



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

Office of Healthcare Inspections

Report No. 14-00939-27

**Community Based Outpatient Clinic
and Primary Care Clinic Reviews
at
Miami VA Healthcare System
Miami, Florida**

November 10, 2014

Washington, DC 20420

To Report Suspected Wrongdoing in VA Programs and Operations

Telephone: 1-800-488-8244

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(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
FY	fiscal year
MH	mental health
MM	medication management
NM	not met
OIG	Office of Inspector General
PACT	Patient Aligned Care Teams
PCC	primary care clinic
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 22, 2014, at the following CBOCs, which are under the oversight of the Miami VA Healthcare System and Veterans Integrated Service Network 8:

- Key Largo CBOC, Key Largo, FL
- Pembroke Pines CBOC, Hollywood, FL

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

Environment of Care. Ensure that:

- The Pembroke Pines CBOC location is clearly identified from the street as a VA CBOC.
- The main entrance and restroom doors are accessible per Americans with Disabilities Act guidelines at the Key Largo CBOC.
- Signage is installed at the Pembroke Pines CBOC to clearly identify the locations of fire extinguishers.
- The exit signs are visible from all directions at the Key Largo CBOC.
- Personally identifiable information is protected by securing laboratory specimens during transport from the Key Largo and Pembroke Pines CBOCs to the parent facility.
- Clinic staff provide adequate privacy for women veterans at the Key Largo and Pembroke Pines CBOCs.
- Access to the information technology server closet at the Key Largo CBOC is documented.

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 within 12 months of appointment to Patient Aligned Care Teams.

Medication Management. Ensure that CBOC/PCC staff:

- Consistently document that patients receive medication counseling and written medication information that includes the fluoroquinolones.
- 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 16–21, for the full text of the Directors' comments). We consider recommendation 3 closed. We will follow up on the planned actions for the open recommendations until they are completed.



JOHN D. DAIGH, JR., M.D.
Assistant Inspector General for
Healthcare Inspections

Objectives, Scope, and Methodology

Objectives

The CBOC and PCC reviews are an element of the OIG's efforts to ensure that our Nation's veterans receive high-quality VA health care services. As such, the CBOC and PCC reviews are recurring evaluations of selected primary care operations that focus on patient care quality and the EOC. In general, our objectives are to:

- Determine whether the CBOCs are compliant with EOC requirements.
- Determine whether CBOCs/PCCs are compliant with VHA requirements in the care of patients with AUD.
- Determine compliance with requirements for the clinical oversight and patient education of fluoroquinolones for outpatients.
- Evaluate if processes are in place for DWHPs to maintain proficiency in WH.

Scope

To evaluate for compliance with requirements related to patient care quality and the EOC, we conducted onsite inspections, reviewed clinical and administrative records, and discussed processes and validated findings with managers and employees. The review covered the following four activities:

- EOC
- AUD
- MM
- DWHP Proficiency

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

Methodology

The onsite EOC inspections were only conducted at randomly selected CBOCs that had not been previously inspected.¹ Details of the targeted study populations for the AUD, MM, and DWHP Proficiency focused reviews are noted in Table 1.

¹ Includes 93 CBOCs in operation before March 31, 2013.

Table 1. CBOC/PCC Focused Reviews and Study Populations

Review Topic	Study Population
AUD	All CBOC and PCC patients screened within the study period of July 1, 2012, through June 30, 2013, and who had a positive AUDIT-C score ² and all providers and RN Care Managers assigned to PACT prior to October 1, 2012.
MM	All outpatients with an original prescription ordered for one of the three selected fluoroquinolones from July 1, 2012, through June 30, 2013.
DWHP Proficiencies	All WH PCPs designated as DWHPs as of October 1, 2012, and who remained as DWHPs until September 30, 2013.

In this report, we make recommendations for improvement. Recommendations pertain to issues that are significant enough to be monitored by the OIG until corrective actions are implemented.

The review was done in accordance with OIG standard operating procedures for CBOC and PCC reviews.

² The AUDIT-C is a brief alcohol screen that reliably identifies patients who are hazardous drinkers or have active alcohol use disorders. Scores range from 0–12.

