



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

**Office of Healthcare Inspections**

**Report No. 14-00937-31**

**Community Based Outpatient Clinic  
and Primary Care Clinic Reviews  
at  
VA Northern California  
Health Care System  
Mather, California**

**November 12, 2014**

**Washington, DC 20420**

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

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## Glossary

AUD	alcohol use disorder
CBOC	community based outpatient clinic
DWHP	designated women's health provider
EHR	electronic health record
EOC	environment of care
HCS	Health Care System
MH	mental health
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

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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 site visits during the week of September 15, 2014, at the following CBOCs which are under the oversight of the VA Northern California Health Care System and Veterans Integrated Service Network 21:

- Fairfield CBOC, Travis Air Force Base, CA
- Martinez CBOC, Martinez, CA
- Redding CBOC, Redding, CA

**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:

- Staff comply with the hazardous materials requirements, including tracking hazardous materials inventories, training staff to access the electronic version of the material safety data sheets at the Martinez CBOC, and reviewing hazardous inventories twice within a 12-month period at the Martinez and Redding CBOCs.
- Staff protect personally identifiable information by securing laboratory specimens during transport from the Fairfield and Martinez CBOCs to the parent facility or contracted processing facility, by securing patient data in the Health Education Room, and by using privacy screens on computer monitors at the Martinez CBOC Primary Care check-in desk.
- The parent facility's Emergency Management Committee includes the Fairfield, Martinez, and Redding CBOCs in required education, training, planning, and participation leading up to the annual disaster exercise and evaluates the CBOCs' emergency preparedness activities and participation in annual disaster exercises.

Alcohol Use Disorder. Ensure that CBOC/PCC:

- Staff provide education and counseling for patients with positive alcohol screens and drinking alcohol above National Institute on Alcohol Abuse and Alcoholism limits.
- 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 was completed at each episode of care where the newly prescribed fluoroquinolone was administered, prescribed, or modified.
- Provide and document 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 18-23, 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 onsite inspections, reviewed clinical and administrative records, and discussed processes and validated findings with managers and employees. The review covered the following four activities:

- EOC
- AUD
- MM
- DWHP Proficiency

The scope of this review is limited to the established objectives. Issues and concerns that come to our attention that are outside the scope of this standardized inspection will be reviewed and referred accordingly.

### Methodology

The onsite EOC inspections were only conducted at randomly selected CBOCs that had not been previously inspected.<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 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.

<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 physical inspections of the Fairfield, Martinez and Redding CBOCs. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

**Table 2. EOC**

NM	Areas Reviewed	Findings
	The CBOC's location is clearly identifiable from the street as a VA CBOC.	
	The CBOC has interior signage available that clearly identifies the route to and location of the clinic entrance.	
	The CBOC is Americans with Disabilities Act accessible.	
	The furnishings are clean and in good repair.	
	The CBOC is clean.	
X	The CBOC maintains a written, current inventory of hazardous materials and waste that it uses, stores, or generates.	<p>The Martinez CBOC's inventory of hazardous materials was not tracked with the VHA-developed chemical inventory tracking system or in a database that can be downloaded to a Department-wide chemical inventory tracking system, and staff could not demonstrate how to access the electronic version of material safety data sheets without coaching.</p> <p>The inventories of hazardous materials at the Martinez and Redding CBOCs were not reviewed for accuracy twice within the prior 12 months.</p>
	An alarm system and/or panic buttons are installed and tested in high-risk areas (e.g., MH clinic).	
	Alcohol hand wash or soap dispenser and sink are available in the examination rooms.	
	Sharps containers are secured.	
	Safety needle devices are available.	
	The CBOC has a separate storage room for storing medical (infectious) waste.	
	The CBOC conducts fire drills at least every 12 months.	
	Means of egress from the building are unobstructed.	

NM	Areas Reviewed (continued)	Findings
	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.	
X	Personally identifiable information is protected on laboratory specimens during transport so that patient privacy is maintained.	At the Fairfield and Martinez CBOCs, personally identifiable information was not protected on laboratory specimens during transport.
	Adequate privacy is provided to patients in examination rooms.	
X	Documents containing patient-identifiable information are not laying around, visible, or unsecured.	Patient names and notes were found on the large desk calendar in the Veterans' Health Education Room which is a public area that all Veterans can access.
	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.	
X	Staff use privacy screens on monitors to prevent unauthorized viewing in high-traffic areas.	Primary Care check-in desk staff at the Martinez CBOC did not use privacy screens on three computer monitors to prevent unauthorized viewing.
	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.	
X	The parent facility includes the CBOC in required education, training, planning, and participation leading up to the annual disaster exercise.	There was no evidence, except for Talent Management System training, that the parent facility included Fairfield, Martinez, and Redding CBOCs staff in the required education, training, planning, and participation leading up to the annual disaster exercise.

