



**Department of Veterans Affairs  
Office of Inspector General**

**Office of Healthcare Inspections**

**Report No. 14-00934-221**

**Community Based Outpatient Clinic  
and Primary Care Clinic Reviews  
at  
VA New York Harbor  
Healthcare System  
New York, New York**

**August 1, 2014**

**Washington, DC 20420**

**To Report Suspected Wrongdoing in VA Programs and Operations**

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**(Hotline Information: [www.va.gov/oig/hotline](http://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
MH	mental health
MI	motivational interviewing
MM	medication management
NA	not applicable
NM	not met
OIG	Office of Inspector General
PACT	Patient Aligned Care Teams
PCC	primary care clinic
PCMM	Primary Care Management Module
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 June 9, 2014, at the Harlem CBOC, New York, NY, which is under the oversight of the VA New York Harbor Healthcare System and Veterans Integrated Service Network 3.

**Review Results:** We conducted four focused reviews and made recommendations in all of the review areas:

Environment of Care. Ensure that:

- Personally identifiable information is protected by securing laboratory specimens during transport from the Harlem CBOC to the parent facility.
- The information technology server closet at the Harlem CBOC is maintained according to information technology safety and security standards.

Alcohol Use Disorder. Ensure that CBOC/PCC Registered Nurse Care Managers:

- Receive motivational interviewing and health coaching training within 12 months of appointment to Patient Aligned Care Teams.

Medication Management. Ensure that CBOC/PCC staff:

- Document that medication reconciliation was completed at each episode of care where the newly prescribed fluoroquinolone was administered, prescribed, or modified.
- Consistently provide written medication information that includes the fluoroquinolone.
- Provide medication counseling/education as required.

Designated Women's Health Providers' Proficiency. Ensure that:

- All Designated Women's Health Providers are designated with the women's health indicator in the Primary Care Management Module.

### 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 14–18, for the full text of the Directors' comments.) We consider

recommendations 2 and 7 closed. We will follow up on the planned actions for the open recommendations until they are completed.



JOHN D. DAIGH, JR., M.D.  
Assistant Inspector General for  
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.<sup>1</sup> Details of the targeted study populations for the AUD, MM, and DWHP Proficiency focused reviews are noted in Table 1.

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<sup>1</sup> 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 <sup>2</sup> 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 Primary Care Providers 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.

<sup>2</sup> 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.<sup>a</sup>

We reviewed relevant documents and conducted a physical inspection of the Harlem CBOC. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement. Any items that did not apply to this facility are marked NA.

**Table 2. EOC**

NM	Areas Reviewed	Findings
NA	The CBOC's location is clearly identifiable from the street as a VA CBOC.	
NA	The CBOC has interior signage available that clearly identifies the route to and location of the clinic entrance.	
NA	The CBOC is Americans with Disabilities Act accessible.	
	The furnishings are clean and in good repair.	
	The CBOC is clean.	
	The CBOC maintains a written, current inventory of hazardous materials and waste that it uses, stores, or generates.	
	An alarm system and/or panic buttons are installed and tested in high-risk areas (e.g., MH clinic).	
	Alcohol hand wash or soap dispenser and sink are available in the examination rooms.	
	Sharps containers are secured.	
	Safety needle devices are available.	
NA	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
X	Personally identifiable information is protected on laboratory specimens during transport so that patient privacy is maintained.	At the Harlem CBOC, personally identifiable information was not protected on laboratory specimens during transport.
	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.	
NA	The CBOC has a designated examination room for women veterans.	
	Adequate privacy is provided to women veterans in the examination room.	
X	The information technology network room/server closet is locked.	Access to the information technology network room/server closet at the Harlem 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 personally identifiable information is protected by securing laboratory specimens during transport from the Harlem CBOC to the parent facility.
2. We recommended that the information technology server closet at the Harlem CBOC is maintained 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.<sup>b</sup>

We reviewed relevant documents. We also reviewed 30 EHRs and validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

