Department of Veterans Affairs
Office of Inspector General

Community Based Outpatient Clinic and Primary Care Clinic Reviews at Tennessee Valley Healthcare System Nashville, Tennessee

September 25, 1014

Glossary

ADA	Americans with Disabilities Act
AUD	alcohol use disorder
CBOC	community based outpatient clinic
DWHP	designated women's health provider
EHR	electronic health record
EOC	environment of care
FY	fiscal year
IT	information technology
MH	mental health
MM	medication management
NM	not met
OIG	Office of Inspector General
PACT	Patient Aligned Care Teams
PCC	primary care clinic
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 August 11, 2014, at the Maury County CBOC, Columbia, TN*,* which is under the oversight of the Tennessee Valley Healthcare System and Veterans Integrated Service Network 9.

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

Environment of Care. Ensure that:

- The CBOC is Americans with Disabilities Act accessible at the Maury County CBOC.

- The Maury County CBOC maintains a current inventory of hazardous materials and tracks usage.

- All staff can access the electronic version of hazardous materials information at the Maury County CBOC.

- Signage at the Maury County CBOC clearly identifies the locations of all fire extinguishers.

- All medications are secured from unauthorized access.

- Personally identifiable information is protected by securing laboratory specimens during transport from the Maury County CBOC to the parent facility.

- The information technology server closet at the Maury County CBOC is maintained according to information technology safety and security standards.

Alcohol Use Disorder. Ensure that CBOC/PCC:

- Patients with excessive, persistent alcohol use receive brief treatment or are evaluated by a specialty provider within 2 weeks of the screening.

- 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 patients with medication counseling and written medication information that includes the fluoroquinolone.

- Document the evaluation of patient's level of understanding for the medication education.

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 17–23, for the full text of the Directors' comments.) We will follow up on the planned actions for the open recommendations until they are completed.

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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.

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[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 Registered Nurse (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 Women's Health (WH) Primary Care Provider's (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.

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[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 Maury County 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.	
X	The CBOC is ADA accessible.	The door between the lobby and clinical areas was not ADA accessible at the Maury County CBOC. A bathroom door in the Maury County CBOC lobby was not ADA accessible and required tight grasping, pinching, or twisting of the wrist to operate.
	The furnishings are clean and in good repair.	
	The CBOC is clean.	
X	The CBOC maintains a written, current inventory of hazardous materials and waste that it uses, stores, or generates, and staff has access to hazardous materials information.	An inventory of hazardous materials was not maintained or tracked at the Maury County CBOC. The staff at the Maury County CBOC could not demonstrate how to access the electronic version of hazardous materials information without coaching.
X	An alarm system and/or panic buttons are installed and tested in high-risk areas (e.g., MH clinic).	The Maury County CBOC provides MH services and had only one panic button located in one provider's office in the high-risk MH area.
	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.	

NM	Areas Reviewed (continued)	Findings
	Access to fire alarm pull stations is unobstructed.	
	Access to fire extinguishers is unobstructed.	
X	The CBOC has signs identifying the locations of fire extinguishers.	There was no sign identifying the location of one of the fire extinguishers at the Maury County CBOC.
	Exit signs are visible from any direction.	
	No expired medications were noted during the onsite visit.	
X	All medications are secured from unauthorized access.	All medications were not secured from unauthorized access at the Maury County CBOC.
X	Personally identifiable information is protected on laboratory specimens during transport so that patient privacy is maintained.	At the Maury County CBOC, personally identifiable information was not protected on laboratory specimens prior to or 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.	
	The CBOC has a designated examination room for women veterans.	
	Adequate privacy is provided to women veterans in the examination room.	
X	The IT network room/server closet is secured, and access is documented.	Access to the IT network room/server closet at the Maury County CBOC was not restricted to personnel authorized by the Office of Information and Technology. Access to the IT network room/server closet at the Maury County 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.	

NM	Areas Reviewed (continued)	Findings
	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 the CBOC is Americans with Disabilities Act accessible at the Maury County CBOC.

2. We recommended that managers ensure staff can access the electronic version of hazardous materials information at the Maury County CBOC.

3. We recommended that processes are improved to ensure the tracking of hazardous materials at the Maury County CBOC.

4. We recommended that the effectiveness of the panic alarm system is evaluated at the Maury County CBOC.

5. We recommended that signage is installed at the Maury County CBOC to clearly identify the location of fire all extinguishers.

6. We recommended that medications are secured and accessible only by individuals who either dispense or administer medications at the Maury County CBOC, and that compliance is monitored.

7. We recommended that managers ensure that personally identifiable information is protected by securing laboratory specimens during transport from the Maury County CBOC to the parent facility.

