Department of Veterans Affairs
Office of Inspector General

Office of Healthcare Inspections

Report No. 14-00927-293

Community Based Outpatient Clinic and Primary Care Clinic Reviews at VA Long Beach Healthcare System Long Beach, California

September 30, 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
MM	medication management
NM	not met
OIG	Office of Inspector General
PACT	Patient Aligned Care Teams
PCC	primary care clinic
RN	registered nurse
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
WH	women's health

Table of Contents

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 July 21, 2014, at the Santa Ana CBOC, Santa Ana, CA, which is under the oversight of the VA Long Beach Healthcare System and Veterans Integrated Service Network 22.

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

Environment of Care. Ensure that:

- Panic alarms are tested, and testing is documented at the Santa Ana CBOC.
- The parent facility's Emergency Management Committee evaluate the emergency preparedness activities, participation in annual disaster exercise, and staff training/education related to emergency preparedness requirements at the Santa Ana CBOC.

Alcohol Use Disorder. Ensure that CBOC/PCC:

- Staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.
- Registered Nurse Care Managers receive motivational interviewing and health coaching training within 12 months of appointment to Patient Aligned Care Teams.

Medication Management. Ensure that CBOC/PCC staff:

- Document that medication reconciliation is completed at each episode of care where the newly prescribed fluoroquinolone was administered, prescribed, or modified.
- 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 16–20, 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 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.

[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 Santa Ana 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.	
	The CBOC maintains a written, current inventory of hazardous materials and waste that it uses, stores, or generates.	
X	An alarm system and/or panic buttons are installed and tested in high-risk areas (e.g., MH clinic).	The testing of the panic alarm system was not performed and documented at the Santa Ana CBOC.
	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 (con't)	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.	
	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.	
X	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.	EOC deficiencies at the Santa Ana CBOC were not reported to and tracked by the parent facility EOC Committee until resolution. This will be noted in the Combined Assessment Program Report.
	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.	
X	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.	The parent facility's Emergency Management Committee did not evaluate the emergency preparedness activities, participation in annual disaster exercise, and staff training/education related to emergency preparedness requirements at the Santa Ana CBOC.

Recommendations

1. We recommended that panic alarms are tested, and testing is documented at the Santa Ana CBOC.

2. We recommended that the parent facility's Emergency Management Committee evaluate emergency preparedness activities, participation in annual disaster exercise, and staff training/education related to emergency preparedness requirements at the Santa Ana 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 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 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.	
X	Documentation reflects the offer of further treatment for patients diagnosed with alcohol dependence.	We did not find documentation of the offer of further treatment for 2 of 6 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 17 (52 percent) of 33 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 14 (42 percent) of 33 RN Care Managers did not receive health coaching training within 12 months of appointment to PACT.
	The facility complied with any additional elements required by VHA or local policy.	

Recommendations

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

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

MM

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

We reviewed relevant documents. We also reviewed 38 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 24 (63 percent) of 38 patient EHRs.
	Written information on the patient's prescribed medications was provided at the end of the outpatient encounter.	
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 29 (76 percent) of 38 patient EHRs.
	Clinicians documented the evaluation of each patient's level of understanding for the education provided.	
	The facility complied with local policy.	

Recommendations

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

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**
Laguna Hills	CA	600GE	Urban	Mid-Size	1,252	4,307	523	4,517	3,195	8,065	579	11,839
Santa Ana	CA	600GB	Urban	Mid-Size	1,064	3,491	2,332	4,410	5,791	10,653	5,558	22,002
Anaheim	CA	600GA	Urban	Mid-Size	888	3,178	1,997	3,618	2,557	13,068	4,538	20,163
Santa Fe Springs/Whittier	CA	600GD	Urban	Mid-Size	712	2,555	622	2,706	1,781	6,238	659	8,678
Cabrillo (Long Beach)	CA	600GC	Urban	Small	190	743	291	847	2,574	2,996	570	6,140

[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.