NM	Areas Reviewed (continued)	Findings
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 and participation in annual disaster exercises at the Fairfield, Martinez, and Redding CBOCs. Additionally, attendance records and titles of incidents were not provided.

## Recommendations

1. We recommended that processes are improved to ensure compliance with requirements for hazardous materials, including tracking of hazardous materials inventories at the Martinez CBOC, reviewing these inventories twice within a 12-month period at the Martinez and Redding CBOCs, and training Martinez CBOC staff to ensure access to the electronic version of the material safety data sheets.
2. We recommended that managers ensure that personally identifiable information is protected by securing laboratory specimens during transport from the Fairfield and Martinez CBOCs to the parent facility or contracted processing facility, by securing patient data in the Health Education Room, and through the use of privacy screens on computer monitors at the Martinez Primary Care check-in desk.
3. We recommended that the parent facility's Emergency Management Committee includes the CBOC in required education, training, planning, and participation leading up to the annual disaster exercise and evaluates the Fairfield, Martinez, and Redding CBOCs' emergency preparedness activities and participation in annual disaster exercises.

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

**Table 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.	
X	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.	We found that staff did not provide education and counseling for 3 of 27 patients who had positive alcohol use 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 three of five 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 5 (17 percent) of 30 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 (23 percent) of 30 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

**4.** We recommended that CBOC/Primary Care Clinic staff provide education and counseling for patients with positive alcohol screens and drinking alcohol above National Institute on Alcohol Abuse and Alcoholism limits.

5. We recommended that CBOC/Primary Care Clinic staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.
6. 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.<sup>c</sup>

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**

<b>NM</b>	<b>Areas Reviewed</b>	<b>Findings</b>
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 20 (65 percent) of 31 patients' 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 28 (88 percent) of 32 patients' EHRs.
	Clinicians documented the evaluation of each patient's level of understanding for the education provided.	
	The facility complied with local policy.	

**Recommendations**

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

**8.** We recommended that staff provide and document 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, 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.<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
Martinez	CA	612GF	Urban	Very Large	3,705	9,499	48,045	48,827	33,466	21,640	225,899	281,005
McClellan	CA	612GH	Urban	Very Large	2,801	8,925	17,523	20,561	14,917	19,353	87,091	121,361
Redding	CA	612B4	Urban	Very Large	2,829	9,088	14,411	15,199	16,803	24,036	98,440	139,279
Oakland	CA	612BY	Urban	Large	2,944	5,591	7,369	8,229	47,171	16,038	55,121	118,330
Chico	CA	612GG	Urban	Large	1,213	5,342	6,475	7,131	8,338	14,462	29,795	52,595
Vallejo/Mare Island	CA	612GE	Urban	Large	792	2,043	5,374	6,187	2,467	2,875	17,113	22,455
Fairfield	CA	612GD	Urban	Large	945	3,285	4,324	5,135	8,365	4,701	15,909	28,975
Yuba City	CA	612GI	Urban	Mid-Size	794	1,795	1,193	2,291	7,192	4,510	3,756	15,458

<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>
Martinez	Ophthalmology Dermatology Optometry Gastroenterology Urology Ear, Nose and Throat General Surgery Chemotherapy Cardiology Podiatry Hematology Neurology Anesthesiology Orthopedics Nephrology Surgery Oncology Pain Clinic Plastic Surgery Vascular Surgery Pulmonary Medicine Specialties Immunology Cardiology Rheumatology Gynecology Palliative Care Infectious Disease Endocrinology Cardiology	Laboratory Pharmacy Radiology Audiology Rehabilitation Computer Tomography Nuclear Medicine Magnetic Resonance Imaging Electrocardiography Chiropractic Care Social Work Pulmonary Function Test Nutrition Vascular Lab Diabetes Care Polytrauma VICTORS & Advanced Low Vision <sup>14</sup> Sleep Medicine Mammography Electromyography Enterostomal Wound/Skin Care Diabetic Retinal Screening	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> The Visual Impairment Centers to Optimize Remaining Sight (VICTORS) concept was developed to complement existing inpatient Blind Rehabilitation Centers to care for Veterans with significant visual impairment.