Results and Recommendations

EOC

The purpose of this review was to evaluate whether CBOC managers have established and maintained a safe and clean EOC as required.^a

We reviewed relevant documents and conducted physical inspections of the Key Largo and Pembroke Pines CBOCs. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

NM	Areas Reviewed	Findings
X	The CBOC's location is clearly identifiable from the street as a VA CBOC.	The Pembroke Pines CBOC's location was clearly not identifiable from the street as a VA CBOC by the address provided by the parent facility.
	The CBOC has interior signage available that clearly identifies the route to and location of the clinic entrance.	
X	The CBOC is Americans with Disabilities Act accessible.	<p>The main entrance doors' hardware at the Key Largo CBOC were difficult to operate with one hand and required tight grasping, pinching, or twisting of the wrist to operate.</p> <p>The handicap bathroom doors' hardware at the Key Largo CBOC were difficult to operate with one hand and required tight grasping, pinching, or twisting of the wrist to operate.</p>
	The furnishings are clean and in good repair.	
	The CBOC is clean.	
	The CBOC maintains a written, current inventory of hazardous materials and waste that it uses, stores, or generates.	
	An alarm system and/or panic buttons are installed and tested in high-risk areas (e.g., MH clinic).	
	Alcohol hand wash or soap dispenser and sink are available in the examination rooms.	
	Sharps containers are secured.	
	Safety needle devices are available.	
	The CBOC has a separate storage room for storing medical (infectious) waste.	
	The CBOC conducts fire drills at least every 12 months.	
	Means of egress from the building are unobstructed.	
	Access to fire alarm pull stations is unobstructed.	

NM	Areas Reviewed (continued)	Findings
	Access to fire extinguishers is unobstructed.	
X	The CBOC has signs identifying the locations of fire extinguishers.	There were no signs identifying the location of fire extinguishers at the Pembroke Pines CBOC.
X	Exit signs are visible from any direction.	Exit signs were not visible from every direction in the Key Largo CBOC.
	No expired medications were noted during the onsite visit.	
	All medications are secured from unauthorized access.	
X	PII is protected on laboratory specimens during transport so that patient privacy is maintained.	At the Key Largo and Pembroke Pines CBOCs, PII was not protected on laboratory specimens during transport.
	Adequate privacy is provided to patients in examination rooms.	
	Documents containing patient-identifiable information are not lying around, visible, or unsecured.	
	Window coverings provide privacy.	
	The CBOC has a designated examination room for women veterans.	
X	Adequate privacy is provided to women veterans in the examination room.	Examination tables at the Key Largo CBOC were not shielded from view when the door was open. Gowned women veterans at the Pembroke Pines CBOC cannot access gender-specific restrooms without entering public areas.
X	The information technology network room/server closet is locked.	Access to the information technology network room/server closet at the Key Largo CBOC was not documented.
	All computer screens are locked when not in use.	
	Staff use privacy screens on monitors to prevent unauthorized viewing in high-traffic areas.	
	EOC rounds are conducted semi-annually (at least twice in a 12-month period) and deficiencies are reported to and tracked by the EOC Committee until resolution.	
	The CBOC has an automated external defibrillator.	
	Safety inspections are performed on the CBOC medical equipment in accordance with Joint Commission standards.	
	The parent facility includes the CBOC in required education, training, planning, and participation leading up to the annual disaster exercise.	

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.	

1. We recommended that the Pembroke Pines CBOC location is clearly identified from the street as a VHA CBOC.
2. We recommended that the main entrance and restroom doors at the Key Largo CBOC are accessible per Americans with Disabilities Act guidelines.
3. We recommended that signage is installed at the Pembroke Pines CBOC to clearly identify the location of fire extinguishers.
4. We recommended that exit signs are visible from all directions at the Key Largo CBOC.
5. We recommended that personally identifiable information is protected by securing laboratory specimens during transport from the Key Largo and Pembroke Pines CBOCs to the parent facility.
6. We recommended that clinic staff provide adequate privacy for women veterans at the Key Largo and Pembroke Pines CBOCs.
7. We recommended that access to the information technology server closet at the Key Largo CBOC is documented.