8. We recommended that that that the information technology server closet at the Maury County 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.[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.	
	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.	
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 13 patients.
X	CBOC/PCC Registered Nurse Care Managers have received motivational interviewing training within 12 months of appointment to PACT.	We found that 10 of the 18 Registered Nurse Care Managers did not receive motivational interviewing training within 12 months of appointment to PACT.
X	CBOC/PCC Registered Nurse 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 8 of 18 Registered Nurse 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

9. 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.

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

MM

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

We reviewed relevant documents. We also reviewed 40 EHRs and validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The 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 12 (30 percent) of 40 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 17 (43 percent) of 40 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 9 (23 percent) of 40 patients.
X	Clinicians documented the evaluation of each patient's level of understanding for the education provided.	Clinicians did not document the level of understanding for 5 (13 percent) of 40 patients.
	The facility complied with local policy.	

Recommendations

11. 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.

12. We recommended that staff consistently provide patients with medication counseling and written medication information that includes the fluoroquinolone.

13. We recommended that staff document the evaluation of patient's level of understanding for the medication education.

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.

Location	State	Station #	Locality[5]	CBOC Size[6]	Uniques[4]				Encounters[4]			
					MH[7]	PC[8]	Other[9]	All	MH[7]	PC[8]	Other[9]	All
Chattanooga	TN	626GF	Urban	Very Large	4,420	12,948	14,409	15,055	21,706	31,124	84,596	137,426
Clarksville	TN	626GE	Urban	Large	2,182	5,433	4,809	7,159	9,572	15,505	13,270	38,347
Cookeville	TN	626GH	Rural	Large	1,201	5,054	3,054	5,326	4,422	8,870	9,552	22,844
Bowling Green	KY	626GC	Urban	Mid-Size	692	2,779	652	2,928	2,949	6,332	1,945	11,226
Hopkinsville (Christian County)	KY	626GJ	Rural	Mid-Size	829	2,557	1,059	2,669	4,842	6,895	1,810	13,547
Maury County	TN	626GM	Rural	Mid-Size	393	2,369	907	2,378	854	5,412	2,027	8,293
Tullahoma	TN	626GG	Rural	Mid-Size	341	1,681	1,205	1,850	1,249	3,400	3,464	8,113
McMinnville	TN	626GK	Rural	Mid-Size	451	1,640	1,047	1,687	2,182	5,541	3,856	11,579
Dover	TN	626GA	Rural	Small	108	772	7	796	331	2,083	8	2,422

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[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]
Chattanooga	Dental Anti-Coagulation Clinic Orthopedics Cardiology Pain Clinic	Laboratory Radiology Audiology Pharmacy Electrocardiography Diabetic Retinal Screening Radiology Computer Tomography Social Work MOVE! Program[14] Nutrition Diabetes Care Nuclear Medicine Prosthetics/Orthotics Pulmonary Function Test Chaplain	Tele Primary Care
Clarksville	Anti-Coagulation Clinic	Audiology Pharmacy MOVE! Program Electrocardiography Diabetic Retinal Screening Social Work Nutrition	Tele Primary Care
Cookeville	---	Diabetic Retinal Screening Diabetes Care	Tele Primary Care
Bowling Green	Anti-Coagulation Clinic	---	Tele Primary Care

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[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.

CBOC (continued)	Specialty Care Services	Ancillary Services	Tele-Health Services
Hopkinsville (Christian County)	---	MOVE! Program Nutrition Diabetic Retinal Screening	Tele Primary Care
Maury County	---	Social Work Nutrition	Tele Primary Care
Tullahoma	Anti-Coagulation Clinic	Radiology	Tele Primary Care
McMinnville	---	Social Work Diabetic Retinal Screening	Tele Primary Care
Dover	---	---	---