**Table 3. AUD**

NM	Areas Reviewed	Findings
	Alcohol use screenings are completed during new patient encounters, and at least annually.	
	Diagnostic assessments are completed for patients with a positive alcohol screen.	
	Education and counseling about drinking levels and adverse consequences of heavy drinking are provided for patients with positive alcohol screens and drinking levels above National Institute on Alcohol Abuse and Alcoholism guidelines.	
	Documentation reflects the offer of further treatment for patients diagnosed with alcohol dependence.	
	For patients with AUD who decline referral to specialty care, CBOC/PCC staff monitored them and their alcohol use.	
	Counseling, education, and brief treatments for AUD are provided within 2 weeks of positive screening.	
X	CBOC/PCC RN Care Managers have received MI training within 12 months of appointment to PACT.	We found that 6 (17 percent) of 35 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 7 (20 percent) of 35 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

**3.** 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.<sup>c</sup>

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 4. Fluoroquinolones**

NM	Areas Reviewed	Findings
X	Clinicians documented the medication reconciliation process that included the fluoroquinolone.	We did not find documentation that medication reconciliation included the newly prescribed fluoroquinolone in 6 of 22 patients' 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 7 of 22 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 5 of 22 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.<sup>d</sup>

We reviewed the facility self-assessment, VHA and local policies, PCMM data, and supporting documentation for DWHPs’ proficiencies. The table below shows the areas reviewed for this topic. The area marked as NM did not meet applicable requirements and needed improvement.

**Table 5. DWHP Proficiency**

NM	Areas Reviewed	Findings
	CBOC and PCC DWHPs maintained proficiency requirements.	
X	CBOC and PCC DWHPs were designated with the WH indicator in the PCMM.	Four of 10 DWHPs were not designated with the WH indicator in the PCMM.

### Recommendation

7. We recommended that the chief of staff consistently ensure that all Designated Women’s Health Providers are designated with the women’s health indicator in the Primary Care Management Module.

## CBOC Profiles

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

Location	State	Station #	Locality <sup>5</sup>	CBOC Size <sup>6</sup>	Uniques <sup>4</sup>				Encounters <sup>4</sup>			
					MH <sup>7</sup>	PC <sup>8</sup>	Other <sup>9</sup>	All	MH <sup>7</sup>	PC <sup>8</sup>	Other <sup>9</sup>	All
Chapel St	NY	630GC	Urban	Mid-Size	2,940	1,398	549	3,748	24,061	2,753	2,309	29,123
Staten Island	NY	630GB	Urban	Mid-Size	567	2,048	2,146	2,534	3,783	4,202	7,767	15,752
Harlem	NY	630GA	Urban	Small	678	400	541	1,229	3,512	958	1,022	5,492

<sup>3</sup> Includes all CBOCs in operation before March 31, 2013.

<sup>4</sup> 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.

<sup>5</sup> [http://vaww.pssg.med.va.gov/PSSG/DVDC/FY2013\\_Q1\\_VAST.xlsx](http://vaww.pssg.med.va.gov/PSSG/DVDC/FY2013_Q1_VAST.xlsx)

<sup>6</sup> 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).

<sup>7</sup> Mental Health includes stop codes in the 500 series, excluding 531 and 563, in the primary position.

<sup>8</sup> 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.

<sup>9</sup> 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.<sup>10</sup>

CBOC	Specialty Care Services <sup>11</sup>	Ancillary Services <sup>12</sup>	Tele-Health Services <sup>13</sup>
Chapel St	---	MOVE! Program <sup>14</sup>	Tele Primary Care
Staten Island	Optometry Podiatry	MOVE! Program Social Work Nutrition Electrocardiography	Tele Primary Care
Harlem	---	---	Tele Primary Care

