Department of Veterans Affairs
Office of Inspector General

Office of Healthcare Inspections

Report No. 14-00924-247

Community Based Outpatient Clinic and Primary Care Clinic Reviews at Fayetteville VA Medical Center Fayetteville, North Carolina

August 19, 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
CPRS	computerized patient record system
DWHP	designated women's health provider
EHR	electronic health record
EOC	environment of care
FY	fiscal year
MH	mental health
MM	medication management
NM	not met
OIG	Office of Inspector General
PACT	Patient Aligned Care Teams
PCC	primary care clinic
PCMM	Primary Care Management Module
PCP	primary care provider
RN	registered nurse
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
WH	women's health

Table of Contents

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

Executive Summary

Review Purpose: The purpose of the review was to evaluate selected patient care activities to determine whether the community based outpatient 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 June 23, 2014, at the following CBOCs which are under the oversight of the Fayetteville VA Medical Center and Veterans Integrated Service Network 6:

- Goldsboro CBOC, Goldsboro, NC
- Hamlet CBOC, Hamlet, NC

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:

- The installed modification alarm works consistently so that staff can be notified when veterans require assistance for entry into the Hamlet CBOC.

Alcohol Use Disorder. Ensure that CBOC/PCC:

- Staff consistently complete diagnostic assessments for patients with a positive alcohol screen.
- Managers ensure that patients with excessive persistent alcohol use receive brief treatment or are evaluated by a specialty provider within 2 weeks of the screening.

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 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 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 Goldsboro and Hamlet CBOCs. The table below shows the areas reviewed for this topic. The area 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.	
X	The CBOC is Americans with Disabilities Act accessible.	The installed modification alarm did not work consistently to notify staff when veterans require assistance for entry into the Hamlet CBOC.
	The furnishings are clean and in good repair.	
	The CBOC is clean.	
	The CBOC maintains a written, current inventory of hazardous materials and waste that it uses, stores, or generates.	
	An alarm system and/or panic buttons are installed and tested in high-risk areas (e.g., MH clinic).	
	Alcohol hand wash or soap dispenser and sink are available in the examination rooms.	
	Sharps containers are secured.	
	Safety needle devices are available.	
	The CBOC has a separate storage room for storing medical (infectious) waste.	
	The CBOC conducts fire drills at least every 12 months.	
	Means of egress from the building are unobstructed.	
	Access to fire alarm pull stations is unobstructed.	
	Access to fire extinguishers is unobstructed.	
	The CBOC has signs identifying the locations of fire extinguishers.	
	Exit signs are visible from any direction.	
	No expired medications were noted during the onsite visit.	

NM	Areas Reviewed (continued)	Findings
	All medications are secured from unauthorized access.	
	Personally identifiable information is protected on laboratory specimens during transport so that patient privacy is maintained.	
	Adequate privacy is provided to patients in examination rooms.	
	Documents containing patient-identifiable information are not laying around, visible, or unsecured.	
	Window coverings provide privacy.	
	The CBOC has a designated examination room for women veterans.	
	Adequate privacy is provided to women veterans in the examination room.	
	The information technology network room/server closet is locked.	
	All computer screens are locked when not in use.	
	Staff use privacy screens on monitors to prevent unauthorized viewing in high-traffic areas.	
	EOC rounds are conducted semi-annually (at least twice in a 12-month period) and deficiencies are reported to and tracked by the EOC Committee until resolution.	
	The CBOC has an automated external defibrillator.	
	Safety inspections are performed on the CBOC medical equipment in accordance with Joint Commission standards.	
	The parent facility includes the CBOC in required education, training, planning, and participation leading up to the annual disaster exercise.	
	The parent facility's Emergency Management Committee evaluates CBOC emergency preparedness activities, participation in annual disaster exercise, and staff training/education relating to emergency preparedness requirements.	

