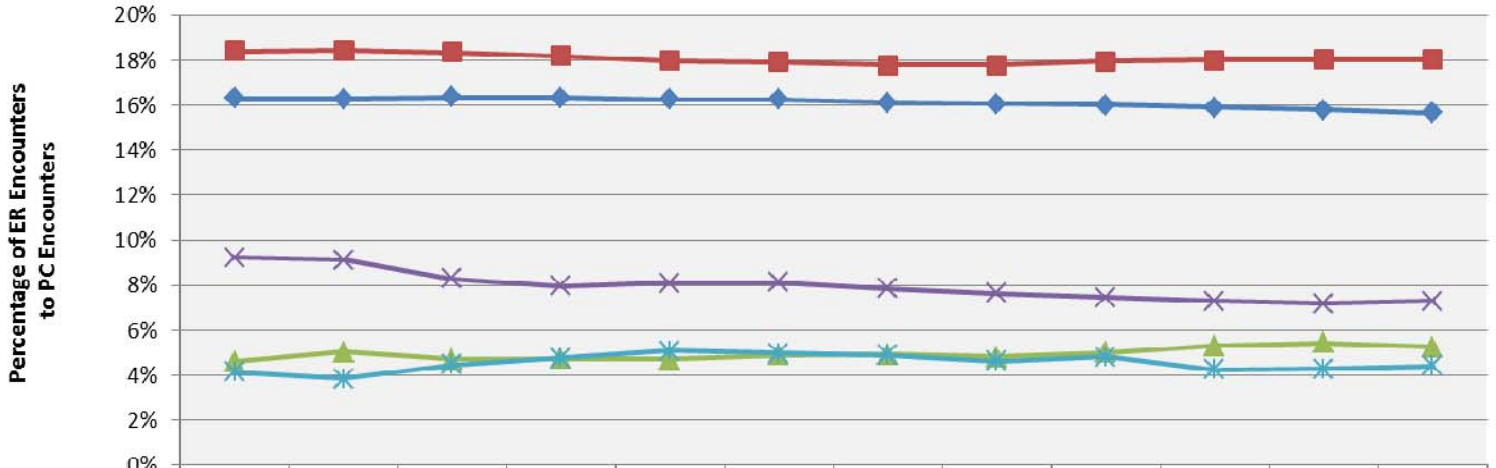
Data Definition.[e] The average waiting time in days until the next third open appointment slot for completed primary care appointments in stop code 350. Completed appointments in stop code 350 for this metric include completed appointments where a 350 stop code is in the primary position on the appointment 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%
Bronx (526)	82.7%	80.2%	82.8%	84.6%	83.7%	86.6%	85.1%	80.9%	81.9%	81.5%	82.6%	83.1%
White Plains (526GA)	38.1%	26.3%	40.0%	36.4%	40.0%	62.5%	66.7%	66.7%	66.7%	60.0%	66.7%	58.8%
Yonkers (526GB)	58.3%	51.6%	59.4%	83.3%	74.3%	68.2%	93.8%	92.6%	89.5%	93.3%	73.7%	95.0%
Queens (526GD)												