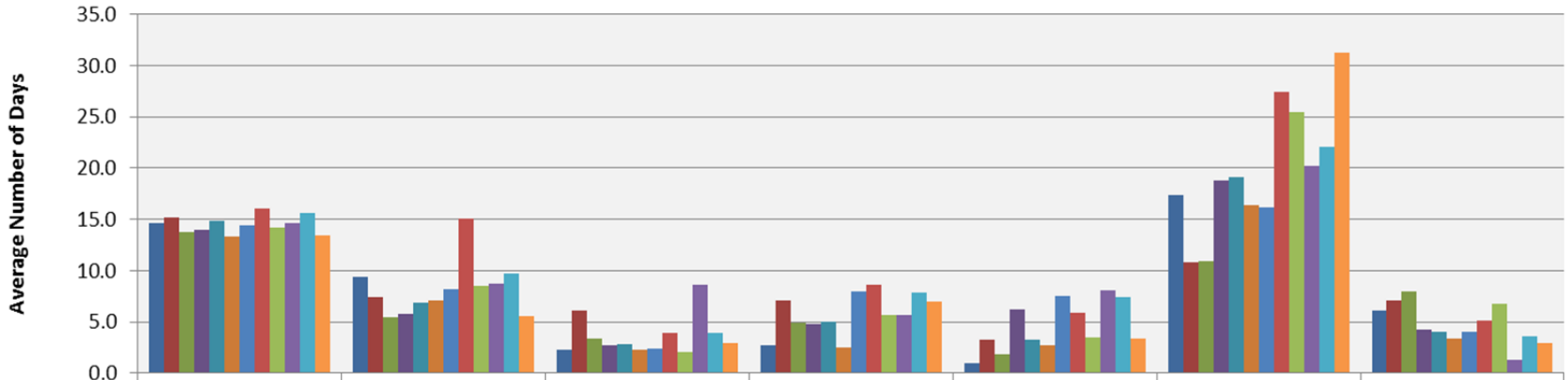
CBOC Services Provided

In addition to primary care integrated with WH and mental health 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]
Laguna Hills	---	Diabetic Retinal Screening	Tele Primary Care
Santa Ana	Neurology	Audiology Diabetes Care Diabetic Retinal Screening	Tele Primary Care
Anaheim	Neurology	Diabetic Retinal Screening	Tele Primary Care
Santa Fe Springs/Whittier	---	Diabetic Retinal Screening	---
Cabrillo (Long Beach)	---	Laboratory	Tele Primary Care