Recommendation

1. We recommended that managers ensure that the installed modification alarm works consistently so that staff can be notified when veterans require assistance for entry into the Hamlet 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 40 EHRs and validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

Table 3. AUD

NM	Areas Reviewed	Findings
	Alcohol use screenings are completed during new patient encounters, and at least annually.	
X	Diagnostic assessments are completed for patients with a positive alcohol screen.	Staff did not complete diagnostic assessments for 13 (33 percent) of 40 patients who had positive alcohol use screens.
	Education and counseling about drinking levels and adverse consequences of heavy drinking are provided for patients with positive alcohol screens and drinking levels above National Institute on Alcohol Abuse and Alcoholism guidelines.	.
	Documentation reflects the offer of further treatment for patients diagnosed with alcohol dependence.	
	For patients with AUD who decline referral to specialty care, CBOC/PCC staff monitored them and their alcohol use.	
X	Counseling, education, and brief treatments for AUD are provided within 2 weeks of positive screening.	Treatment was not provided within 2 weeks of positive screening for 4 of 12 patients.
	CBOC/PCC RN Care Managers have received MI training within 12 months of appointment to PACT.	
	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.	
	The facility complied with any additional elements required by VHA or local policy.	

Recommendations

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

3. We recommended that managers ensure that patients with excessive persistent alcohol use receive brief treatment or are evaluated by a specialty provider within 2 weeks of the screening.

MM

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

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

Table 4. Fluoroquinolones

NM	Areas Reviewed	Findings
X	Clinicians documented the medication reconciliation process that included the fluoroquinolone.	We did not find documentation that medication reconciliation included the newly prescribed fluoroquinolone in 15 (38 percent) of 39 patient EHRs.
X	Written information on the patient's prescribed medications was provided at the end of the outpatient encounter.	We did not find documentation that 21 (54 percent) of 39 patients received written information that included the fluoroquinolone.
X	Medication counseling/education for the fluoroquinolone was documented in the patients' EHRs.	We did not find documentation of medication counseling that included the fluoroquinolone in 20 (51 percent) of 39 patients' EHRs.
	Clinicians documented the evaluation of each patient's level of understanding for the education provided.	
	The facility complied with local policy.	

Recommendations

4. 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.

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

6. 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**
Wilmington	NC	565GC	Urban	Large	2,496	7,297	4,702	8,673	13,017	17,784	12,159	42,960
Jacksonville	NC	565GA	Urban	Large	1,595	5,119	3,452	6,041	7,859	12,205	10,164	30,228
Robeson County (Lumberton)	NC	565GE	Rural	Mid-Size	871	1,559	1,468	2,268	3,717	5,365	8,142	17,224
Hamlet	NC	565GD	Rural	Mid-Size	358	1,700	1,296	1,969	2,031	5,295	4,386	11,712
Goldsboro	NC	565GF	Urban	Small	61	569	100	603	97	769	121	987

[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.