PACT Compass Metrics

FY 2013 Average 3rd Next Available in PC Clinics

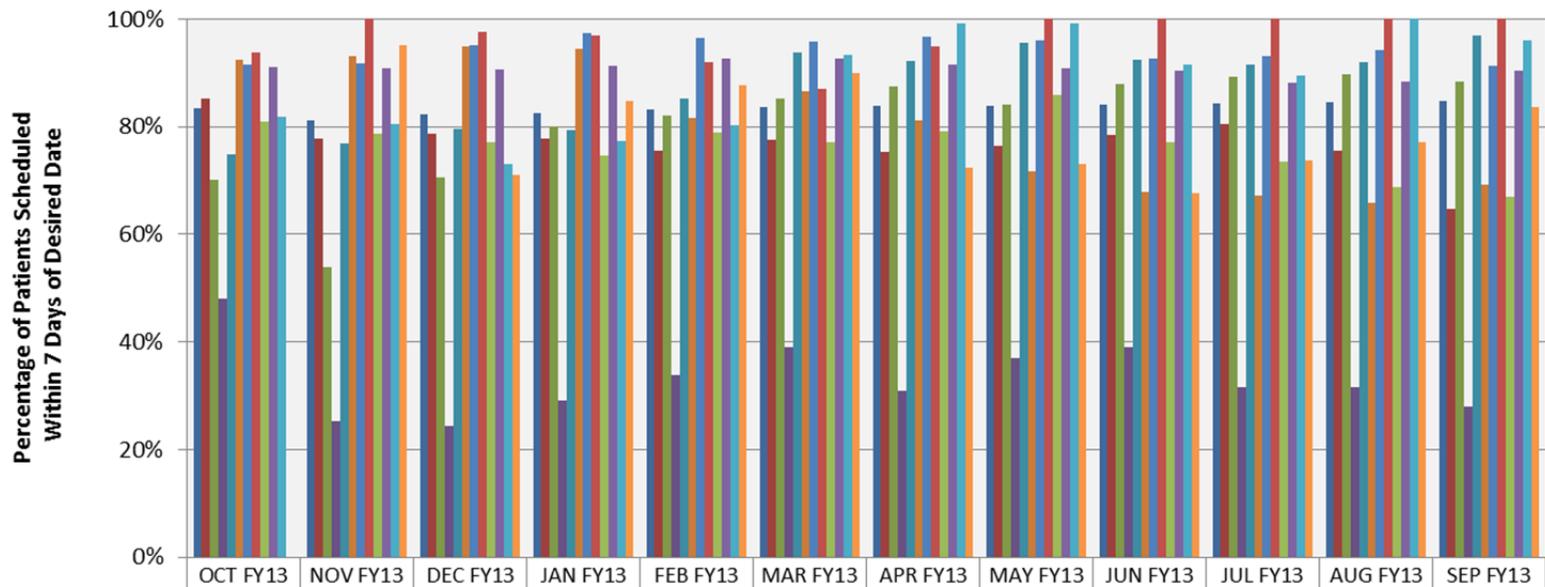|	VHA Total	Middle Tennessee HCS (626)	Middle Tennessee HCS - Alvin C. York Div. (626A4)	Dover (626GA)	Bowling Green (626GC)	Clarksville (626GE)	Chattanooga (626GF)	Tullahoma (626GG)	Cookeville (626GH)	Hopkinsville (626GJ)	McMinnville (626GK)	Maury County (626GM)
OCT FY13	14.6	33.4	22.8	50.3	22.6	29.9	17.2	3.6	4.5	40.5	6.9	
NOV FY13	15.2	48.9	33.6	52.9	25.1	25.1	22.1	4.3	6.5	26.0	4.0	20.1
DEC FY13	13.8	35.2	24.4	37.6	20.6	23.9	22.0	2.4	9.9	26.3	10.8	13.1
JAN FY13	14.0	38.1	32.1	26.3	13.5	20.8	17.3	3.9	4.9	16.0	17.2	3.4
FEB FY13	14.8	37.2	31.4	19.9	16.7	20.4	14.7	7.1	5.5	24.5	23.0	2.4
MAR FY13	13.3	37.5	32.2	19.3	23.5	23.9	23.5	8.9	3.8	40.9	16.9	14.1
APR FY13	14.4	41.3	38.4	19.3	20.5	29.8	22.5	5.2	4.6	62.2	9.0	5.5
MAY FY13	16.0	37.7	34.6	24.3	20.7	24.3	20.9	5.5	19.4	65.4	9.0	14.8
JUN FY13	14.2	36.3	33.3	19.8	14.7	26.8	18.6	3.2	15.5	62.7	2.5	5.3
JUL FY13	14.6	35.0	33.3	19.4	22.1	33.4	17.4	4.2	14.0	83.2	4.4	7.3
AUG FY13	15.7	34.0	33.0	33.9	35.3	35.9	20.8	4.7	32.3	76.4	11.5	7.5
SEP FY13	13.4	31.9	24.3	29.5	1.9	35.2	18.3	2.6	36.5	68.0	9.5	14.4