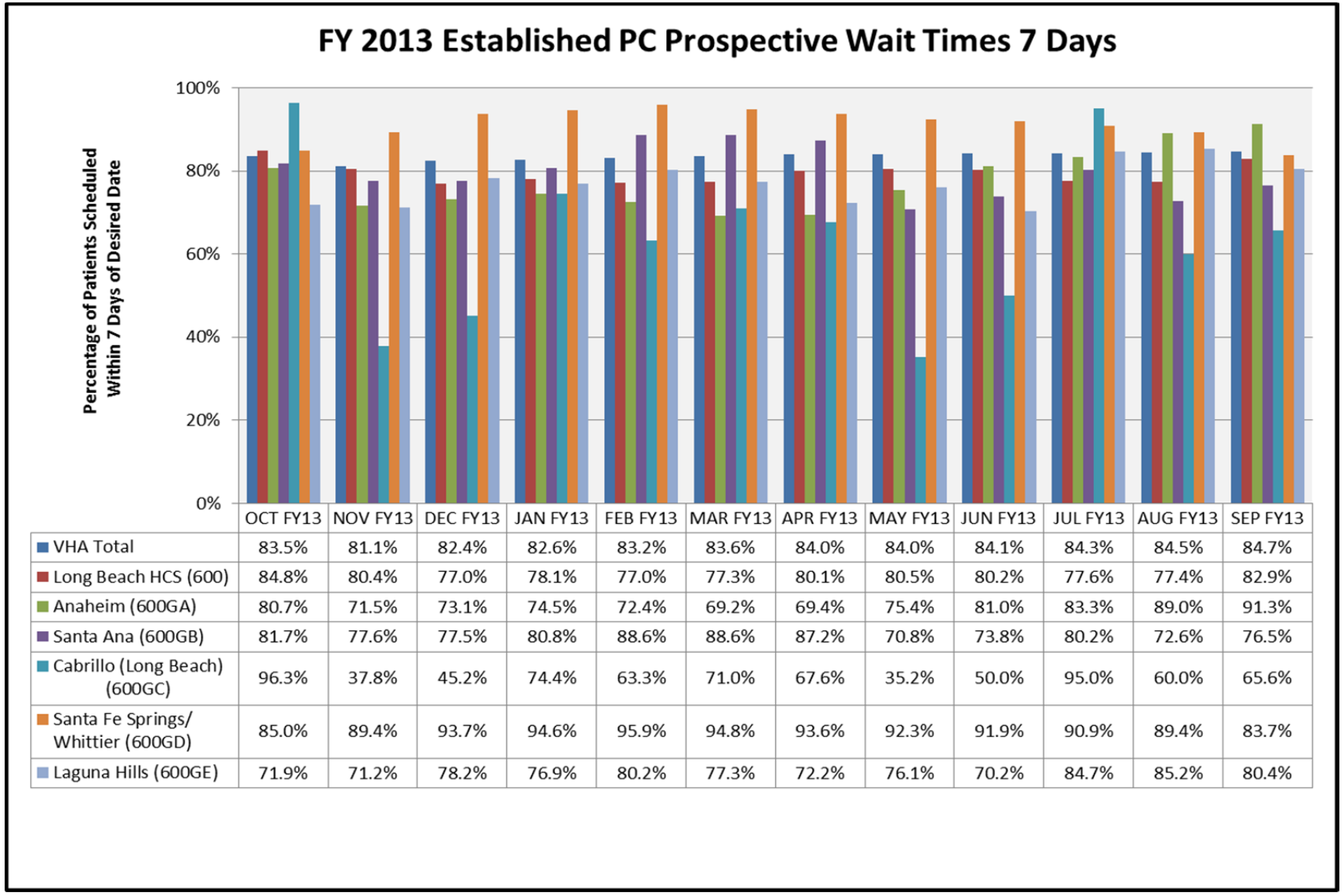
[10] Source: MedSAS outpatient files; the denoted Specialty Care and Ancillary Services are limited to Primary Clinic Stops with a count ≥ 100 encounters during the October 1, 2012, through September 30, 2013, timeframe at the specified CBOC
[11] Specialty Care Services refer to non-Primary Care and non-MH services provided by a physician.
[12] Ancillary Services refer to non-Primary Care and non-MH services that are not provided by a physician.
[13] Tele-Health Services refer to services provided under the VA Telehealth program (http://www.telehealth.va.gov/)

PACT Compass Metrics



	VHA Total	Long Beach HCS (600)	Anaheim (600GA)	Santa Ana (600GB)	Cabrillo (Long Beach) (600GC)	Santa Fe Springs/ Whittier (600GD)	Laguna Hills (600GE)
OCT FY13	14.6	9.4	2.3	2.7	1.0	17.4	6.1
NOV FY13	15.2	7.4	6.2	7.1	3.3	10.8	7.1
DEC FY13	13.8	5.5	3.3	4.9	1.8	10.9	7.9
JAN FY13	14.0	5.8	2.7	4.8	6.3	18.7	4.3
FEB FY13	14.8	6.9	2.9	5.0	3.3	19.1	4.0
MAR FY13	13.3	7.1	2.3	2.5	2.8	16.4	3.4
APR FY13	14.4	8.2	2.4	7.9	7.5	16.1	4.1
MAY FY13	16.0	15.1	4.0	8.6	5.9	27.4	5.1
JUN FY13	14.2	8.5	2.0	5.7	3.4	25.4	6.8
JUL FY13	14.6	8.7	8.6	5.7	8.0	20.2	1.3
AUG FY13	15.7	9.7	3.9	7.9	7.4	22.0	3.6
SEP FY13	13.4	5.6	2.9	6.9	3.4	31.3	3.0