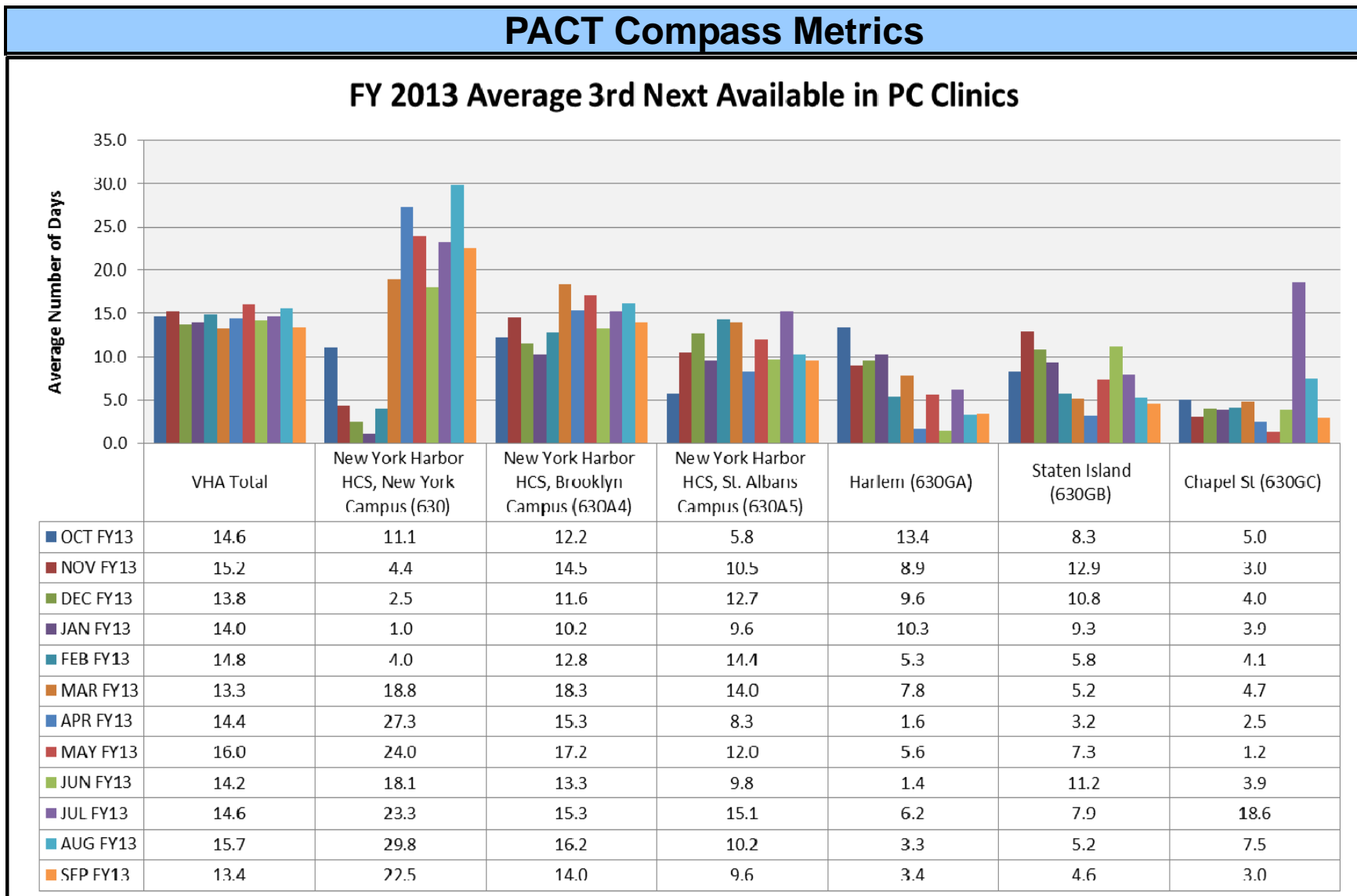
<sup>10</sup> Source: MedSAS outpatient files; the denoted Specialty Care and Ancillary Services are limited to Primary Clinic Stops with a count  $\geq 100$  encounters during the October 1, 2012, through September 30, 2013, timeframe at the specified CBOC.

<sup>11</sup> Specialty Care Services refer to non-Primary Care and non-MH services provided by a physician.

<sup>12</sup> Ancillary Services refer to non-Primary Care and non-MH services that are not provided by a physician.