Data Definition.[e] The average waiting time in days until the next third open appointment slot for completed primary care appointments in stop code 350. Completed appointments in stop code 350 for this metric include completed appointments where a 350 stop code is in the primary position on the appointment or one of the telephone stop codes is in the primary position, and 350 stop code is in the secondary position. The data is averaged from the national to the division level. Blank cells indicate the absence of reported data.
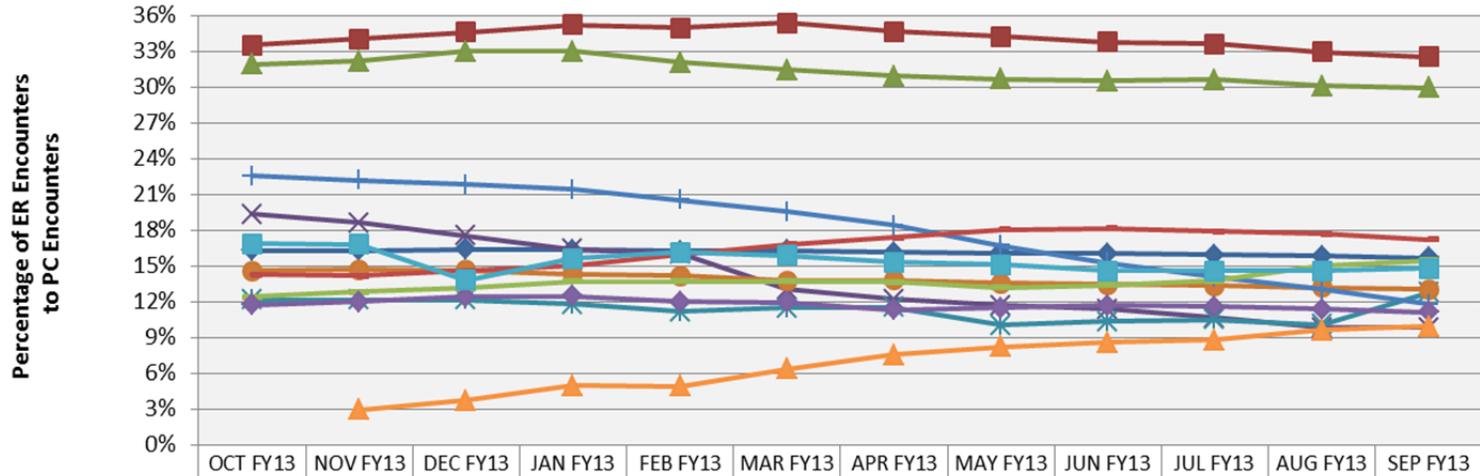
FY 2013 Established PC Prospective Wait Times 7 Days