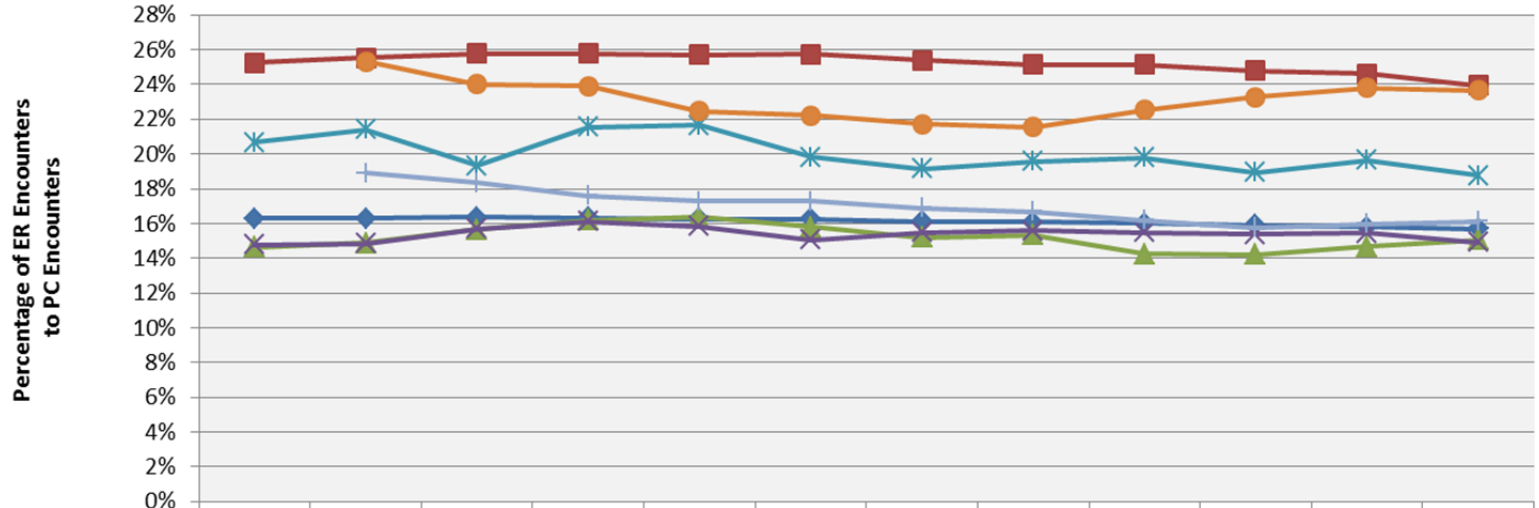
Data Definition.[e] The average waiting time in days until the next third open appointment slot for completed primary care appointments in stop code 350. Completed appointments in stop code 350 for this metric include completed appointments where a 350 stop code is in the primary position on the appointment 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.



	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%
Long Beach HCS (600)	84.8%	80.4%	77.0%	78.1%	77.0%	77.3%	80.1%	80.5%	80.2%	77.6%	77.4%	82.9%
Anaheim (600GA)	80.7%	71.5%	73.1%	74.5%	72.4%	69.2%	69.4%	75.4%	81.0%	83.3%	89.0%	91.3%
Santa Ana (600GB)	81.7%	77.6%	77.5%	80.8%	88.6%	88.6%	87.2%	70.8%	73.8%	80.2%	72.6%	76.5%
Cabrillo (Long Beach) (600GC)	96.3%	37.8%	45.2%	74.4%	63.3%	71.0%	67.6%	35.2%	50.0%	95.0%	60.0%	65.6%
Santa Fe Springs/ Whittier (600GD)	85.0%	89.4%	93.7%	94.6%	95.9%	94.8%	93.6%	92.3%	91.9%	90.9%	89.4%	83.7%
Laguna Hills (600GE)	71.9%	71.2%	78.2%	76.9%	80.2%	77.3%	72.2%	76.1%	70.2%	84.7%	85.2%	80.4%