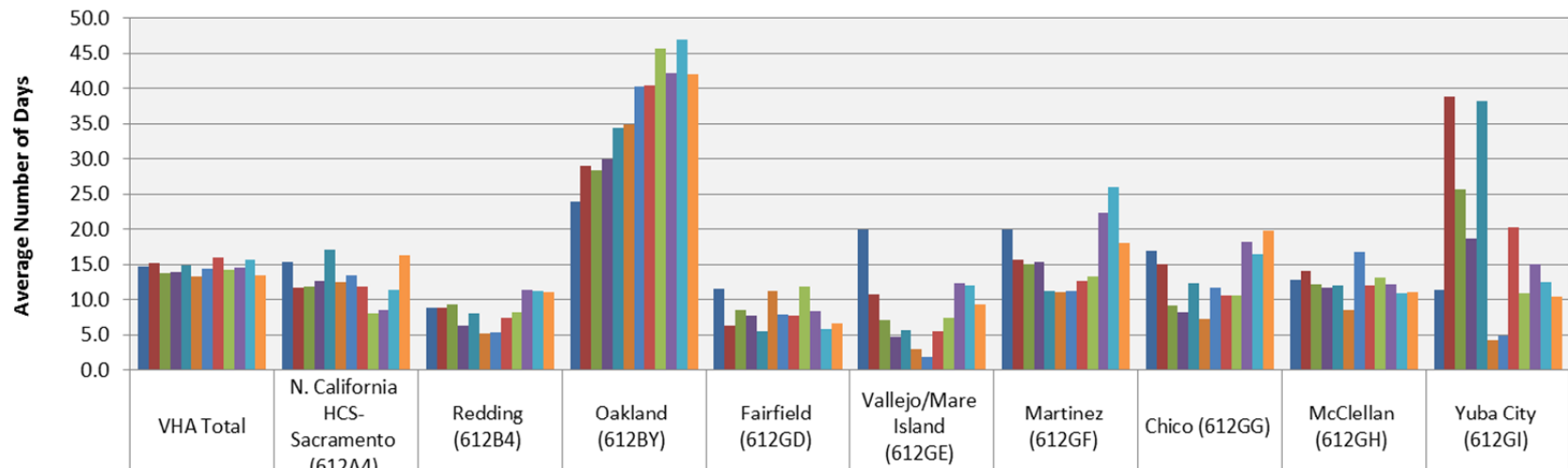
CBOC (continued)	Specialty Care Services	Ancillary Services	Tele-Health Services
McClellan	Dental Optometry Podiatry Ophthalmology Gynecology Pain Clinic Dermatology	Audiology Rehabilitation Radiology Pharmacy Nutrition Mammography Hypertension MOVE! Program <sup>15</sup> Health Screening	Tele Primary Care
Redding	Dental Podiatry Ophthalmology Optometry Dermatology Gastroenterology Cardiology Orthopedics Urology General Surgery Vascular Surgery Medicine Specialties Neurology	Laboratory Radiology Audiology Rehabilitation Pharmacy Chiropractic Care Computer Tomography Social Work Sleep Medicine Nutrition Pulmonary Function Test Vascular Lab Electrocardiography Nuclear Medicine Surgery	Tele Primary Care
Oakland	Ophthalmology Optometry Podiatry Urology Orthopedics Ear, Nose and Throat Infectious Disease Cardiology Pulmonary Neurology Pain Clinic Endocrinology General Surgery Gynecology Gastroenterology	Laboratory Radiology Rehabilitation Nutrition Pharmacy Electrocardiography Enterostomal Wound/Skin Care Social Work Pulmonary Function Test Diabetes Care MOVE! Program Hypertension Surgery	Tele Primary Care

<sup>15</sup> VHA Handbook 1120.01, *MOVE! Weight Management Program for Veterans*, March 31, 2011.

<b>CBOC (continued)</b>	<b>Specialty Care Services</b>	<b>Ancillary Services</b>	<b>Tele-Health Services</b>
Chico	Dental Podiatry Dermatology Orthopedics Cardiology	Laboratory Pharmacy Radiology Audiology Social Work Nutrition Pulmonary Function Test	Tele Primary Care
Vallejo/Mare Island	Dental Optometry Infectious Disease	Audiology Laboratory Nutrition Pharmacy Diabetes Care	Tele Primary Care
Fairfield	Podiatry	Laboratory Rehabilitation Pharmacy Social Work Hypertension Diabetes Care	Tele Primary Care
Yuba City	---	Pharmacy MOVE! Program	Tele Primary Care