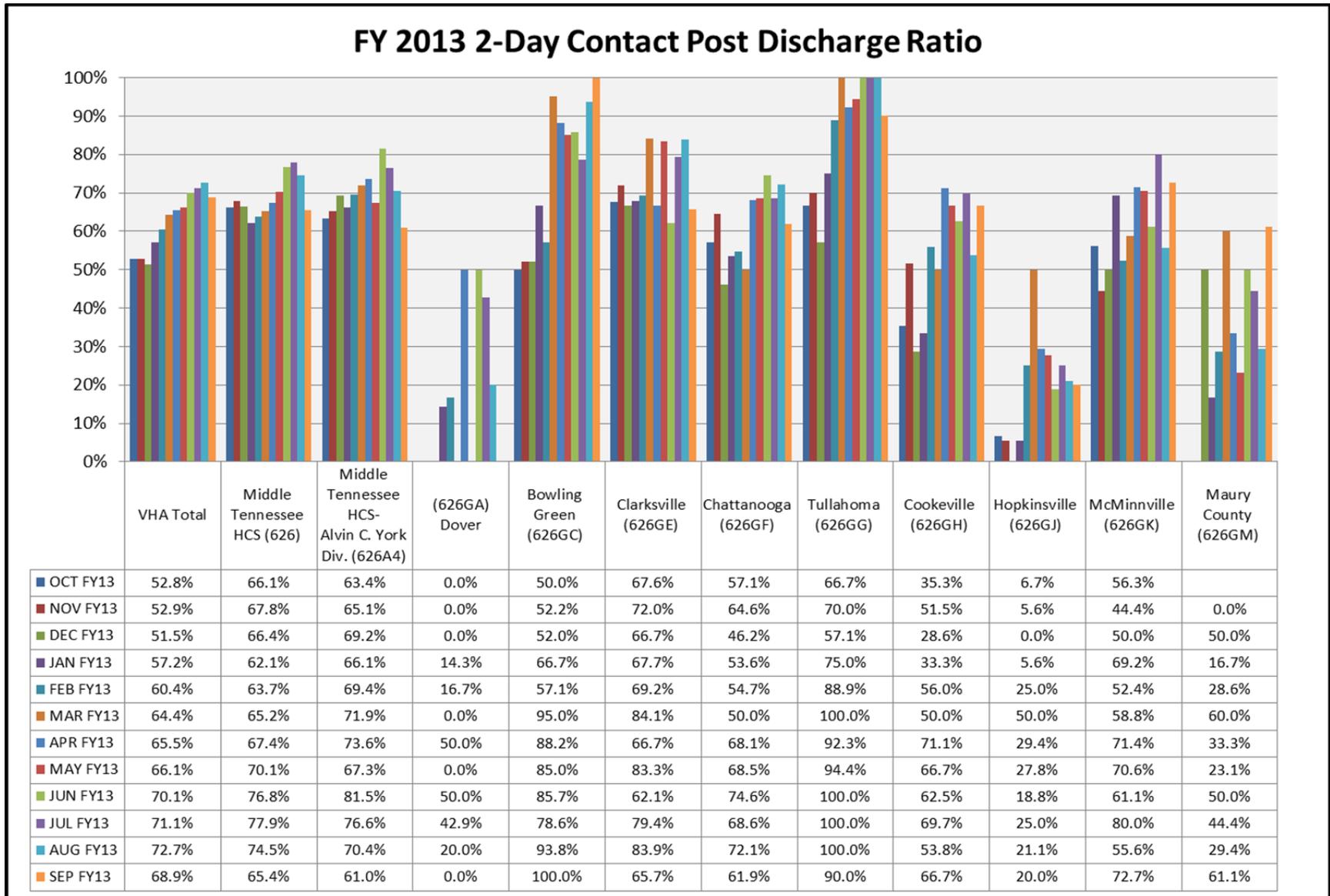|	OCT FY13	NOV FY13	DEC FY13	JAN FY13	FEB FY13	MAR FY13	APR FY13	MAY FY13	JUN FY13	JUL FY13	AUG FY13	SEP FY13
VHA Total	83.5%	81.1%	82.4%	82.6%	83.2%	83.6%	84.0%	84.0%	84.1%	84.3%	84.5%	84.7%
Middle Tennessee HCS (626)	85.3%	77.8%	78.8%	77.9%	75.5%	77.7%	75.4%	76.4%	78.5%	80.4%	75.5%	64.6%
Middle Tennessee HCS-Alvin C. York Div. (626A4)	70.2%	53.8%	70.5%	80.0%	82.2%	85.2%	87.4%	84.0%	87.9%	89.4%	89.8%	88.4%
Dover (626GA)	48.1%	25.3%	24.3%	29.1%	33.9%	39.1%	31.0%	37.0%	38.9%	31.7%	31.5%	27.9%
Bowling Green (626GC)	74.9%	77.0%	79.7%	79.4%	85.2%	93.8%	92.3%	95.6%	92.3%	91.6%	91.9%	97.0%
Clarksville (626GE)	92.3%	93.0%	94.9%	94.4%	81.7%	86.7%	81.2%	71.8%	67.9%	67.1%	65.9%	69.3%
Chattanooga (626GF)	91.5%	91.7%	95.2%	97.4%	96.4%	95.8%	96.6%	96.0%	92.6%	93.1%	94.2%	91.4%
Tullahoma (626GG)	93.8%	100.0%	97.6%	97.1%	91.9%	87.1%	94.9%	100.0%	100.0%	100.0%	100.0%	100.0%
Cookeville (626GH)	81.0%	78.7%	77.2%	74.6%	79.0%	77.2%	79.3%	85.9%	77.1%	73.6%	68.7%	67.0%
Hopkinsville (626GJ)	91.0%	90.8%	90.6%	91.3%	92.7%	92.6%	91.6%	90.8%	90.5%	88.2%	88.5%	90.4%
McMinnville (626GK)	81.8%	80.6%	73.1%	77.4%	80.3%	93.3%	99.2%	99.2%	91.5%	89.5%	100.0%	96.1%
Maury County (626GM)		95.2%	71.0%	84.7%	87.8%	90.0%	72.3%	73.0%	67.7%	73.8%	77.1%	83.7%

Data Definition.[e] The percent of patients scheduled within 7 days of the desired date. Data source is the Wait Times Prospective Wait Times measures. The total number of scheduled appointments for primary care-assigned patients in primary care clinics 322, 323 and 350. Data is collected twice a month on the 1st and the 15th. Data reported is for the data pulled on the 15th of the month. There is no FY to date score for this measure. Blank cells indicate the absence of reported data.