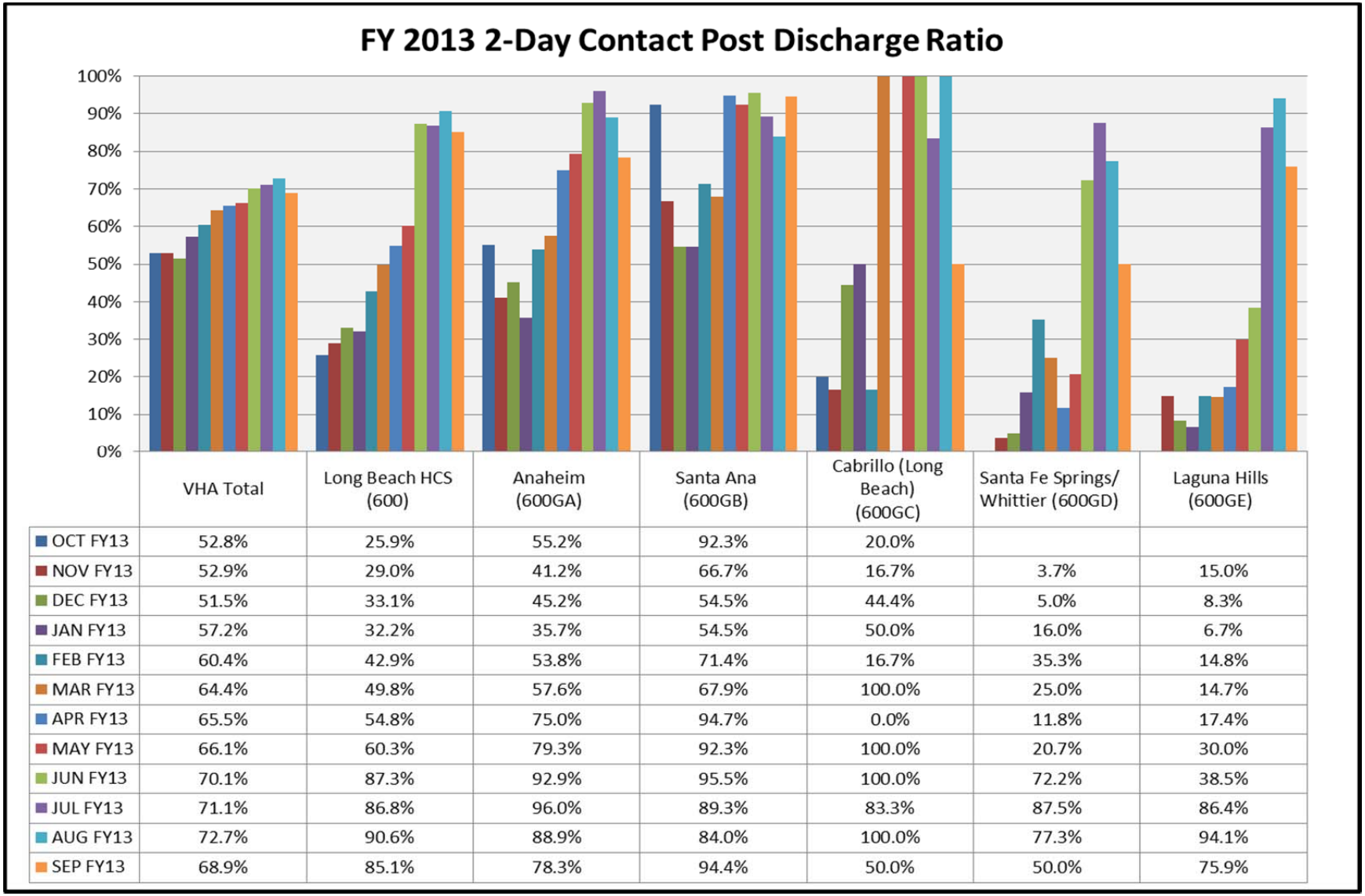
Data Definition.[e] The percent of patients scheduled within 7 days of the desired date. Data source is the Wait Times Prospective Wait Times measures. The total number of scheduled appointments for primary care-assigned patients in primary care clinics 322, 323 and 350. Data is collected twice a month 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.