<sup>13</sup> Tele-Health Services refer to services provided under the VA Telehealth program (<http://www.telehealth.va.gov/>)

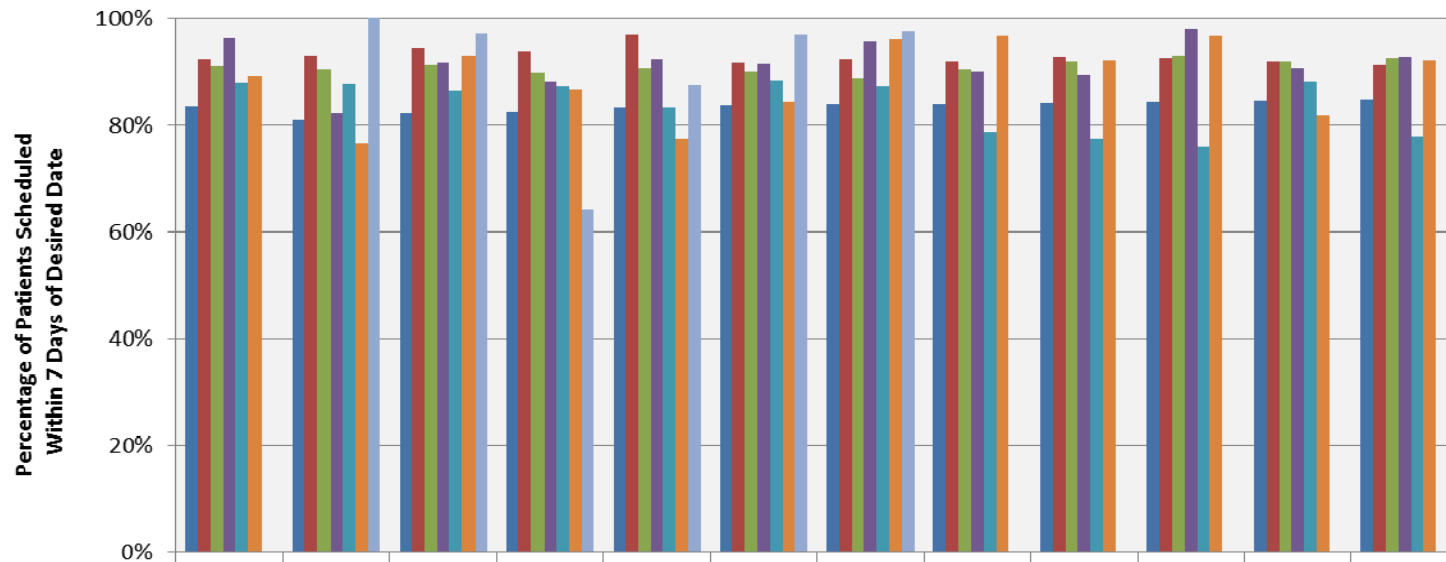
<sup>14</sup> VHA Handbook 1120.01, *MOVE! Weight Management Program for Veterans*, March 31, 2011.



**Data Definition.**<sup>6</sup> 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.



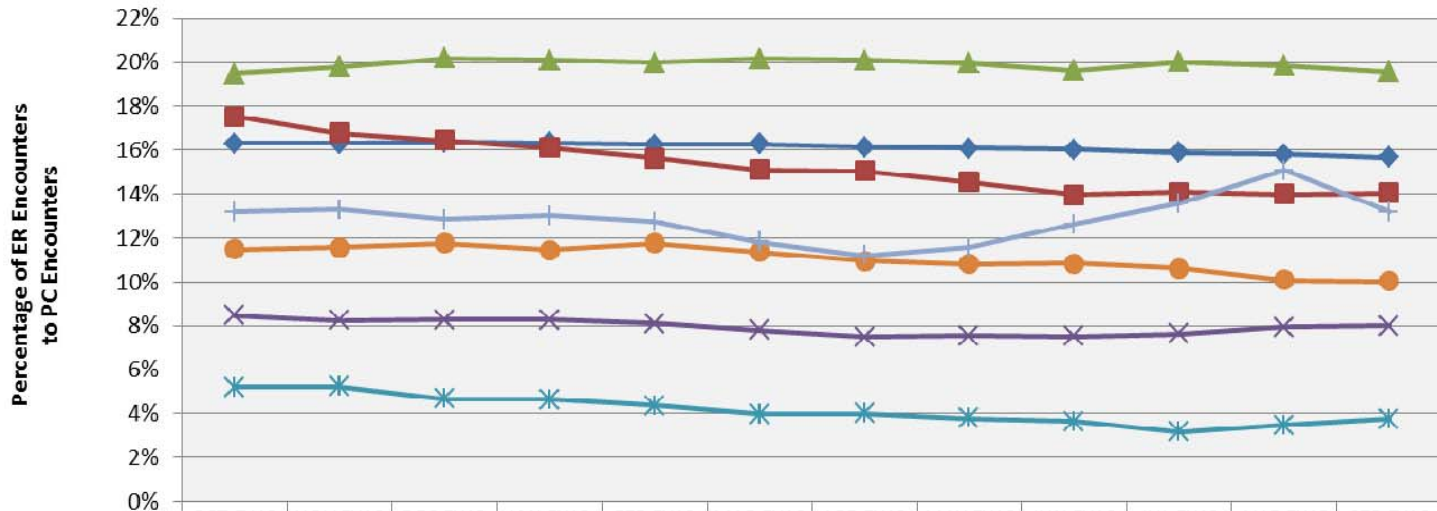
### FY 2013 Established PC Prospective Wait Times 7 Days