FY 2013 Ratio of ER Encounters While on Panel to PC Encounters While on Panel (FEE ER Included)

	OCT FY13	NOV FY13	DEC FY13	JAN FY13	FEB FY13	MAR FY13	APR FY13	MAY FY13	JUN FY13	JUL FY13	AUG FY13	SEP FY13
VHA Total	16.3%	16.3%	16.4%	16.3%	16.3%	16.3%	16.1%	16.1%	16.0%	15.9%	15.8%	15.7%
Middle Tennessee HCS (626)	33.5%	34.0%	34.6%	35.2%	35.0%	35.4%	34.7%	34.2%	33.8%	33.6%	32.9%	32.5%
Middle Tennessee HCS-Alvin C. York Div. (626A4)	31.9%	32.2%	33.0%	33.0%	32.1%	31.4%	31.0%	30.7%	30.5%	30.6%	30.1%	30.0%
(626GA) Dover	19.3%	18.6%	17.5%	16.4%	16.0%	13.0%	12.2%	11.7%	11.3%	10.6%	9.8%	9.8%
Bowling Green (626GC)	12.1%	12.2%	12.2%	11.8%	11.2%	11.5%	11.5%	10.1%	10.3%	10.5%	10.1%	12.8%
Clarksville (626GE)	14.6%	14.7%	14.6%	14.3%	14.2%	13.8%	13.8%	13.5%	13.4%	13.4%	13.2%	13.0%
Chattanooga (626GF)	22.5%	22.2%	21.8%	21.4%	20.5%	19.6%	18.4%	16.7%	15.3%	14.1%	13.0%	11.8%
Tullahoma (626GG)	14.3%	14.2%	14.6%	15.0%	15.9%	16.8%	17.4%	18.0%	18.2%	17.9%	17.7%	17.2%
Cookeville (626GH)	12.4%	12.8%	13.1%	13.7%	13.7%	13.7%	13.7%	13.2%	13.4%	13.7%	15.0%	15.5%
Hopkinsville (626GJ)	11.7%	12.0%	12.4%	12.5%	12.0%	12.0%	11.3%	11.5%	11.7%	11.6%	11.4%	11.1%
McMinnville (626GK)	16.8%	16.8%	13.8%	15.6%	16.1%	15.9%	15.3%	15.1%	14.6%	14.6%	14.6%	14.8%
Maury County (626GM)		2.9%	3.7%	5.0%	4.9%	6.4%	7.5%	8.2%	8.6%	8.8%	9.6%	9.9%

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.

FY 2013 2-Day Contact Post Discharge Ratio

	VHA Total	Middle Tennessee HCS (626)	Middle Tennessee HCS- Alvin C. York Div. (626A4)	(626GA) Dover	Bowling Green (626GC)	Clarksville (626GE)	Chattanooga (626GF)	Tullahoma (626GG)	Cookeville (626GH)	Hopkinsville (626GJ)	McMinnville (626GK)	Maury County (626GM)
OCT FY13	52.8%	66.1%	63.4%	0.0%	50.0%	67.6%	57.1%	66.7%	35.3%	6.7%	56.3%	
NOV FY13	52.9%	67.8%	65.1%	0.0%	52.2%	72.0%	64.6%	70.0%	51.5%	5.6%	44.4%	0.0%
DEC FY13	51.5%	66.4%	69.2%	0.0%	52.0%	66.7%	46.2%	57.1%	28.6%	0.0%	50.0%	50.0%
JAN FY13	57.2%	62.1%	66.1%	14.3%	66.7%	67.7%	53.6%	75.0%	33.3%	5.6%	69.2%	16.7%
FEB FY13	60.4%	63.7%	69.4%	16.7%	57.1%	69.2%	54.7%	88.9%	56.0%	25.0%	52.4%	28.6%
MAR FY13	64.4%	65.2%	71.9%	0.0%	95.0%	84.1%	50.0%	100.0%	50.0%	50.0%	58.8%	60.0%
APR FY13	65.5%	67.4%	73.6%	50.0%	88.2%	66.7%	68.1%	92.3%	71.1%	29.4%	71.4%	33.3%
MAY FY13	66.1%	70.1%	67.3%	0.0%	85.0%	83.3%	68.5%	94.4%	66.7%	27.8%	70.6%	23.1%
JUN FY13	70.1%	76.8%	81.5%	50.0%	85.7%	62.1%	74.6%	100.0%	62.5%	18.8%	61.1%	50.0%
JUL FY13	71.1%	77.9%	76.6%	42.9%	78.6%	79.4%	68.6%	100.0%	69.7%	25.0%	80.0%	44.4%
AUG FY13	72.7%	74.5%	70.4%	20.0%	93.8%	83.9%	72.1%	100.0%	53.8%	21.1%	55.6%	29.4%
SEP FY13	68.9%	65.4%	61.0%	0.0%	100.0%	65.7%	61.9%	90.0%	66.7%	20.0%	72.7%	61.1%