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%
Long Beach HCS (600)	25.2%	25.5%	25.8%	25.8%	25.7%	25.7%	25.4%	25.1%	25.1%	24.8%	24.6%	24.0%
Anaheim (600GA)	14.6%	14.9%	15.6%	16.2%	16.4%	15.8%	15.2%	15.4%	14.2%	14.2%	14.7%	15.0%
Santa Ana (600GB)	14.8%	14.8%	15.7%	16.1%	15.8%	15.1%	15.5%	15.6%	15.5%	15.4%	15.4%	14.9%
Cabrillo (Long Beach) (600GC)	20.7%	21.4%	19.3%	21.5%	21.6%	19.8%	19.2%	19.6%	19.8%	18.9%	19.6%	18.7%
Santa Fe Springs/ Whittier (600GD)		25.3%	24.0%	23.9%	22.5%	22.2%	21.7%	21.5%	22.5%	23.3%	23.8%	23.7%
Laguna Hills (600GE)		18.9%	18.3%	17.6%	17.3%	17.3%	16.9%	16.7%	16.2%	15.8%	16.0%	16.1%

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	Long Beach HCS (600)	Anaheim (600GA)	Santa Ana (600GB)	Cabrillo (Long Beach) (600GC)	Santa Fe Springs/ Whittier (600GD)	Laguna Hills (600GE)
OCT FY13	52.8%	25.9%	55.2%	92.3%	20.0%		
NOV FY13	52.9%	29.0%	41.2%	66.7%	16.7%	3.7%	15.0%
DEC FY13	51.5%	33.1%	45.2%	54.5%	44.4%	5.0%	8.3%
JAN FY13	57.2%	32.2%	35.7%	54.5%	50.0%	16.0%	6.7%
FEB FY13	60.4%	42.9%	53.8%	71.4%	16.7%	35.3%	14.8%
MAR FY13	64.4%	49.8%	57.6%	67.9%	100.0%	25.0%	14.7%
APR FY13	65.5%	54.8%	75.0%	94.7%	0.0%	11.8%	17.4%
MAY FY13	66.1%	60.3%	79.3%	92.3%	100.0%	20.7%	30.0%
JUN FY13	70.1%	87.3%	92.9%	95.5%	100.0%	72.2%	38.5%
JUL FY13	71.1%	86.8%	96.0%	89.3%	83.3%	87.5%	86.4%
AUG FY13	72.7%	90.6%	88.9%	84.0%	100.0%	77.3%	94.1%
SEP FY13	68.9%	85.1%	78.3%	94.4%	50.0%	50.0%	75.9%

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: September 9, 2014

From: Director, VA Desert Pacific Healthcare Network (10N22)

Subject: **CBOC and PCC Reviews of the VA Long Beach Healthcare System, Long Beach, CA**

To: Director, Los Angeles Office of Healthcare Inspections (54LA)

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

1. I concur with the findings and recommendations in the CBOC and PCC Reviews of the VA Long Beach Healthcare System.
2. If you have any questions regarding our responses to the recommendations, please contact Jimmie Bates, QMO at 562-826-5963.

Jeffrey T. Gering, FACHE

Acting Network Director

Facility Director Comments

Department of Veterans Affairs **Memorandum**

Date: September 9, 2014

From: Director, VA Long Beach Healthcare System (600/00)

Subject: **CBOC and PCC Reviews of the VA Long Beach Healthcare System, Long Beach, CA**

To: Director, Desert Pacific Health Care Network (10N22)

1. Please find attached response to the VA Office of Inspector General's (OIG) CBOC and PCC Reviews of the VA Long Beach Healthcare System conducted the week of July 21, 2014.

2. We concur with all recommendations.

Michael W. Fisher

Attachment

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 panic alarms are tested, and testing is documented at the Santa Ana CBOC.