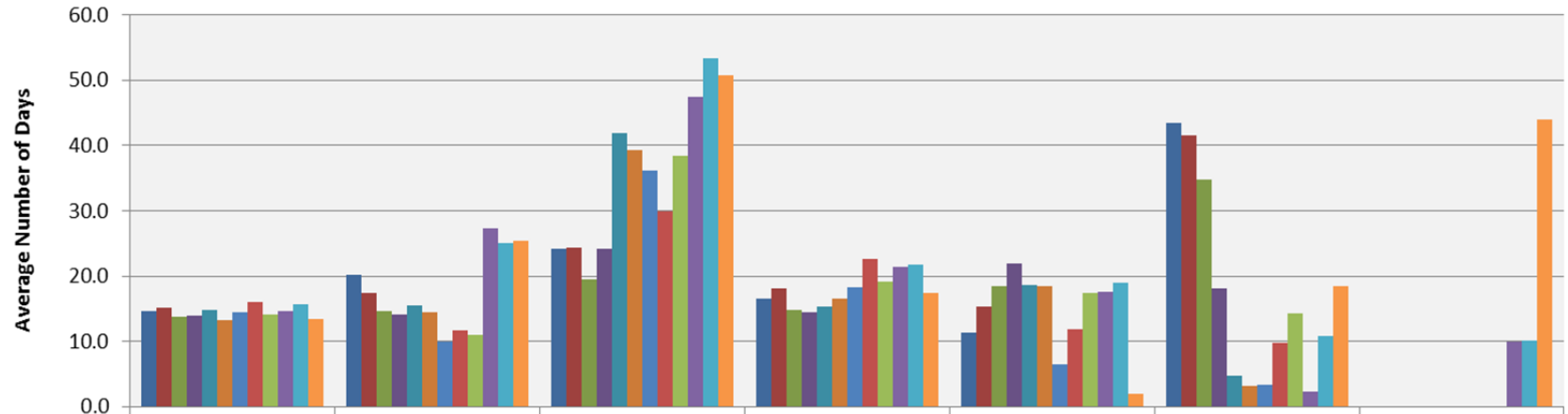
CBOC Services Provided

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]
Wilmington	Infectious Disease	Pharmacy Diabetic Retinal Screening Radiology Nutrition MOVE! Program[14] Surgery Social Work	Tele Primary Care
Jacksonville	---	Pharmacy Diabetic Retinal Screening	Tele Primary Care
Robeson County (Lumberton)	---	Pharmacy Diabetic Retinal Screening Nutrition	Tele Primary Care