## PACT Compass Metrics

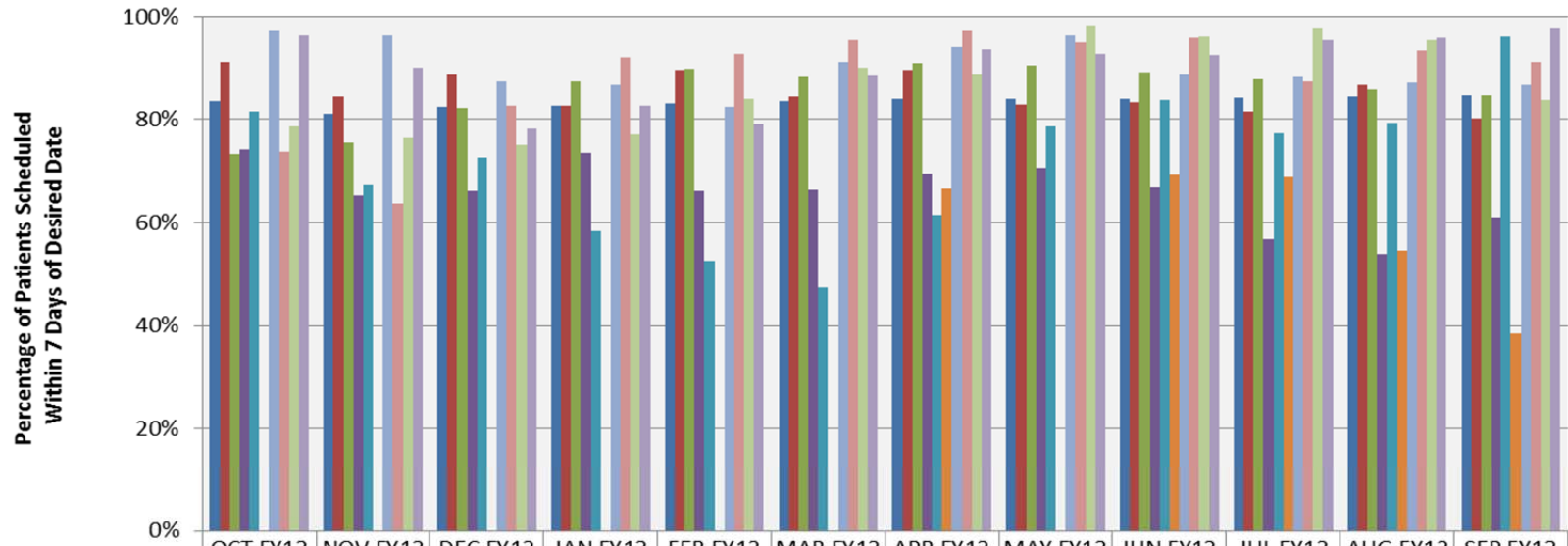
### FY 2013 Average 3rd Next Available in PC Clinics



	VHA Total	N. California HCS-Sacramento (612A4)	Redding (612B4)	Oakland (612BY)	Fairfield (612GD)	Vallejo/Mare Island (612GE)	Martinez (612GF)	Chico (612GG)	McClellan (612GH)	Yuba City (612GI)
OCT FY13	14.6	15.4	8.9	23.9	11.5	20.0	19.9	17.0	12.7	11.3
NOV FY13	15.2	11.7	8.9	29.0	6.3	10.8	15.6	15.1	14.2	38.9
DEC FY13	13.8	11.9	9.4	28.3	8.6	7.1	15.1	9.1	12.2	25.7
JAN FY13	14.0	12.7	6.4	29.9	7.7	4.8	15.4	8.3	11.7	18.7
FEB FY13	14.8	17.2	8.1	34.4	5.5	5.6	11.2	12.3	12.0	38.2
MAR FY13	13.3	12.4	5.1	34.9	11.2	3.0	11.1	7.3	8.5	4.3
APR FY13	14.4	13.4	5.4	40.3	7.9	1.9	11.2	11.6	16.8	4.9
MAY FY13	16.0	11.9	7.4	40.4	7.7	5.5	12.6	10.7	12.1	20.3
JUN FY13	14.2	8.1	8.1	45.6	11.9	7.4	13.3	10.6	13.2	10.8
JUL FY13	14.6	8.5	11.4	42.2	8.4	12.4	22.3	18.2	12.2	15.0
AUG FY13	15.7	11.4	11.2	46.9	5.9	12.0	26.0	16.5	11.0	12.5
SEP FY13	13.4	16.3	11.1	42.1	6.6	9.3	18.0	19.7	11.1	10.4