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 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 two of eight 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 Registered Nurse Care Managers have received motivational interviewing training within 12 months of appointment to PACT.	We found that 2 of 17 Registered Nurse Care Managers did not receive motivational interviewing training within 12 months of appointment to PACT.
	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.	
	The facility complied with any additional elements required by VHA or local policy.	

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

9. We recommended that CBOC/Primary Care Clinic Registered Nurse Care Managers receive motivational interviewing 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
	Clinicians documented the medication reconciliation process that included the fluoroquinolones.	
X	Written information on the patient's prescribed medications was provided at the end of the outpatient encounter.	We did not find documentation that 15 (38 percent) of 40 patients received written information that included the fluoroquinolones.
X	Medication counseling/education for the fluoroquinolones was documented in the patients' EHRs.	We did not find documentation of medication counseling that included the fluoroquinolones in 7 (18 percent) of 40 patients' EHRs.
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 8 (20 percent) of 40 patients.
	The facility complied with local policy.	

10. We recommended that staff consistently document and provide written medication information that includes the fluoroquinolones.

11. We recommended that staff consistently document and provide medication counseling/education as required.

12. We recommended that staff consistently 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
Broward County	FL	546BZ	Urban	Very Large	6,340	13,903	18,897	21,792	53,539	33,128	105,842	192,509
Hollywood (Southeast Broward Co.)	FL	546GF	Urban	Mid-Size	824	2,623	3,128	3,741	3,280	6,261	10,273	19,814
Pembroke Pines	FL	546GD	Urban	Mid-Size	766	2,299	2,073	2,999	2,991	5,214	6,117	14,322
Homestead	FL	546GC	Urban	Mid-Size	1,017	1,951	1,953	2,776	5,561	5,487	7,794	18,842
Miami	FL	546GA	Urban	Mid-Size	2,719	0	186	2,734	53,317	0	226	53,543
Key West	FL	546GB	Rural	Mid-Size	569	1,746	1,587	2,049	2,856	5,383	8,023	16,262
Deerfield Beach	FL	546GH	Urban	Mid-Size	450	1,616	1,287	1,986	1,223	3,085	3,294	7,602
Key Largo	FL	546GE	Rural	Small	155	882	498	978	450	2,088	846	3,384

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
Broward County	Optometry Dental Dermatology Podiatry Urology Orthopedics Gastroenterology Cardiology Neurology Medicine Specialties Infectious Disease Gynecology Ophthalmology Urology Plastic Surgery Ophthalmology	Rehabilitation Radiology Audiology MOVE! Program ¹⁴ Pharmacy Social Work Electrocardiography Computer Tomography Prosthetics/Orthotics Diabetic Retinal Screening Chiropractic Care Nutrition Mammography VIST ¹⁵ Sleep Medicine Blind Rehabilitation	Tele Primary Care
Hollywood (Southeast Broward Co.)	---	Audiology Social Work Nutrition Pharmacy Electrocardiography Diabetic Retinal Screening MOVE! Program	Tele Primary Care
Pembroke Pines	---	Audiology Social Work Pharmacy	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.