Hamlet	---	Pharmacy Diabetic Retinal Screening MOVE! Program	Tele Primary Care
Goldsboro	---	---	---

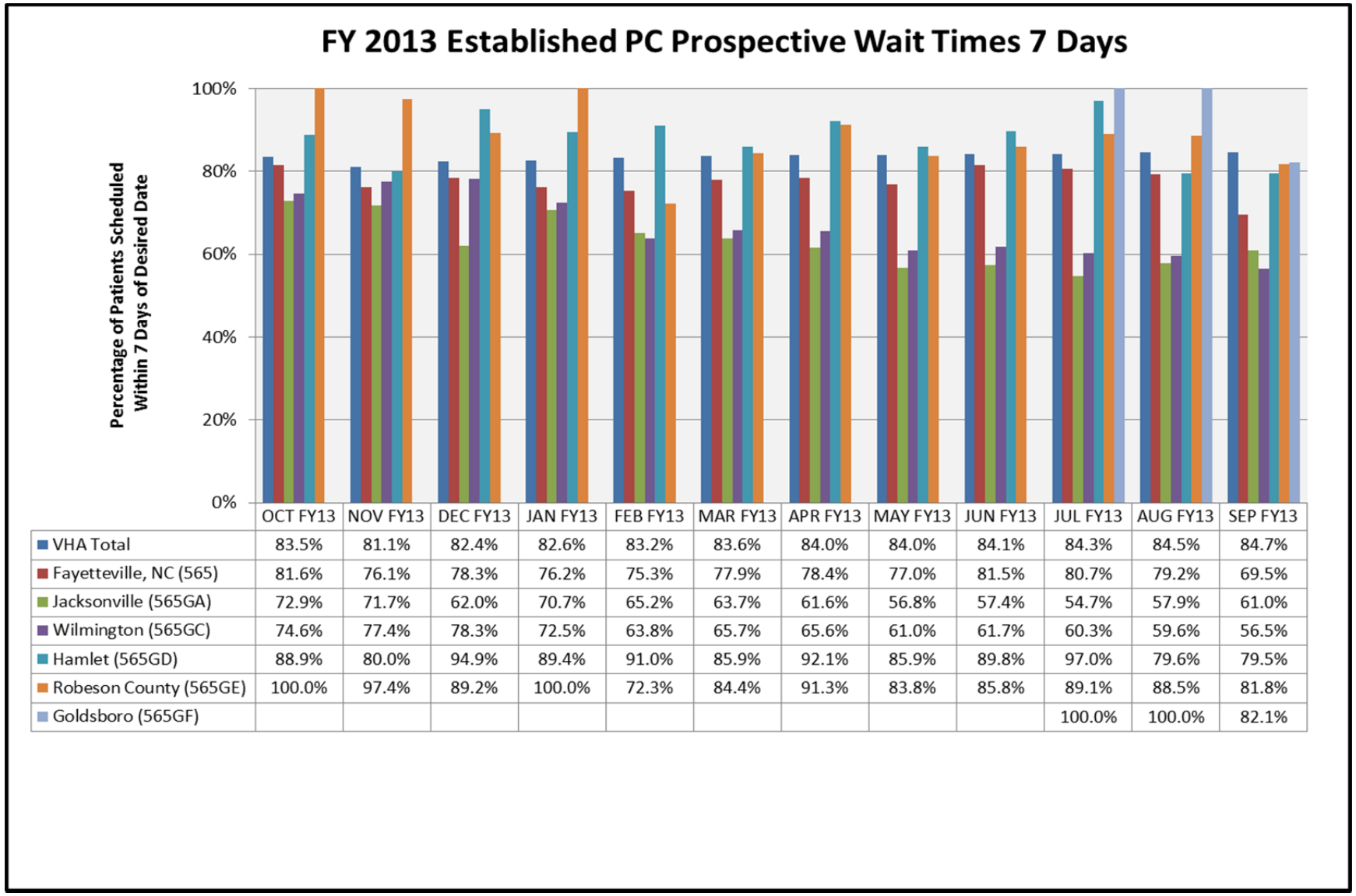
[10] Source: MedSAS outpatient files; the denoted Specialty Care and Ancillary Services are limited to Primary Clinic Stops with a count ≥ 100 encounters during the October 1, 2012, through September 30, 2013, timeframe at the specified CBOC.
[11] Specialty Care Services refer to non-Primary Care and 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