	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%
New York Harbor HCS, New York Campus (630)	92.3%	93.1%	94.5%	93.9%	96.9%	91.8%	92.3%	91.9%	92.8%	92.6%	92.0%	91.2%
New York Harbor HCS, Brooklyn Campus (630A4)	91.0%	90.6%	91.2%	90.0%	90.8%	90.1%	88.7%	90.5%	91.8%	93.1%	91.9%	92.5%
New York Harbor HCS, St. Albans Campus (630A5)	96.4%	82.4%	91.7%	88.0%	92.4%	91.3%	95.6%	90.1%	89.6%	98.0%	90.8%	92.7%
Harlem (630GA)	87.8%	87.6%	86.6%	87.1%	83.3%	88.3%	87.2%	78.9%	77.5%	75.8%	88.1%	77.9%
Staten Island (630GB)	89.2%	76.7%	92.9%	86.9%	77.5%	84.3%	96.2%	96.8%	92.1%	96.7%	82.0%	92.1%
Chapel St (630GC)		100.0%	97.2%	64.1%	87.5%	97.0%	97.7%					

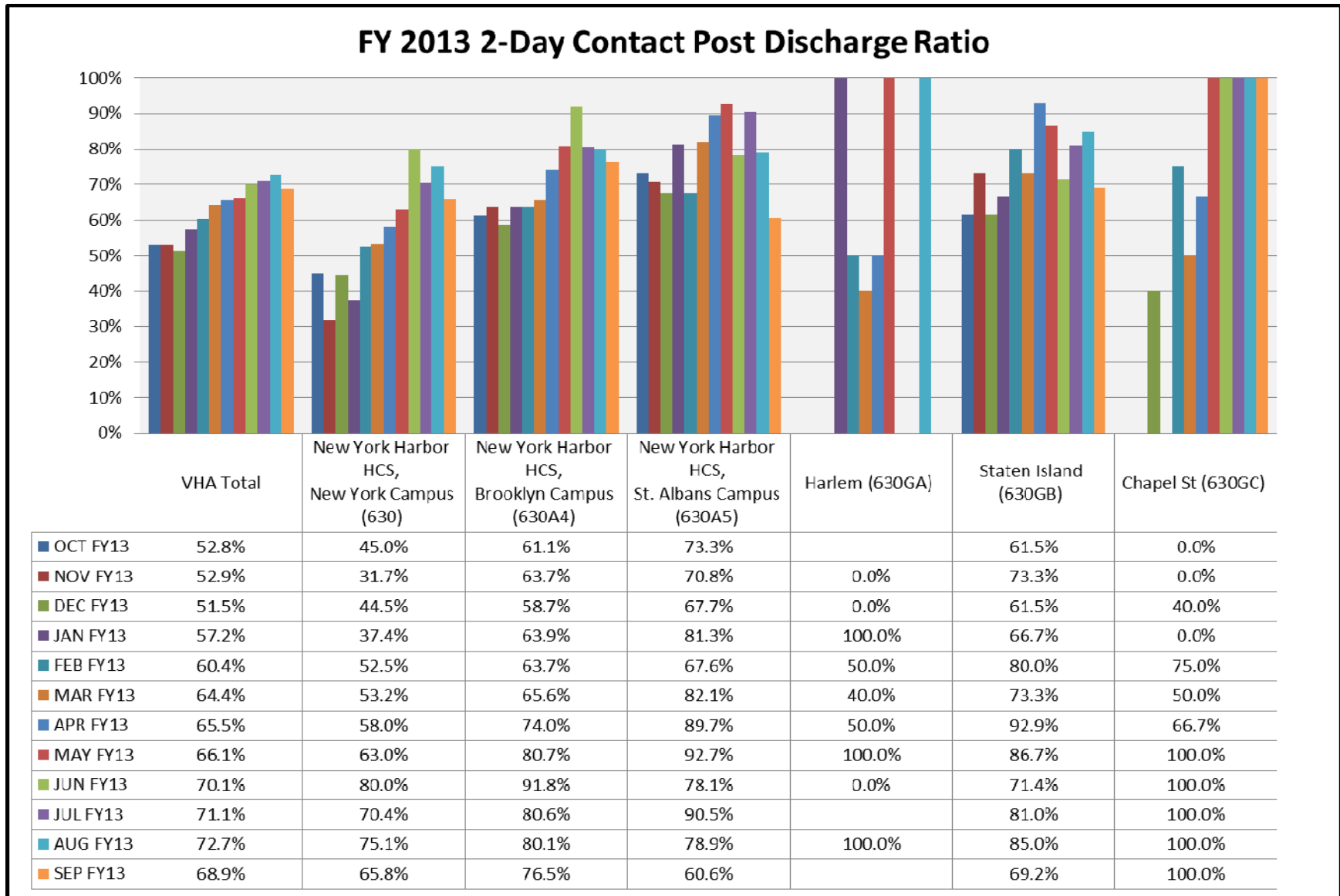
**Data Definition.**<sup>c</sup> The percent of patients scheduled within 7 days of the desired date. Data source is the Wait Times Prospective Wait Times measures. The total number of scheduled appointments for primary care-assigned patients in primary care clinics 322, 323 and 350. Data is collected 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%
New York Harbor HCS, New York Campus (630)	17.5%	16.8%	16.4%	16.1%	15.6%	15.1%	15.1%	14.5%	14.0%	14.1%	14.0%	14.1%