**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.

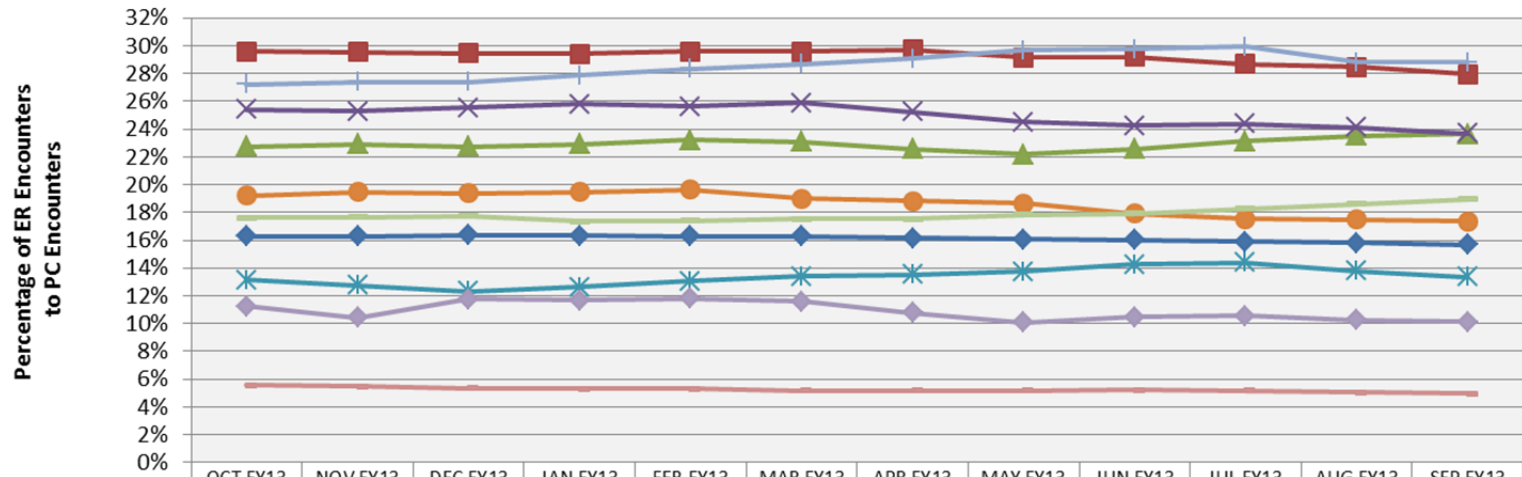
### FY 2013 Established PC Prospective Wait Times 7 Days



	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%
■ N. California HCS-Sacramento (612A4)	91.2%	84.4%	88.7%	82.6%	89.5%	84.5%	89.6%	82.8%	83.3%	81.6%	86.8%	80.3%
■ Redding (612B4)	73.3%	75.6%	82.2%	87.3%	89.8%	88.2%	90.8%	90.5%	89.1%	87.7%	85.8%	84.7%
■ Oakland (612BY)	74.3%	65.3%	66.2%	73.5%	66.2%	66.4%	69.4%	70.6%	66.7%	56.7%	53.8%	61.0%
■ Fairfield (612GD)	81.7%	67.2%	72.7%	58.3%	52.5%	47.5%	61.5%	78.6%	83.9%	77.4%	79.3%	96.0%
■ Vallejo/Mare Island (612GE)					0.0%	0.0%	66.7%		69.2%	68.8%	54.5%	38.5%
■ Martinez (612GF)	97.2%	96.3%	87.4%	86.6%	82.5%	91.2%	94.1%	96.3%	88.8%	88.2%	87.2%	86.8%
■ Chico (612GG)	73.8%	63.7%	82.7%	92.0%	92.7%	95.5%	97.2%	95.0%	95.8%	87.4%	93.4%	91.1%
■ McClellan (612GH)	78.6%	76.5%	75.0%	77.2%	84.0%	90.0%	88.8%	98.2%	96.1%	97.6%	95.5%	83.8%
■ Yuba City (612GI)	96.3%	90.0%	78.2%	82.6%	79.2%	88.4%	93.6%	92.8%	92.4%	95.4%	95.9%	97.6%