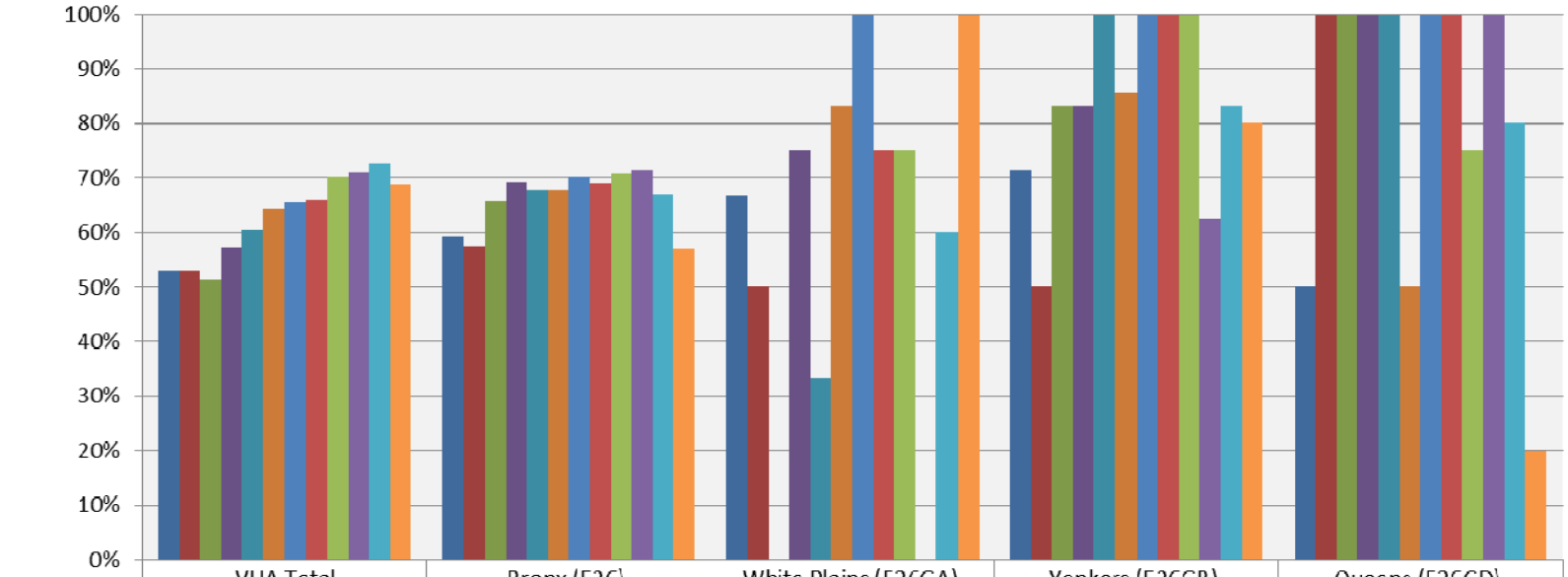
Data Definition.[e] The percent of patients scheduled within 7 days of the desired date. Data source is the Wait Times Prospective Wait Times measures. The total number of scheduled appointments for primary care-assigned patients in primary care clinics 322, 323 and 350. Data is collected twice a month 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%
Bronx (526)	18.4%	18.4%	18.4%	18.2%	18.0%	17.9%	17.8%	17.8%	18.0%	18.0%	18.0%	18.0%
White Plains (526GA)	4.6%	5.0%	4.7%	4.7%	4.7%	4.9%	4.9%	4.8%	5.0%	5.3%	5.4%	5.3%
Yonkers (526GB)	9.2%	9.1%	8.3%	8.0%	8.1%	8.1%	7.9%	7.6%	7.5%	7.3%	7.2%	7.3%
Queens (526GD)	4.1%	3.9%	4.5%	4.8%	5.1%	5.0%	4.9%	4.6%	4.8%	4.3%	4.3%	4.4%

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	Bronx (526)	White Plains (526GA)	Yonkers (526GB)	Queens (526GD)
OCT FY13	52.8%	59.4%	66.7%	71.4%	50.0%
NOV FY13	52.9%	57.3%	50.0%	50.0%	100.0%
DEC FY13	51.5%	65.9%		83.3%	100.0%
JAN FY13	57.2%	69.4%	75.0%	83.3%	100.0%
FEB FY13	60.4%	67.8%	33.3%	100.0%	100.0%
MAR FY13	64.4%	67.7%	83.3%	85.7%	50.0%
APR FY13	65.5%	70.2%	100.0%	100.0%	100.0%
MAY FY13	66.1%	69.2%	75.0%	100.0%	100.0%
JUN FY13	70.1%	70.9%	75.0%	100.0%	75.0%
JUL FY13	71.1%	71.4%	0.0%	62.5%	100.0%
AUG FY13	72.7%	66.9%	60.0%	83.3%	80.0%
SEP FY13	68.9%	56.9%	100.0%	80.0%	20.0%

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. Blank cells indicate the absence of reported data.

Appendix C

VISN Director Comments

Department of Veterans Affairs **Memorandum**

Date: June 5, 2014

From: Director, VA NY/NJ Veterans Healthcare Network (10N03)

Subject: **CBOC and PCC Reviews of the James J. Peters VA Medical Center, Bronx, NY**

To: Director, Baltimore Office of Healthcare Inspections (54BA)

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

1. I have reviewed the recommendations of the draft report of the CBOC and PCC review at the James J. Peters VA Medical Center conducted by the OIG team during the week of May 5, 2014 at the Yonkers CBOC, Yonkers NY.

2. I concur with the nine recommendations for improvements sought forth in the report.

3. Should you have any questions, please contact our Pamela Wright VISN QMO at 718-741-4143.

Michael A. Sabo, FACHE

Network Director

Appendix D

Facility Director Comments

Department of Veterans Affairs **Memorandum**

Date: June 5, 2014

From: Director, James J. Peters VA Medical Center (526/00)

Subject: **CBOC and PCC Reviews of the James J. Peters VA Medical Center, Bronx, NY**

To: Director, VA NY/NJ Veterans Healthcare Network (10N03)

1. We have reviewed the recommendations in the draft report of the CBOC and PCC review of the James J. Peters VA Medical Center, conducted by the OIG team during the week of May 5, 2014 at the Yonkers CBOC, Yonkers NY.

2. We concur with the nine recommendations for improvements sought forth in the report.

3. Should you have any questions, please contact our Quality Manager at Ext. 5264.

Erik Langhoff, MD

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 processes are improved to ensure review of the hazardous materials inventory occurs twice within a 12-month period at the Yonkers CBOC.