New York Harbor HCS, Brooklyn Campus (630A4)	19.5%	19.8%	20.2%	20.1%	20.0%	20.2%	20.1%	20.0%	19.6%	20.0%	19.9%	19.6%
New York Harbor HCS, St. Albans Campus (630A5)	8.5%	8.2%	8.3%	8.3%	8.1%	7.8%	7.5%	7.6%	7.5%	7.6%	7.9%	8.0%
Harlem (630GA)	5.2%	5.2%	4.7%	4.6%	4.4%	4.0%	4.0%	3.8%	3.6%	3.7%	3.5%	3.8%
Staten Island (630GB)	11.5%	11.6%	11.8%	11.5%	11.8%	11.4%	11.0%	10.8%	10.9%	10.6%	10.1%	10.0%
Chapel St (630GC)	13.2%	13.3%	12.8%	13.0%	12.7%	11.8%	11.2%	11.6%	12.6%	13.6%	15.1%	13.2%

**Data Definition.**<sup>e</sup> 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.



**Data Definition.**<sup>e</sup> 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 3, 2014

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

**Subject:** **CBOC and PCC Reviews of the VA New York Harbor Healthcare System, New York, NY**

**To:** Director, Baltimore Office of Healthcare Inspections (54BA)  
Director, Management Review Service (VHA 10AR MRS  
OIG CAP CBOC)

1. The responses to the Harlem Clinic CBOC review conducted the week of June 9, 2014 are being submitted for your review and consideration.
2. Should you have any questions, please do not hesitate to contact Pam Wright, RN, MSN, VISN QMO at 718-741-4135.