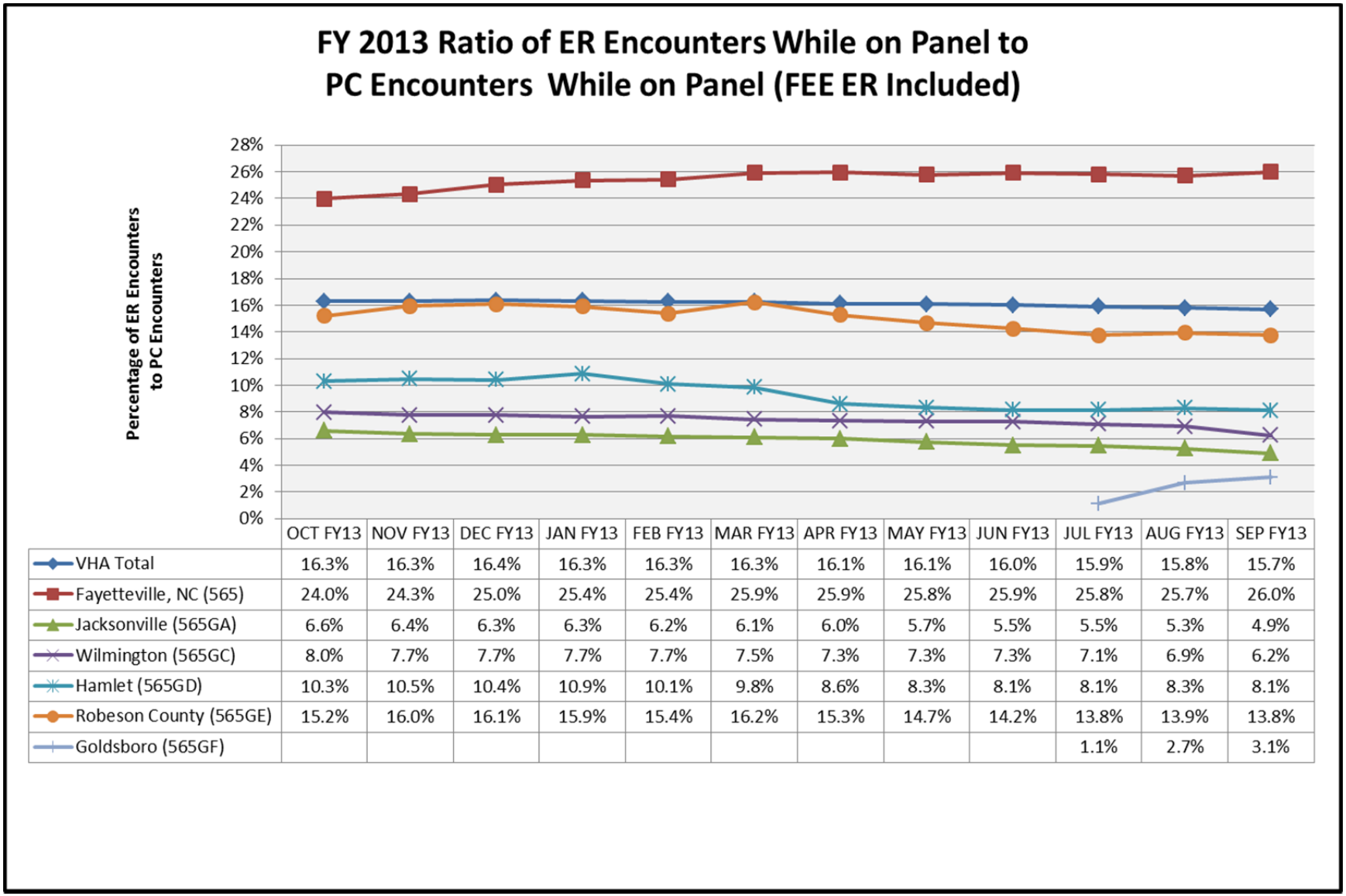
	VHA Total	Fayetteville, NC (565)	Jacksonville (565GA)	Wilmington (565GC)	Hamlet (565GD)	Robeson County (565GE)	Goldsboro (565GF)
OCT FY13	14.6	20.1	24.2	16.6	11.3	43.5	
NOV FY13	15.2	17.4	24.4	18.2	15.3	41.5	
DEC FY13	13.8	14.6	19.4	14.9	18.5	34.8	
JAN FY13	14.0	14.2	24.2	14.5	21.9	18.1	
FEB FY13	14.8	15.5	41.9	15.3	18.7	4.8	
MAR FY13	13.3	14.5	39.3	16.6	18.5	3.2	
APR FY13	14.4	10.0	36.2	18.2	6.4	3.3	
MAY FY13	16.0	11.6	29.9	22.6	11.8	9.7	
JUN FY13	14.2	11.1	38.3	19.2	17.3	14.4	
JUL FY13	14.6	27.3	47.5	21.4	17.5	2.4	9.9
AUG FY13	15.7	25.0	53.3	21.7	19.0	10.8	10.2
SEP FY13	13.4	25.4	50.7	17.4	1.9	18.5	44.0