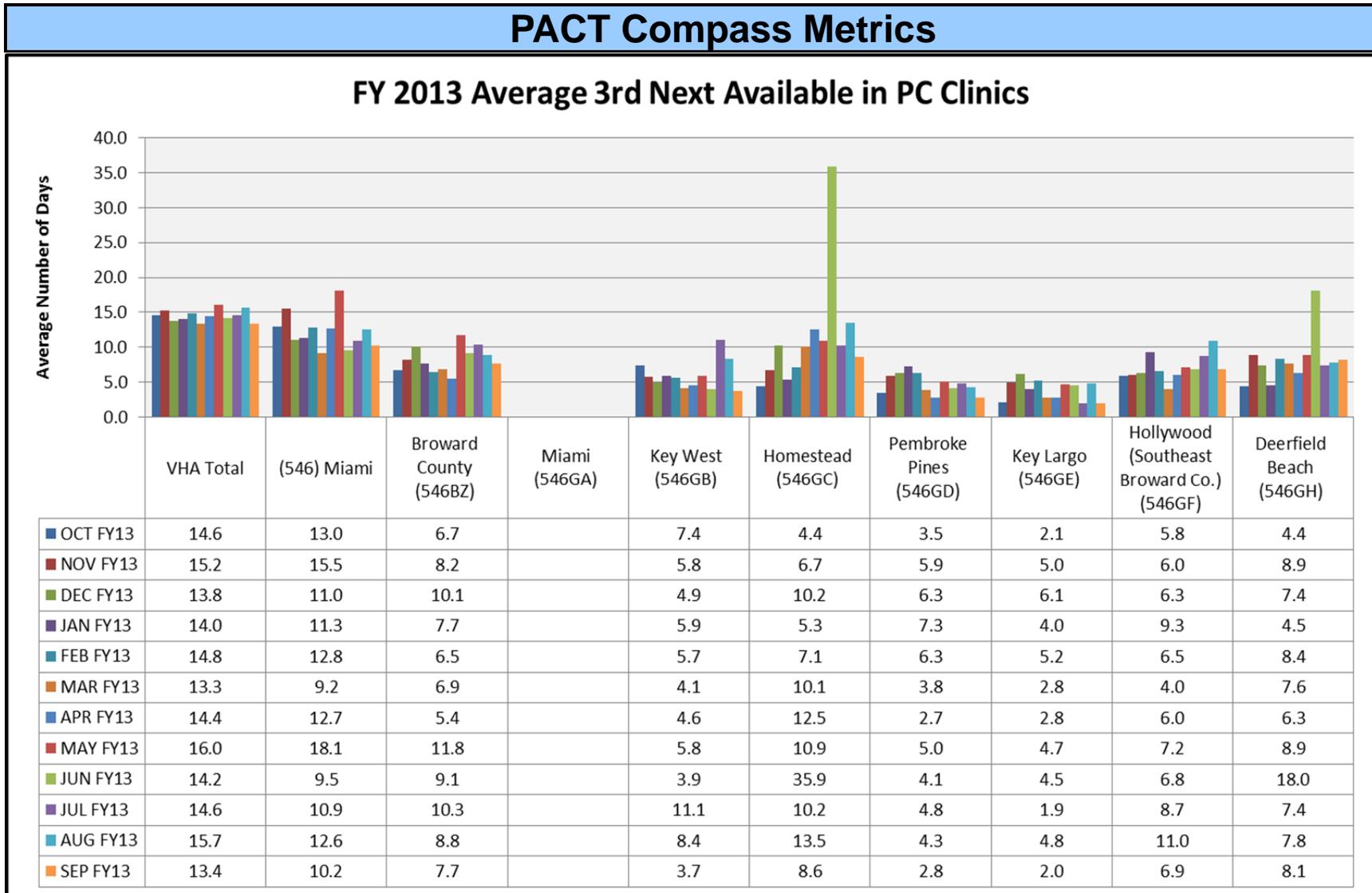
¹² Ancillary Services refer to non-Primary Care and non-MH services that are not provided by a physician.