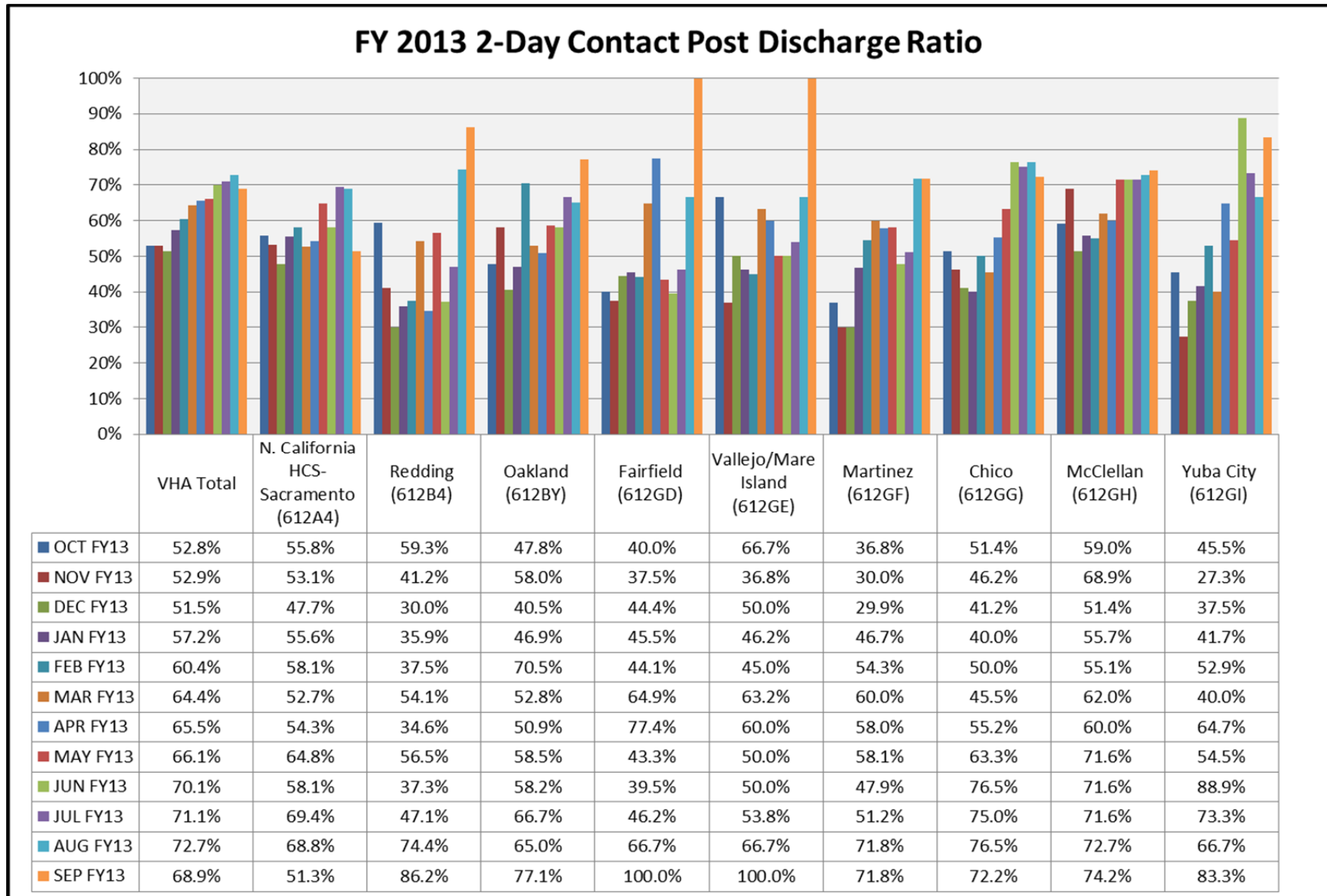
**Data Definition.**<sup>c</sup> The percent of patients scheduled within 7 days of the desired date. Data source is the Wait Times Prospective Wait Times measures. The total number of scheduled appointments for primary care-assigned patients in primary care clinics 322, 323 and 350. Data is collected 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%
N. California HCS-Sacramento (612A4)	29.6%	29.5%	29.4%	29.4%	29.6%	29.6%	29.7%	29.2%	29.2%	28.7%	28.5%	28.0%
Redding (612B4)	22.8%	22.9%	22.7%	22.9%	23.2%	23.1%	22.6%	22.2%	22.6%	23.1%	23.5%	23.6%
Oakland (612BY)	25.4%	25.3%	25.5%	25.8%	25.6%	25.9%	25.2%	24.5%	24.3%	24.4%	24.1%	23.7%
Fairfield (612GD)	13.1%	12.8%	12.3%	12.6%	13.1%	13.4%	13.5%	13.7%	14.2%	14.4%	13.8%	13.3%
Vallejo/Mare Island (612GE)	19.2%	19.5%	19.4%	19.5%	19.7%	19.0%	18.8%	18.7%	17.9%	17.5%	17.5%	17.4%
Martinez (612GF)	27.2%	27.4%	27.4%	27.9%	28.3%	28.7%	29.1%	29.7%	29.7%	30.0%	28.8%	28.8%
Chico (612GG)	5.6%	5.5%	5.3%	5.3%	5.3%	5.2%	5.2%	5.2%	5.2%	5.2%	5.0%	5.0%
McClellan (612GH)	17.6%	17.7%	17.8%	17.3%	17.4%	17.5%	17.5%	17.8%	17.9%	18.3%	18.6%	18.9%
Yuba City (612GI)	11.2%	10.4%	11.8%	11.7%	11.8%	11.6%	10.8%	10.1%	10.5%	10.6%	10.2%	10.1%