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.



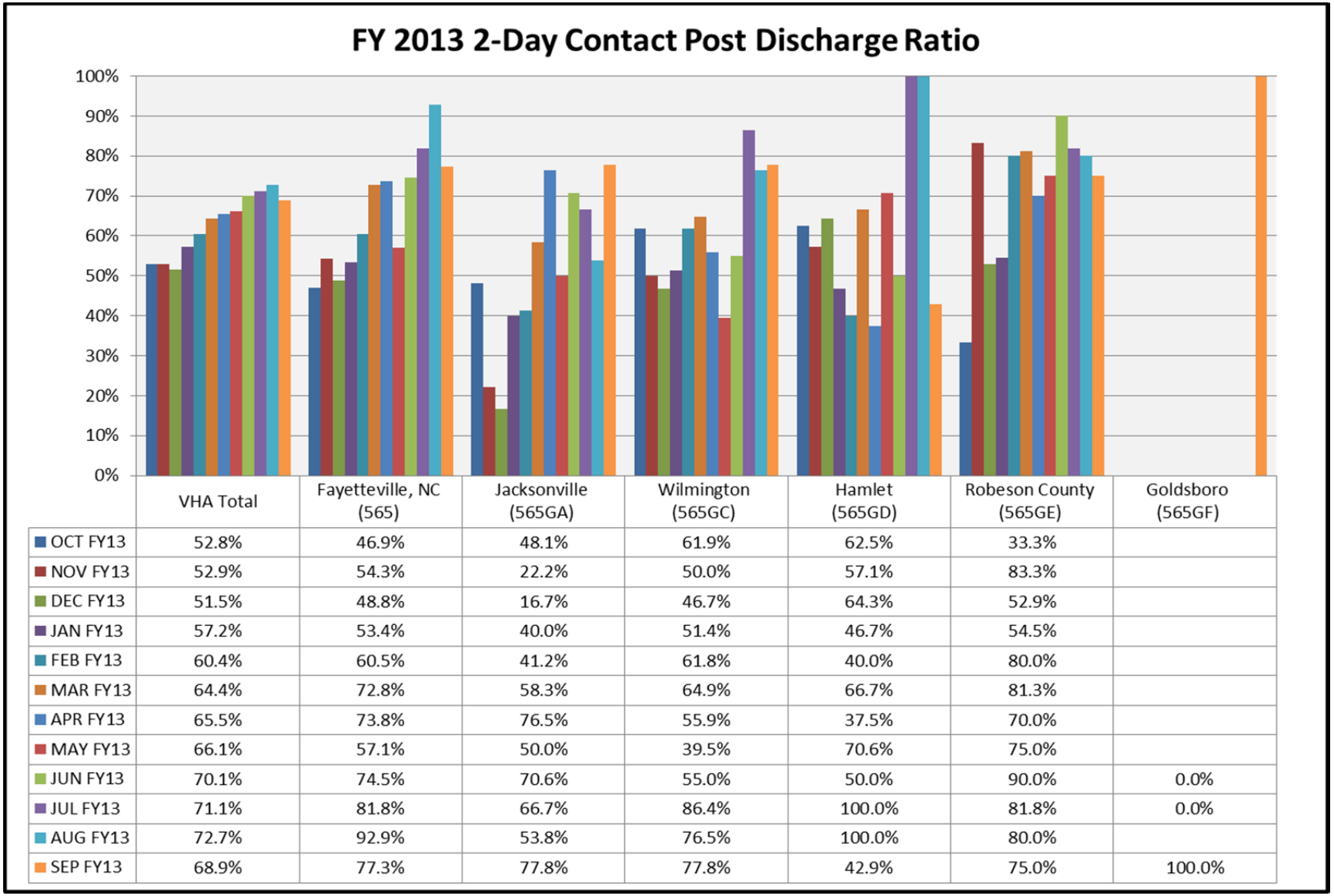
	OCT FY13	NOV FY13	DEC FY13	JAN FY13	FEB FY13	MAR FY13	APR FY13	MAY FY13	JUN FY13	JUL FY13	AUG FY13	SEP FY13
VHA Total	83.5%	81.1%	82.4%	82.6%	83.2%	83.6%	84.0%	84.0%	84.1%	84.3%	84.5%	84.7%
Fayetteville, NC (565)	81.6%	76.1%	78.3%	76.2%	75.3%	77.9%	78.4%	77.0%	81.5%	80.7%	79.2%	69.5%
Jacksonville (565GA)	72.9%	71.7%	62.0%	70.7%	65.2%	63.7%	61.6%	56.8%	57.4%	54.7%	57.9%	61.0%
Wilmington (565GC)	74.6%	77.4%	78.3%	72.5%	63.8%	65.7%	65.6%	61.0%	61.7%	60.3%	59.6%	56.5%
Hamlet (565GD)	88.9%	80.0%	94.9%	89.4%	91.0%	85.9%	92.1%	85.9%	89.8%	97.0%	79.6%	79.5%
Robeson County (565GE)	100.0%	97.4%	89.2%	100.0%	72.3%	84.4%	91.3%	83.8%	85.8%	89.1%	88.5%	81.8%
Goldsboro (565GF)										100.0%	100.0%	82.1%

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.



	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%
Fayetteville, NC (565)	24.0%	24.3%	25.0%	25.4%	25.4%	25.9%	25.9%	25.8%	25.9%	25.8%	25.7%	26.0%
Jacksonville (565GA)	6.6%	6.4%	6.3%	6.3%	6.2%	6.1%	6.0%	5.7%	5.5%	5.5%	5.3%	4.9%
Wilmington (565GC)	8.0%	7.7%	7.7%	7.7%	7.7%	7.5%	7.3%	7.3%	7.3%	7.1%	6.9%	6.2%
Hamlet (565GD)	10.3%	10.5%	10.4%	10.9%	10.1%	9.8%	8.6%	8.3%	8.1%	8.1%	8.3%	8.1%
Robeson County (565GE)	15.2%	16.0%	16.1%	15.9%	15.4%	16.2%	15.3%	14.7%	14.2%	13.8%	13.9%	13.8%
Goldsboro (565GF)										1.1%	2.7%	3.1%

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. Blank cells indicate the absence of reported data.