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

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

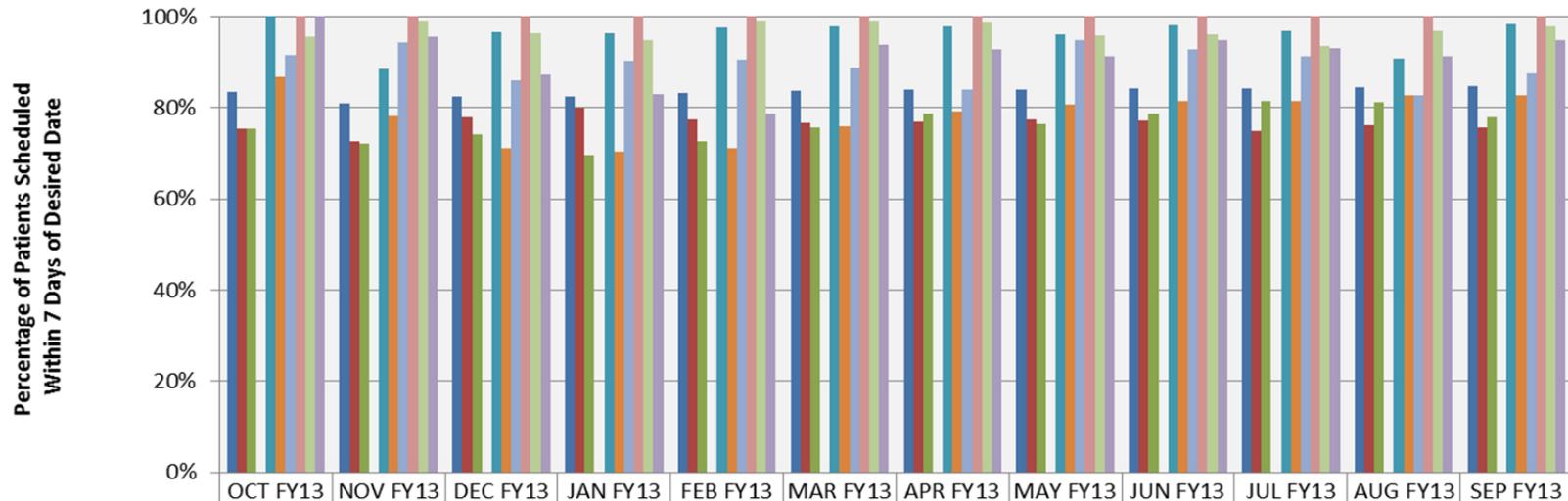
¹⁵ The Visual Impairment Services Team (VIST) is a group of case managers that coordinate services for severely disabled and visually impaired Veterans and active duty service members.

CBOC (continued)	Specialty Care Services	Ancillary Services	Tele-Health Services
Homestead	---	Nutrition Pharmacy Rehabilitation Social Work Diabetic Retinal Screening	Tele Primary Care
Miami	---	Social Work	---
Key West	---	Rehabilitation Social Work Electrocardiography Audiology MOVE! Program	Tele Primary Care
Deerfield Beach	---	Audiology Pharmacy	Tele Primary Care
Key Largo	Dermatology	---	Tele Primary Care



Data Definition.⁶ 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.

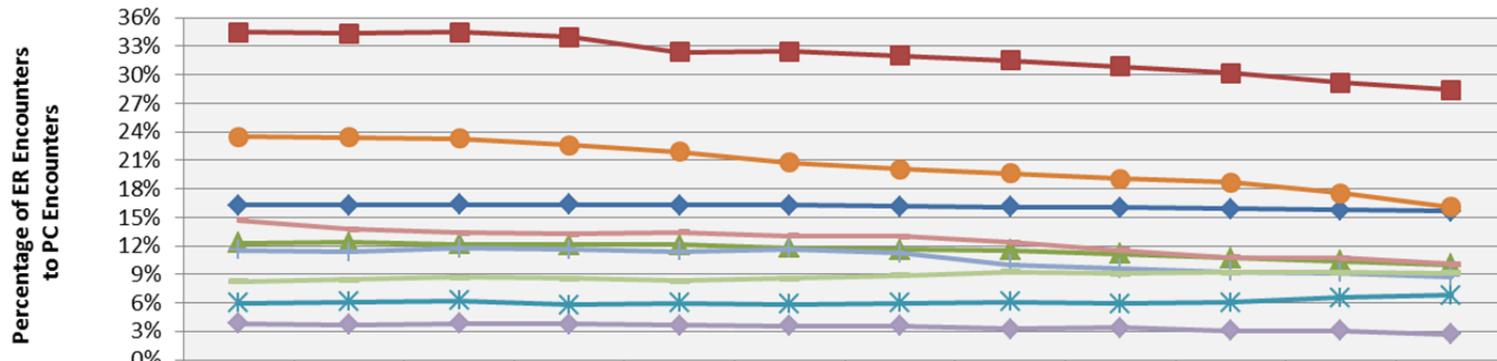
FY 2013 Established PC Prospective Wait Times 7 Days