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**

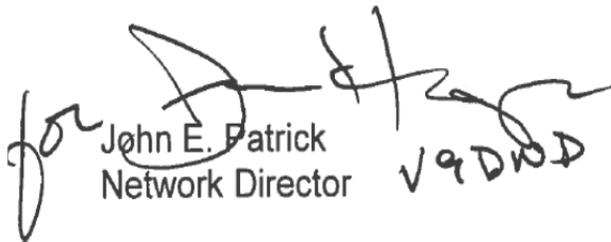**Date:**   September 2, 2014

From: Director, VA Mid South Healthcare Network (10N9)

Subject: **CBOC and PCC Reviews of the Tennessee Valley Healthcare System, Nashville, TN**

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

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

1. I have reviewed and concur with the findings and recommendations in the report of the CBOC and PCC Review of the Tennessee Valley Healthcare System.

2. Corrective action plans have been established with completion dates, as detailed in the attached report.

John E. Patrick
Network Director

Facility Director Comments

**Department of
Veterans Affairs**   **Memorandum**

Date: September 02, 2014

From: Director, Tennessee Valley Healthcare System (626/00)

Subject: **CBOC and PCC Reviews of the Tennessee Valley
                 Healthcare System, Nashville, TN**

To: Director, VA Mid South Healthcare Network (10N9)

1. I have reviewed and concur with the findings in this report. Specific corrective actions have been provided for the recommendations.

2. Should you have any questions, please contact Paul Crews, Chief, Quality, Safety and Value, at 615-873-7080.
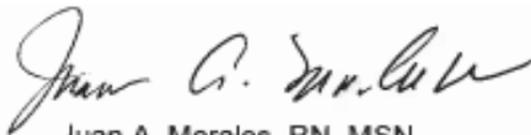
Juan A. Morales, RN, MSN
Health System Director

Comments to OIG's Report

The following Director's comments are submitted in response to the recommendations in the OIG report:

OIG Recommendations

Recommendation 1. We recommended that the CBOC is Americans with Disabilities Act accessible at the Maury County CBOC.

Concur

Target date for completion: October 1, 2014

Facility response: A work order has been submitted to Humana. Staff has been instructed to observe for individuals who would need assistance until the door has been adjusted and meets ADA requirements.

Recommendation 2. We recommended that managers ensure staff can access the electronic version of hazardous materials information at the Maury County CBOC.

Concur

Target date for completion: December 1, 2014

Facility response: All staff have been re-educated about using the electronic version of MSDS with return competency demonstration on August 19 and August 20, 2014. Follow-up monitoring of competency demonstration will be assessed and documented for 90 days with metrics reported to the Quality Executive Board.

Recommendation 3. We recommended that processes are improved to ensure the tracking of hazardous materials at the Maury County CBOC.

Concur

Target date for completion: September 15, 2014

Facility response: The list of hazardous materials has been received from the cleaning company. A hard copy of all chemicals is available in the Nurse Manager's office. All staff will be educated about the location of the MDS book and how to find a listed chemical. The book will be available to all clinic employees during clinic operating hours.

Recommendation 4. We recommended that the effectiveness of the panic alarm system is evaluated at the Maury County CBOC.

Concur

Target date for completion: November 1, 2014

Facility response: Work orders have been submitted to Humana to evaluate and install additional panic alarms.

Recommendation 5. We recommended that signage is installed at the Maury County CBOC to clearly identify the location of all fire extinguishers.

Concur

Target date for completion: October 1, 2014

Facility response: Signage identifying the location of the fire extinguisher has been ordered and will be posted upon receipt.

Recommendation 6. We recommended that medications are secured and accessible only by individuals who either dispense or administer medications at the Maury County CBOC, and that compliance is monitored.

Concur

Target date for completion: September 15, 2015

Facility response: A work order has been submitted to Humana to re-key the medication room lock. Only medication nurses will have a key to this room. The Nurse Manager will distribute keys as appropriate and monitor for compliance through observation.

Recommendation 7. We recommended that managers ensure that personally identifiable information is protected by securing laboratory specimens during transport from the Maury County CBOC to the parent facility.

Concur

Target date for completion: September 15, 2014

Facility response: The laboratory box has been secured to the door of the Maury County CBOC. The box is secured with locks during transport to the parent facility to protect personally identifiable information.

Recommendation 8. We recommended that that that the information technology server closet at the Maury County CBOC is maintained according to information technology safety and security standards.