**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.

## VISN Director Comments

**Department of  
Veterans Affairs**

**Memorandum**

**Date:** October 28, 2014

**From:** Director, Sierra Pacific Network (10N21)

**Subject:** **CBOC and PCC Reviews at VA Northern California Health Care System, Mather, CA**

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

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

1. VISN 21 appreciates the opportunity to review the draft OIG CBOC and PCC review report from Northern California HCS site visit that was conducted the week of September 15, 2014.
2. Attached is the action plan that was formulated by the facility and I am confident that they will ensure the actions are implemented and monitored for compliance.
3. If you have any questions regarding the plan, please contact Terry Sanders, Associate Quality Manager for VISN 21 at (707) 562-8370.



Sheila M. Cullen



## Facility Director Comments

**Department of  
Veterans Affairs**

**Memorandum**

**Date:** October 28, 2014

**From:** Director, VA Northern California Health Care System  
(612A4/00)

**Subject:** **CBOC and PCC Reviews at VA Northern California  
Health Care System, Mather, CA**

**To:** Director, Sierra Pacific Network (10N21)

I wish to extend my thanks to the Office of the Inspector General (OIG) for conducting a professional review of the organization. The recommendations contained in the Community Based Outpatient Clinic (CBOC) and Primary Care Clinic (PCC) report have been reviewed. Attached are the facility responses addressing each recommendation.

Sincerely,



David Stockwell, Medical Center Director

## Comments to OIG's Report

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

### **OIG Recommendations**

**Recommendation 1.** We recommended that processes are improved to ensure compliance with requirements for hazardous materials, including tracking of hazardous materials inventories at the Martinez CBOC, reviewing these inventories twice within a 12-month period at the Martinez and Redding CBOCs, and training Martinez CBOC staff to ensure access to the electronic version of the material safety data sheets.

**Concur**

**Target date for completion:** December 30, 2014

**Facility Response:** Chief, Safety Service will revise Policy Statement 001/EBD-SAF-09, Hazardous Materials Management Program, Dated July 13, 2012 to require semiannual reviews of chemical inventories at the Martinez and Redding CBOCs. The CBOCs will utilize the Center for Engineering, Occupational Safety and Health (CEOSH SDS) database to review and update their chemical inventory information on line and notify the Safety Manager of any changes. A tutorial/power point presentation will be provided to the site designated Safety Officers on the Safety SharePoint site to train 100% of staff on how to access the material safety data sheets. The Safety Manager will ensure compliance of all requirements during the semiannual site inspection. This will be documented by way of the Environment of Care Committee and reported to Quality Management.

**Recommendation 2.** We recommended that managers ensure that personally identifiable information is protected by securing laboratory specimens during transport from the Fairfield and Martinez CBOCs to the parent facility or contracted processing facility, by securing patient data in the Veterans' Health Education Room, and through the use of privacy screens on computer monitors at the Martinez Primary Care check-in desk.

**Concur**

**Target date for completion:** December 30, 2014

**Facility Response:** Chief, Pathology and Laboratory Medicine Service (PALM) will ensure that all laboratory specimens are transported in containers with lockable cable to secure patient specimens during transport from CBOCs to the main laboratories in Martinez or Mather. Monitoring will occur for the next three months. Target 100%. Results will be reported in the monthly Laboratory Quality Improvement minutes and to Quality Management.