	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%
(546) Miami	75.5%	72.7%	78.0%	80.0%	77.5%	76.6%	76.9%	77.4%	77.1%	74.8%	76.3%	75.6%
Broward County (546BZ)	75.5%	72.0%	74.2%	69.6%	72.6%	75.6%	78.7%	76.4%	78.6%	81.3%	81.3%	77.8%
Miami (546GA)												
Key West (546GB)	100.0%	88.6%	96.6%	96.4%	97.7%	97.9%	97.7%	96.2%	98.1%	96.9%	90.9%	98.4%
Homestead (546GC)	86.8%	78.3%	71.2%	70.5%	71.2%	76.0%	79.2%	80.7%	81.5%	81.4%	82.6%	82.7%
Pembroke Pines (546GD)	91.6%	94.2%	86.1%	90.3%	90.5%	88.8%	83.9%	94.7%	92.9%	91.2%	82.7%	87.4%
Key Largo (546GE)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Hollywood (Southeast Broward Co.) (546GF)	95.7%	99.0%	96.4%	94.7%	99.0%	99.0%	98.9%	95.9%	96.1%	93.5%	96.9%	97.8%
Deerfield Beach (546GH)	100.0%	95.7%	87.3%	83.1%	78.7%	93.9%	92.9%	91.3%	94.7%	93.1%	91.2%	94.9%

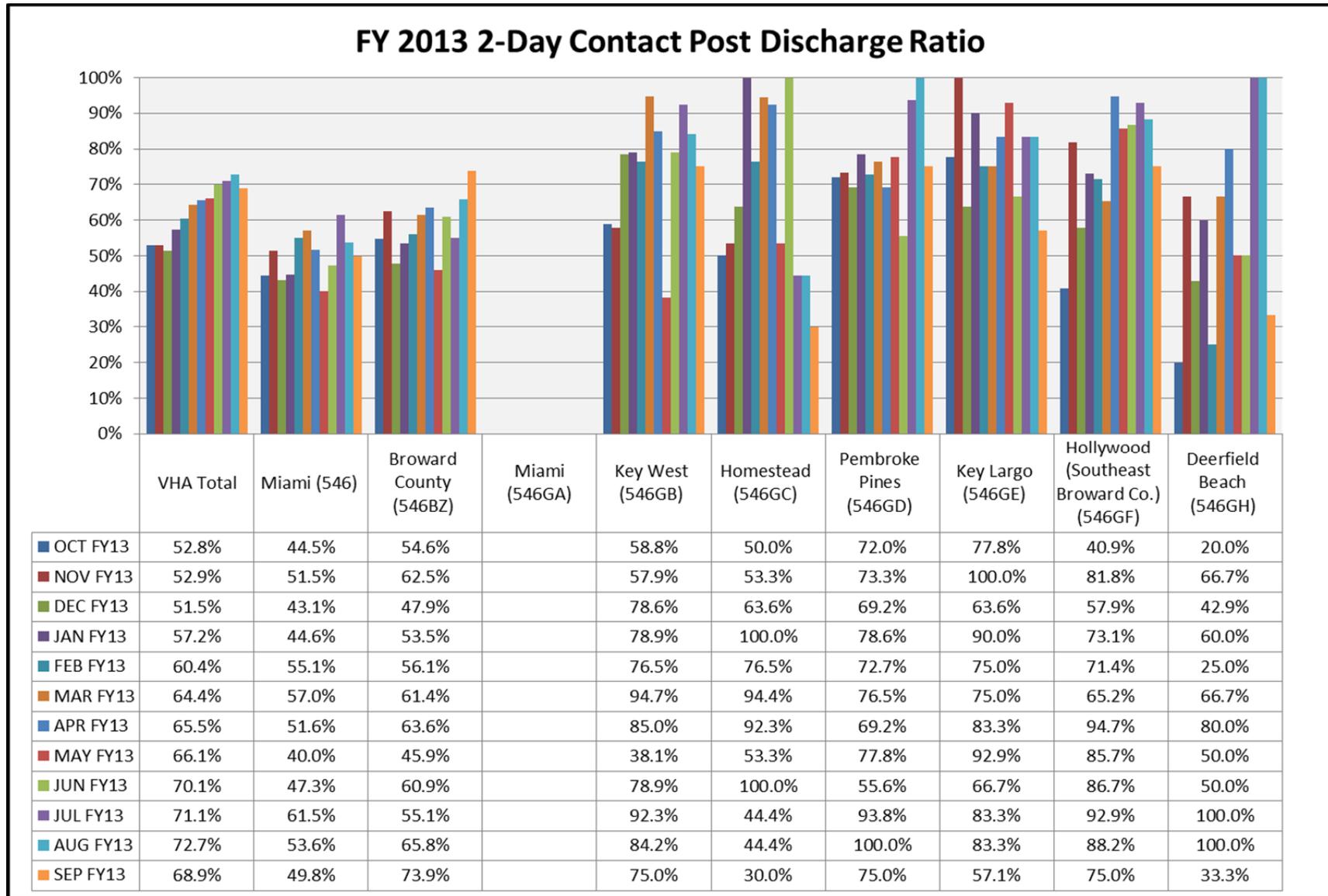
Data Definition.^c The percent of patients scheduled within 7 days of the desired date. Data source is the Wait Times Prospective Wait Times measures. The total number of scheduled appointments for primary care-assigned patients in primary care clinics 322, 323 and 350. Data is collected twice a month 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%
Miami (546)	34.5%	34.4%	34.5%	34.0%	32.4%	32.4%	32.0%	31.5%	30.9%	30.2%	29.2%	28.4%
Broward County (546BZ)	12.3%	12.3%	12.2%	12.1%	12.1%	11.8%	11.6%	11.5%	11.2%	10.7%	10.4%	10.0%
Miami (546GA)												
Key West (546GB)	6.0%	6.1%	6.2%	5.8%	6.0%	5.8%	6.0%	6.1%	5.9%	6.0%	6.5%	6.8%
Homestead (546GC)	23.5%	23.4%	23.3%	22.6%	21.9%	20.8%	20.1%	19.7%	19.1%	18.7%	17.5%	16.1%
Pembroke Pines (546GD)	11.5%	11.4%	11.7%	11.6%	11.4%	11.6%	11.2%	10.0%	9.6%	9.2%	9.1%	8.7%
Key Largo (546GE)	14.7%	13.8%	13.4%	13.2%	13.4%	13.0%	13.0%	12.4%	11.5%	10.8%	10.7%	10.1%
Hollywood (Southeast Broward Co.) (546GF)	8.2%	8.5%	8.7%	8.6%	8.3%	8.5%	8.9%	9.3%	9.1%	9.2%	9.2%	9.1%
Deerfield Beach (546GH)	3.9%	3.7%	3.8%	3.8%	3.6%	3.6%	3.6%	3.2%	3.4%	3.1%	3.1%	2.7%