	VHA Total	Fayetteville, NC (565)	Jacksonville (565GA)	Wilmington (565GC)	Hamlet (565GD)	Robeson County (565GE)	Goldsboro (565GF)
OCT FY13	52.8%	46.9%	48.1%	61.9%	62.5%	33.3%	
NOV FY13	52.9%	54.3%	22.2%	50.0%	57.1%	83.3%	
DEC FY13	51.5%	48.8%	16.7%	46.7%	64.3%	52.9%	
JAN FY13	57.2%	53.4%	40.0%	51.4%	46.7%	54.5%	
FEB FY13	60.4%	60.5%	41.2%	61.8%	40.0%	80.0%	
MAR FY13	64.4%	72.8%	58.3%	64.9%	66.7%	81.3%	
APR FY13	65.5%	73.8%	76.5%	55.9%	37.5%	70.0%	
MAY FY13	66.1%	57.1%	50.0%	39.5%	70.6%	75.0%	
JUN FY13	70.1%	74.5%	70.6%	55.0%	50.0%	90.0%	0.0%
JUL FY13	71.1%	81.8%	66.7%	86.4%	100.0%	81.8%	0.0%
AUG FY13	72.7%	92.9%	53.8%	76.5%	100.0%	80.0%	
SEP FY13	68.9%	77.3%	77.8%	77.8%	42.9%	75.0%	100.0%

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.

VISN Director Comments

Department of Veterans Affairs **Memorandum**

Date: July 23, 2014

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

Subject: **CBOC and PCC Reviews of the Fayetteville VA Medical Center, Fayetteville, NC**

To: Director, Atlanta Office of Healthcare Inspections (54AT)

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

1. The attached subject report is forwarded for your review and further action. I reviewed the response of the Fayetteville VA Medical Center (VAMC), Fayetteville, NC and concur with the facility's recommendations.

2. If you have further questions, please contact Damaris Reyes, Chief Performance Improvement, at (910) 822-7091.

(original signed by)
DANIEL F. HOFFMANN, FACHE

Appendix D

Facility Director Comments

Department of Veterans Affairs **Memorandum**

Date: July 23, 2014

From: Director, Fayetteville VA Medical Center (565/00)

Subject: **CBOC and PCC Reviews of the Fayetteville VA Medical Center, Fayetteville, NC**

To: Director, VA Mid-Atlantic Health Care Network (10N6)

1. Fayetteville VA Medical Center concurs with the findings brought forth in this report. Specific corrective actions have been provided for the recommendations.

2. Should you have any questions, please contact Damaris Reyes, Chief, Performance Improvement, at 910-822-7091.

(original signed by:)
ELIZABETH GOOLSBY

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 the installed modification alarm works consistently so that staff can be notified when veterans require assistance for entry into the Hamlet CBOC.

Concur

Target date for completion: 11/30/2014

Facility response: A permanent installation of a doorbell/alarm will occur at this site of care that can be used to notify staff if a Veteran requires assistance for entry into the CBOC. This device will then be tested during days of clinic operation, and reported to the EOC committee monthly to ensure sustained improvement.

Recommendation 2. We recommended that CBOC/Primary Care Clinic staff consistently complete diagnostic assessments for patients with a positive alcohol screen.

Concur

Target date for completion: 12/31/14

Facility response:

Clinical reminder "positive screen" cards were developed for PACT nurses to give the Primary Care Provider (PCP) when a patient has a positive screen. These have been in use since April 9, 2014. Medical Center Memorandum (MCM) 11-174 "Alcohol Use Disorders Identification Test Consumption Questions (AUDIT-C) Screening" was published on May 9, 2014. The MCM outlines staff responsibilities and process to be followed for patients with a positive alcohol screen. 100% of staff will complete AUDIT-C re-education by July 31, 2014, to include the need to refresh the electronic medical record to ensure the "Positive AUDIT-C Needs Evaluation" appears after a positive "Alcohol Use Screen (AUDIT-C)" clinical reminder. To ensure compliance with the process, medical record audits are completed monthly to verify diagnostic assessment for patients with a positive alcohol screen have been completed. Oversight of this process will be reported at the Medical Executive Board.