The Privacy Officer has purchased privacy screens for the computer monitors at the Martinez Primary Care check-in desks. Of note, a construction project began October 22, 2014 which will improve the layout to reduce privacy concerns. Patient data will be secured as appropriate. Compliance with privacy requirements will be monitored through Environment of Care rounds. Deficiencies will be reported to the Environment of Care Committee and Quality Management.

**Recommendation 3.** We recommended that the parent facility's Emergency Management Committee includes the CBOC in required education, training, planning, and participation leading up to the annual disaster exercise and evaluates the Fairfield, Martinez, and Redding CBOCs' emergency preparedness activities and participation in annual disaster exercises.

**Concur**

**Target date for completion:** December 1, 2014

**Facility Response:** Chief, Safety Service will develop a training plan that includes the CBOCs in site specific preparation and participation in table top, functional sessions, annual state wide exercise and evaluate the effectiveness of the emergency preparedness activities. A standardized participant attendance roster will include the exercise/session title, CBOC name, date and facilitator. The Emergency Management Functional Committee (EMFC) will rotate the location and hosting of the committee meetings at all the CBOCs (which will be documented by way of minutes) and reported to Quality Management.

**Recommendation 4.** We recommended that CBOC/Primary Care Clinic staff provide education and counseling for patients with positive alcohol screens and drinking alcohol above National Institute on Alcohol Abuse and Alcoholism limits.

**Concur**

**Target date for completion:** February 27, 2015

**Facility Response:** Chief, Primary Care will ensure that Primary Clinic staff complete the clinical reminder on alcohol screening at required intervals (at least annually). For patients who screen positive for alcohol use that exceeds recommended limits, a secondary clinical reminder will be completed that addresses counseling and follow-up options such as Mental Health or Chemical Dependency Treatment Program (CDTP) referrals. Compliance will be monitored through running delinquent clinical reminder reports which will provide real-time information about which patients were due for alcohol screening and/or follow-up, but did not receive such screening or follow-up. Target: 90% for both screening and follow-up. Monitoring results will be reported monthly to the Executive Quality Board and Quality Management.

**Recommendation 5.** 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:** February 27, 2015

**Facility Response:** Chief, Primary Care will ensure that Primary Clinic staff complete the clinical reminder on alcohol screening at required intervals (at least annually). For patients who screen positive for alcohol use that exceeds recommended limits, a secondary clinical reminder will be completed that addresses counseling and follow-up options for Mental Health or Chemical Dependency Treatment Program (CDTP) referrals. Compliance will be monitored to assess which patients received appropriate referrals/treatment. Target: 90%. Monitoring results will be reported monthly to the Executive Quality Board and Quality Management.

**Recommendation 6.** We recommended that CBOC/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:** December 1, 2014

Facility response: Acting, Chief Nurse for the Primary Care Clinics will enhance the process to develop and track RN Care managers motivational interviewing and health coaching training by ensuring the information is entered in the Talent Management System (TMS) within 12 months of appointment to Patient Aligned Care Teams (PACT). Compliance will be monitored through running training reports in the TMS for all newly assigned nurses monthly. Target 90%. Monitoring results will be reported to the Executive Quality Board and Quality Management.

**Recommendation 7.** We recommended that staff document that medication reconciliation was completed at each episode of care where the newly prescribed fluoroquinolone was administered, prescribed, or modified.

**Concur**

**Target date for completion:** December 1, 2014

**Facility Response:** Chief, Pharmacy Service will monitor medical reconciliation at each episode of care where the newly prescribed fluoroquinolone was administered, prescribed, or modified. Compliance with documentation of medication reconciliation will be monitored and reported to the Pharmacy Quality Improvement Committee and Quality Management. Target 90%.

**Recommendation 8.** We recommended that staff provide and document medication counseling/education as required.

**Concur**

**Target date for completion:** December 30, 2014

**Facility Response:** Chief, Pharmacy Service revised the medication education template to include education/counseling documentation for fluoroquinolone therapy. Compliance with use of the medication education template will be monitored and reported to the Pharmacy Quality Improvement Committee and Quality Management. Target 90%.

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## OIG Contact and Staff Acknowledgments

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<b>Contact</b>	For more information about this report, please contact the OIG at (202) 461-4720.
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This report is available at [www.va.gov/oig](http://www.va.gov/oig).

## Endnotes

<sup>a</sup> 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.

<sup>b</sup> 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](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.

<sup>c</sup> 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.

<sup>d</sup> 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.

<sup>e</sup> Reference used for PACT Compass data graphs:

- Department of Veterans' Affairs, *Patient Aligned Care Teams Compass Data Definitions*, August 29, 2013.