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.



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: October 23, 2014

From: Director, VA Sunshine Healthcare Network (10N8)

Subject: **CBOC and PCC Reviews at Miami VA Healthcare System, Miami, FL**

To: Director, Bay Pines 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 on the CBOC and PCC Review of the Miami VA Healthcare System.
2. Corrective action plans have been established with planned completion dates, as detailed in the attached report. Thank you!



Joleen Clark, MBA, FACHE

Facility Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: October 21, 2014

From: Director, Miami VA Healthcare System (546/00)

Subject: **CBOC and PCC Reviews at Miami VA Healthcare System, Miami, FL**

To: Director, VA Sunshine Healthcare Network (10N8)

Thank you for the opportunity to review the draft report of recommendations from the OIG CBOC review conducted at the Miami VA Healthcare System. We have reviewed the report from the site visit and concur with the recommendations; corrective action plans with target dates for completion are attached.

Sincerely,

(original signed by:)

Paul M. Russo, MHSA, FACHE, RD
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 the Pembroke Pines CBOC location is clearly identified from the street as a VA CBOC.

Concur

Target date for completion: April 30, 2015

Facility response: Engineering Preventive Maintenance (PM) Supervisor is working with a vendor (Creative Signage and/or Fast Signs) to obtain a proposal. PM Supervisor will visit the site with the vendor by the end of October 2014. Once the quote is obtained, plans will be developed to purchase signage.

Recommendation 2. We recommended that the main entrance and restroom doors at the Key Largo CBOC are accessible per Americans with Disabilities Act guidelines.

Concur

Target date for completion: January 1, 2015

Facility response: Engineering service submitted a work order (# T141017-017) to repair the hardware for the main entrance doors and the handicap bathroom doors. The main entrance door will need to be coordinated with contracting. The bathroom doors will be repaired in-house.