Concur

Target date of completion: **September 2014**, Ongoing.

Facility response: The panic alarms in the Santa Ana CBOC are tested monthly by the VA Police and documented in a log book at the Santa Ana CBOC. The panic alarm results will be reported to Emergency Safety Leadership Health Care Council quarterly starting September 2014.

Recommendation 2. We recommended that the parent facility's Emergency Management Committee evaluate emergency preparedness activities, participation in annual disaster exercise, and staff training/education related to emergency preparedness requirements at the Santa Ana CBOC.

Concur

Target date for completion: **October 2014,** Ongoing.

Facility response: The VA Long Beach Emergency Management Committee (EMC) evaluates emergency preparedness activities at the Santa Ana CBOC as a monthly standing agenda item. The EMC evaluates disaster drills, training and exercises conducted at the CBOC for compliance and effectiveness, and ensures activities and outcomes are recorded in the minutes.

Recommendation 3. We recommended that CBOC/Primary Care Clinic staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.

Concur

Target date for completion: **September 2014,** Ongoing.

Facility response: The positive Audit – C reminder dialog for counseling outpatients will be updated to assist with documenting referrals to Substance Abuse Treatment Center (or refusal) for all patients Audit – C score of 8 or greater.

Recommendation 4. We recommended that CBOC/Primary Care Clinic Registered Nurse Care Managers receive motivational interviewing and health coaching training within 12 months of appointment to Patient Aligned Care Teams.

Concur

Target date for completion: **September 2014,** Ongoing.

Facility response: Incorrect entry on duty (EOD) dates upon hire to PACT is the reason that our records did not reflect that all PACT RN Care Managers had received Motivational Interviewing and TEACH for Success training, which includes the following: Tune in to the Patient, Explore the Patient's Concerns, Preferences and Needs, Assist the Patient with Behavior Changes, Communicate effectively and Honor the Patient as a Partner within 12 months of appointment to PACT. To ensure accuracy of our records, the supervisors will validate and document that our records reflect the correct EOD date of every newly appointed PACT RN Care Manager. To further enhance our processes and ensure training compliance within 12 months, all new PACT RN Care Managers will be enrolled in both courses during orientation. Completion of both courses is required before the employee is released from orientation. To ensure that no new Pact RN Care Manager exceeds the 12 month timeframe, a spreadsheet is being developed with formulas to reflect the number of days lapsed from appointment to completion of these courses. The Health Behavior Coordinator will review and monitor the spreadsheet and report training compliance to the PACT Board monthly for additional oversight.

Recommendation 5. We recommended that staff document that medication reconciliation is completed at each episode of care where the newly prescribed fluoroquinolone was administered, prescribed, or modified.

Concur

Target date for completion: **August 2014,** Ongoing.

Facility response: Medication Reconciliation policy HSP 03-10 has been approved by Medical Executive Committee (MEC). Completed August 2014.

Ongoing monthly chart audits to be conducted until 3 consecutive months with a 90% compliance rate achieved.

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

Concur

Target date for completion: **August 2014,** Ongoing.

Facility response: Short term, a Prior Authorization Consult template and medication order set, has been developed and implemented which guides the ordering of

fluoroquinolones and facilitates patient education and counseling. Completed August 2014.

The long term plan is to develop and institute a Reminder Dialog in CPRS to replace the Prior Authorization Consult in order to make the process more efficient. Complete November 2014.

Develop, install and use medication counseling template to document pharmacist counseling at the pharmacy window. Activate tracking software to identify and record patients who decline counseling. Completed August 2014.

Ongoing monthly chart audits to be conducted until 3 consecutive months with a 90% compliance rate achieved.

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Endnotes

[a] References used for the EOC review included:
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- VHA Handbook 1330.01, *Health Care Services for Women Veterans,* May 21, 2010.
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[b] References used for the AUD review included:
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[c] References used for the Medication Management review included:
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- VHA Directive 2012-011, *Primary Care Standards*, April 11, 2012.
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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.