Recommendation 3. We recommended that managers ensure that patients with excessive persistent alcohol use receive brief treatment or are evaluated by a specialty provider within 2 weeks of the screening.

Concur

Target date for completion: 12/31/2014

Facility response:

Clinical reminder "positive screen" cards were developed for PACT nurses to give the PCP when a patient has a positive screen. These have been in use since April 9, 2014. Medical Center Memorandum (MCM) 11-174 “Alcohol Use Disorders Identification Test Consumption Questions (AUDIT-C) Screening” was published on May 9, 2014. The MCM outlines staff responsibilities and process to be followed for patients with a positive alcohol screen. 100% of staff will complete AUDIT-C re-education by July 31, 2014, to include the need to refresh the electronic medical record to ensure the “Positive AUDIT-C Needs Evaluation” appears after a positive “Alcohol Use Screen (AUDIT-C)” clinical reminder. Medical record audits are completed monthly to verify compliance with brief treatment or evaluation by a specialty provider within two weeks of the screening. Oversight of this process will be reported at the Medical Executive Board.

Recommendation 4. We recommended that staff document that medication reconciliation was completed at each episode of care where the newly prescribed Fluoroquinolones was administered, prescribed, or modified.

Concur

Target date for completion: 12/31/2014

Facility response:

Medication Reconciliation templates utilized in CPRS are being streamlined and updated with target completion by August 31, 2014. Staff education will be completed and a new template will be implemented by August 31, 2014. Tracers of newly prescribed Fluoroquinolones will be completed monthly starting September 1, 2014 to verify compliance with medication reconciliation when an outpatient Fluoroquinolone is prescribed. Oversight of this process will be monitored in the Pharmacy, Therapeutics & Nutrition Committee meetings

Recommendation 5. We recommended that staff consistently provide written medication information that includes the Fluoroquinolones.

Concur

Target date for completion: 12/31/2014

Facility response: Medication Reconciliation templates utilized in CPRS are being streamlined and updated with target completion by August 31, 2014. Staff education will be completed and new template will be implemented by August 31, 2014. Tracers of newly prescribed Fluoroquinolones will be completed monthly starting

September 1, 2014 to verify compliance with providing medication information to include newly prescribed Fluoroquinolones. Oversight of this process will be monitored in the Pharmacy, Therapeutics & Nutrition Committee meetings.

Recommendation 6. We recommended that staff provide medication counseling/education as required.

Concur

Target date for completion: 12/31/2014

Facility response: Medication Reconciliation templates utilized in CPRS are being streamlined and updated with target completion by August 31, 2014. Staff education will be completed and new template will be implemented by August 31, 2014. Tracers will be completed monthly starting September 1, 2014, to verify compliance with providing medication counseling/education. Oversight of this process will be monitored in the Pharmacy, Therapeutics & Nutrition Committee meetings.

OIG Contact and Staff Acknowledgments

Contact	For more information about this report, please contact the OIG at (202) 461-4720.
Onsite Contributors	Tishanna McCutchen, ARNP, MSN, Team Leader
Other Contributors	Lin Clegg, PhD Sheyla Desir, RN, MSN Matt Frazier, MPH Jeff Joppie, BS Jennifer Reed, RN, MSHI Victor Rhee, MHS Patrick Smith, M. Stat Marilyn Stones, BS Mary Toy, RN, MSN Toni Woodard, BS Jarvis Yu, MS

Report Distribution

VA Distribution

Office of the Secretary
Veterans Health Administration
Assistant Secretaries
General Counsel
Director, VA Mid-Atlantic Health Care Network (10N6)
Director, Fayetteville VA Medical Center (565/00)

Non-VA Distribution

House Committee on Veterans' Affairs
House Appropriations Subcommittee on Military Construction, Veterans Affairs, and Related Agencies
House Committee on Oversight and Government Reform
Senate Committee on Veterans' Affairs
Senate Appropriations Subcommittee on Military Construction, Veterans Affairs, and Related Agencies
Senate Committee on Homeland Security and Governmental Affairs
National Veterans Service Organizations
Government Accountability Office
Office of Management and Budget
U.S. Senate: Richard Burr, Kay R. Hagan
U.S. House of Representatives: Renee Ellmers, Mike McIntyre, David E. Price

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

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.