Recommendation 3. We recommended that signage is installed at the Pembroke Pines CBOC to clearly identify the location of fire extinguishers.

Concur

Target date for completion: October 10, 2014 (Complete)

Facility response: Engineering Building Maintenance completed work on Friday 10/10/14. Five (5) extinguisher signs have been posted.

Recommendation 4. We recommended that exit signs are visible from all directions at the Key Largo CBOC.

Concur

Target date for completion: April 1, 2015

Facility response: Safety assessed the facility and two (2) exits signs are needed. Engineering service is currently coordinating with the CBOC Contracting Officer to purchase additional exit signs for Key Largo.

Recommendation 5. We recommended that personally identifiable information is protected by securing laboratory specimens during transport from the Key Largo and Pembroke Pines CBOCs to the parent facility.

Concur

Target date for completion: December 31, 2014

Facility response: Laboratory specimens will be secured utilizing plastic straps. Vendor samples have been evaluated and a selection has been made. A New Medical Supply Request form was submitted to Logistics 10/9/2014 to be presented at the next Clinical Product Review Committee to obtain approval to order items. A Standard Operating Procedure is being created, user training will be provided by Pathology & Laboratory Medicine Service and Courier personnel will be notified of new requirements.

Recommendation 6. We recommended that clinic staff provide adequate privacy for women veterans at the Key Largo and Pembroke Pines CBOCs.

Concur

Target date for completion: December 31, 2014

Facility response: Engineering service submitted a work order (#T141017-019). Interior Design will coordinate with vendor to install privacy curtains for Key Largo. Pembroke Pines CBOC will designate one public bathroom (room # 122) as a woman's restroom.

Recommendation 7. We recommended that access to the information technology server closet at the Key Largo CBOC is documented.

Concur

Target date for completion: February 1, 2015

Facility response: Facility Chief Information Officer held a meeting on October 15, 2014 to reiterate current SOP (IRMS- SOP 33), and placed emphasis on those staff authorized to access the intermediate distribution frame closets and telephone closets. The requirement of recording all pertinent information into the closet door entry sheet was covered in the meeting. Chief, IRMS will report on a quarterly basis the monitoring of log entry sheets for server closets.

Recommendation 8. 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: December 31, 2014

Facility response: Education of all primary care providers will be provided to reinforce the documentation of follow-up offered to patients with a diagnosis of alcohol dependence. A record review will be completed to assure compliance with documentation requirements.

Recommendation 9. We recommended that CBOC/Primary Care Clinic Registered Nurse Care Managers receive motivational interviewing training within 12 months of appointment to Patient Aligned Care Teams.

Concur

Target date for completion: January 15, 2015

Facility response: Upon assignment to RN Care Manager PACT appointment, the nurse manager will assign TEACH and Motivational Interviewing training in TMS to be completed within 12 months of assignment date. Reports will be sent to nurse managers and training coordinators monthly showing RN Care managers assigned. A record review will be completed to determine compliance with training.

Recommendation 10. We recommended that staff consistently document and provide written medication information that includes the fluoroquinolones.

Concur

Target date for completion: December 31, 2014

Facility response: Written medication information in the form of Patient Medication Information (PMI) sheets accompany every prescription dispensed. Select medications identified by the FDA are also dispensed with an FDA Med Guide. The documentation that this information is provided to the patient will be added to the Medication Reconciliation and Medication Counseling notes/templates. Record reviews will be performed to validate compliance.

Recommendation 11. We recommended that staff consistently document and provide medication counseling/education as required.

Concur

Target date for completion: December 31, 2014

Facility response: Medication Reconciliation clinical reminder will be revised to include patient medication education/counseling based on the patients individual needs. Education will include: why the medication was prescribed, how medication needs to be

taken, for how long, what to expect from it, and what happens if medication is not taken as prescribed. Record reviews will be performed to validate compliance.

Recommendation 12. We recommended that staff consistently document the evaluation of patient's level of understanding for the medication education.

Concur

Target date for completion: December 31, 2014

Facility response: The medication reconciliation clinical reminder will be modified to include documentation of evaluation of the patient's level of understanding. Record reviews will be performed to validate compliance.

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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*.
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- 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.
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- 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.