Concur

Target date for completion: 12/1/14

Facility response: James J. Peters has revised the hazardous material policy which includes the Industrial Hygienist reviewing the inventory and the SDS's semiannually. Once policy is finalized the policy will be shared with staff. The Charge Nurses and Housekeepers will review the MSDS every 6 months and document signature in the cover sheet of the MSDS book. Inventory was conducted on 5/22/14. Results will be reported to the EOC committee.

Recommendation 2. We recommended that the information technology server closet at the Yonkers CBOC is maintained according to information technology safety and security standards.

Concur

Target date for completion: 9/1/14

Facility response: Clinic master keys, has been reduced to one key for life safety reason so they can access electrical components in same closet. The Charge Nurse at the CBOC will be the only individual guarding and securing the key to the electrical closet. The closet will be part of the biannual EOC rounds at each CBOC.

Recommendation 3. We recommended that processes are improved to ensure that only information technology and other official telephone and electrical equipment are stored in the Yonkers CBOC information technology server closet.

Concur

Target date for completion: 9/1/14

Facility response: Yonkers staff has already removed all extraneous items from the IT server closet. Primary Care Clinical Nurse Manager has instructed Yonkers staff to not use the IT closet for general storage purposes. This will be part of the bi-annual EOC rounds.

Recommendation 4. We recommended that CBOC/PCC staff consistently complete diagnostic assessments for patients with a positive alcohol screen.

Concur

Target date for completion: 12/31/14

Facility response: Primary Care providers have been instructed at the Primary Care staff meeting (6/5/14) to refer all positive AUD screens to Primary Care Mental Health Integration (PCMHI) by placing a consult. PCMHI will conduct diagnostic assessment and address need for follow up and intervention by enrolling the Veteran in Care Management. PC Performance Manager will audit all positive AUD screens assessment weekly for a period of 6 months and quarterly thereafter to ensure compliance.

Recommendation 5. We recommended that CBOC/PCC staff document a plan to monitor the alcohol use of patients who decline referral to specialty care.

Concur

Target date for completion: 8/31/14

Facility response: The expectation is that brief alcohol intervention by the PACT team staff is to be offered at the time of their visit, followed by an offer to refer them to specialty MH (i.e., to our SAS clinic). If patient accepts the referral, the PACT team will enter a SAS consult or direct them to the SAS walk-in clinic for a possible same day visit with SAS. If the patient declines the specialty MH referral (which pertains to the OIG recommendation), the PACT team staff is encouraged to use a motivational interviewing approach to counsel patients about their alcohol use, as it is an empirically supported approach to addressing patient ambivalence and reluctance. If the patient continues to decline, then a referral to the Primary Care Mental Health Integration (PCMHI) program is recommended which may consist of telephone follow up under PCMHI care management and/or in-person mental health counseling for alcohol use within the PCMHI program (if patient opts for this over specialty MH). The goal of mental health counseling would be to engage the patient and continue to address his alcohol use until he may be more open to being referred for specialty MH.

Recommendation 6. We recommended that CBOC/PCC 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: 8/31/14

Facility response: James J. Peters Health Behavior Coordinator will offer MI training for the two CBOC/Primary Care Clinic RN Care Managers in August 2014. All current CBOC/Primary Care Clinic RN Care Managers who have not yet been trained are

expected to attend this training, as well as all new PACT team members that are expected to come on board between now and the time of the August training. Following that, additional MI training sessions will be offered as needed to ensure compliance with the recommendation for CBOC/Primary Care Registered Nurse Care Managers receiving MI training within 12 months of appointment to Patient Aligned Care Teams. All MI trainings from here on will be able to be tracked by TMS.

Health Coaching Training (TEACH) will be provided in August 2014 to the two PC RN care managers identified during the survey. Following the August training, Health coaching follow up training will be held on a monthly basis for all CBOC/Primary Care RN care managers. Training will be tracked in TMS.

Recommendation 7. 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: 12/31/14

Facility response: Primary Care Chief will re-enforce the use outpatient medication reconciliation documentation process with aim to improve this process. The Primary Care Performance manager will monitor compliance in the utilization of the clinical reminder weekly.

Recommendation 8. We recommended that staff consistently provide written medication information that includes the fluoroquinolone.

Concur

Target date for completion: 07/15/14

Facility response: Written medication instructions provided on prescription label and additional handout provided with every prescription order. FDA tear sheets/med guides are provided with every appropriate prescription orders during pick-up or mailed medication.

Recommendation 9. We recommended that staff provide medication counseling/education as required.

Concur

Target date for completion: 09/15/14

Facility response: PACT Pharmacy team has in-serviced PC clinical staff about fluoroquinolones in May 2014. They will provide initial counseling and education to patients and if further medication counseling/education is needed/requested a pharmacist will be available as requested via telephone call to main pharmacy.

Outpatient medication reconciliation clinic reminder was modified to include patient counseling/education.

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