Concur

Target date for completion: August 15, 2014

Facility response: The key to the information technology server closet has been secured for access by authorized personnel only. This is in accordance to VA Risk Assessment section Appendix B 2d; certifying that the facility has a list of personnel with authorized access to areas containing information systems, issues authorization credentials and reviews the list annually.

Recommendation 9. 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: April 1, 2015

Facility response: The Primary care teams use the clinical reminders system and a tool to screen, evaluate and document counseling of patients with higher the recommend alcohol intake.

Performance of these tasks is monitored and reported as part of the EPRP Performance monitoring. Follow-up of positive AUDIT-Cs in the primary care clinics was identified as a problem in 2012. Efforts to improve performance have focused on:

1. Improving the reliability of primary care clinicians in the use of the clinical reminders to fully evaluate council and document measures to address patient's alcohol consumption.
2. Informatics changes to the existing clinical reminders to require complete documentation. (Completed Dec 2013).

With these changes we have had significant improvement in completion of Mental Health Clinical reminders and performance on the Alcohol Counseling measures since January 2014. Monitoring of compliance will continue through EPRP performance measures. Metrics will be reported to the Clinical Performance Improvement Committee and with a target increase to 90 percent.

Recommendation 10. We recommended that CBOC and Primary Care Clinic Registered Nurse Care Managers receive motivational interviewing training and health coaching training within 12 months of appointment to Patient Aligned Care Teams.

Concur

Target date for completion: March 1, 2015

Facility response: Learning requirements for Motivational Interviewing and TEACH have been added to the PACT RN Care Manager training requirements in the VA Talent Management System (TMS). As new RN staff are hired for PACT, Motivational Interviewing and TEACH is added to the learning profile and tracked for completion and compliance. This new process allows generation of deficiency reports for the Nurse Managers to use as a monitoring tool to schedule staff training. The Chief Nurse for

Contract CBOCs will monitor deficiency reports for six months to ensure current RN staff and new hires at the contract CBOCs are trained or scheduled for training within the first three months of employment with a target increase to 90 percent. Compliance metrics will be reported to the Quality Executive Board.

Recommendation 11. 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: May 1, 2015

Facility response: The Medication Reconciliation Template was revised in May, 2014, based on identified deficiencies. This template contains the essential elements of medication reconciliation including medication counseling, patient level of understanding and information about the medications. Compliance will be monitored with the metrics reported to the Medication Reconciliation Committee and to the Quality Executive Board for six months with a target increase to 90 percent.

Recommendation 12. We recommended that staff consistently provide patients with medication counseling and written medication information that includes the fluoroquinolone.

Concur

Target date for completion: May 1, 2015

Facility response: Providers have been given medication information (electronically) for patient counseling by the Chief of Pharmacy. The Medication Reconciliation Template includes the field that states "The patient, family and/or caregiver have been educated on new medications including common and severe adverse reactions and/or side effects by the prescribing provider. (Y/N)." Compliance will be monitored with the metrics reported to the Medication Reconciliation Committee and to the Quality Executive Board for six months with a target increase to 90 percent.

Recommendation 13. We recommended that staff document the evaluation of patient's level of understanding for the medication education.

Concur

Target date for completion: May 1, 2015

Facility response: Medications reconciliation in all outpatient clinics is monitored by the Medication Reconciliation Committee. Poor performance is reviewed with individual clinicians or clinics based on performance data.

A deficiency in documentation of patient education and evaluation of understanding in the standardized medications reconciliation process was identified by the Medication Reconciliation Committee in 2014. In May 2014 the following fields were added to the template for medication reconciliation which is completed at each patient visits:

- Any learning barriers were considered, and the patient, family and/or caregiver indicate good understanding and questions have been answered to their satisfaction. (Y/N, Why Not)
- All medications have been reviewed for interactions, appropriate dosing, duplications with other medications, and requirement for medical treatment by prescribing provider. (Y/N)
- The patient, family and/or caregiver have been educated on new medications including common and severe adverse reactions and/or side effects by the prescribing provider. (Y/N)

Compliance will be monitored with the metrics reported to the Medication Reconciliation Committee and to the Quality Executive Board for six months with a target increase to 90 percent.

OIG Contact and Staff Acknowledgments

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  DesJarlais, Chuck Fleischmann, Stephen Fincher

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Endnotes

[a] References used for the EOC review included:
- US Access Board, *Americans with Disabilities Act Accessibility Guidelines (ADAAG)*, September 2, 2002.
- US Department of Health and Human Services, Health Insurance Portability and Accountability Act, *The Privacy Rule*, August 14, 2002.
- 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 Manual*, 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 Manual*, 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.