Michael A. Sabo, FACHE

## Facility Director Comments

**Department of  
Veterans Affairs**

**Memorandum**

**Date:** July 3, 2014  
**From:** Director, VA New York Harbor Healthcare System (630/00)  
**Subject:** **CBOC and PCC Reviews of the VA New York Harbor  
Healthcare System, New York, NY**  
**To:** Director, VA NY/NJ Veterans Healthcare Network (10N03)

1. VA New York Harbor Healthcare System (VANYHHS) appreciates the opportunity to review the draft report of recommendations from the OIG CBOC review conducted at the Harlem Street CBOC.
2. Please find responses to each recommendation provided in the report. I concur with the recommendations and corrective actions are in progress.
3. If you have any questions, please contact Kim Arslanian, Performance Improvement Manager at 718-630-2865.



Martina A. Parauda, FACHE

## 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 personally identifiable information is protected by securing laboratory specimens during transport from the Harlem CBOC to the parent facility.

Concur

Target date for completion: 7/31/14

Facility response: The Harlem CBOC has a designated container for the transport of laboratory specimens that protects personally identifiable information and a standard operating procedure used by the Harlem staff. A refresher training on the standard operating procedure will be completed by the end of July.

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

Concur

Target date for completion: 6/10/14

Facility response: During the site review of the Harlem clinic on 6/9/14, the IT server closet sign in sheet was noted to be missing. The sheet was replaced on 6/10/14.

**Recommendation 3.** 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: 10/31/14

Facility response: Of the RN Care Managers that were cited as not receiving MI training within 12 months of hire, half of them have now been trained. Another MI training is scheduled for the fall, and will again indicate to the remaining three PACT RN Care Managers who have yet to attend, that they are expected at this mandatory session. Similarly, several of the RN Care Managers cited for not attending the TEACH trainings, were able to go to a later one (that fell after their 12 month hire date). Of those that still require to go to this event, we are also holding another TEACH training in the fall and we will again indicate to them that we expect them to participate.

We will continue our efforts to ensure that all of our staff is appropriately trained both in Motivational Interviewing and in Health Coaching by offering trainings at least every 6 months to all employees, with a particular emphasis on new hires who are less familiar with the tenets of PACT and patient-centered care.

**Recommendation 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.

Concur

Target date for completion: 10/31/14

Facility response: Medical record cases cited during the OIG visit represented prescriptions written during the time period of July 2012-June 2013. In March 2014, the Pharmacy & Therapeutics Committee implemented a drug ordering template for fluoroquinolone to ensure the appropriate clinical oversight and education to outpatients prescribed oral fluoroquinolone antibiotics. Use of the template will be monitored through ongoing medical record reviews.

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

Concur

Target date for completion: 10/31/14

Facility response: Medical record cases cited during the OIG visit represented prescriptions written during the time period of July 2012-June 2013. In March 2014, the Pharmacy & Therapeutics Committee implemented a drug ordering template for fluoroquinolone to ensure written medication information that includes the fluoroquinolone is provided to outpatients. Use of the template will be monitored through ongoing medical record reviews.

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

Concur

Target date for completion: 10/31/14

Facility response: Medical record cases cited during the OIG visit represented prescriptions written during the time period of July 2012-June 2013. In March 2014, the Pharmacy & Therapeutics Committee implemented a drug ordering template for fluoroquinolone to ensure medication counseling/education is completed for outpatients prescribed fluoroquinolones. Use of the template will be monitored through ongoing medical record reviews.

**Recommendation 7.** We recommended that the chief of staff consistently ensure that all Designated Women's Health Providers are designated with the women's health indicator in the Primary Care Management Module.

Concur

Target date for completion: 6/24/14

Facility response: All current designated Women's Health Providers have been designated with the women's health indicator (\*WH\*) in the Primary Care Management module.



## OIG Contact and Staff Acknowledgments

<b>Contact</b>	For more information about this report, please contact the OIG at (202) 461-4720.
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## Report Distribution

### VA Distribution

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Director, Director, VA NY/NJ Veterans Healthcare Network (10N03)  
Director, VA New York Harbor Healthcare System (630/00)

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Rangel, Nydia Velquez

This report is available at [www.va.gov/oig](http://www.va.gov/oig).

## Endnotes

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