



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

Office of Healthcare Inspections

Report No. 14-04451-88

**Review of Community Based
Outpatient Clinics and Other
Outpatient Clinics
of
VA Illiana Health Care System
Danville, Illinois**

January 22, 2015

Washington, DC 20420

To Report Suspected Wrongdoing in VA Programs and Operations

Telephone: 1-800-488-8244

E-Mail: vaoighotline@va.gov

(Hotline Information: www.va.gov/oig/hotline)

Glossary

AUD	alcohol use disorder
CBOC	community based outpatient clinic
EHR	electronic health record
EOC	environment of care
FY	fiscal year
HCS	health care system
HIV	human immunodeficiency virus
NM	not met
OIG	Office of Inspector General
OOC	other outpatient clinic
PACT	Patient Aligned Care Teams
RN	registered nurse
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network

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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 other outpatient clinics (OOCs) under the oversight of the VA Illiana Health Care System and Veterans Integrated Service Network 11 provide safe, consistent, and high-quality health care. The review evaluated the clinics' compliance with selected requirements for alcohol use disorder, human immunodeficiency virus screening, and outpatient documentation. We also randomly selected the Peoria, IL, CBOC as a representative site and evaluated the environment of care on November 5, 2014.

Review Results: We conducted four focused reviews and had no findings for the Human Immunodeficiency Virus Screening and Outpatient Documentation reviews. However, we made recommendations for improvement in the following two review areas:

Environment of Care: Ensure that:

- Managers maintain a clean and functioning environment of care at the Peoria CBOC.
- Managers ensure review of the hazardous materials inventory occurs twice within a 12-month period at the Peoria CBOC.
- The information technology server closet at the Peoria CBOC is maintained according to information technology safety and security standards.

Alcohol Use Disorder: Ensure that:

- Clinic Registered Nurse Care Managers receive motivational interviewing and health coaching training within 12 months of appointment to Patient Aligned Care Teams.
- Providers and clinical associates in the outpatient clinics receive health coaching training within 12 months of appointment to Patient Aligned Care Teams.

Comments

The VISN and Facility Directors agreed with the CBOC and OOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes C and D, pages 15–20, for the full text of the Directors' comments.) We consider Recommendation 3 closed. We will follow up on the planned actions until they are completed.



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

Objectives, Scope, and Methodology

Objectives

The CBOC and OOC 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 OOC reviews are recurring evaluations of selected outpatient care activities that focus on patient care quality and the EOC. In general, our objectives are to determine whether:

- The selected CBOC is compliant with EOC requirements.
- The CBOCs/OOCs are compliant with selected VHA requirements for AUD care.
- The CBOCs/OOCs are compliant with selected VHA requirements for HIV Screening.
- Healthcare practitioners at the CBOCs/OOCs comply with the requirements for outpatient documentation.

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
- HIV Screening
- Outpatient Documentation

The scope of this review is limited to the established objectives. Issues and concerns that come to our attention but 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 outpatient site of care that had not been previously inspected.¹ Details of the targeted study populations

¹ Each outpatient site selected for physical inspection was randomized from all primary care CBOCs, multi-specialty CBOCs, and health care centers reporting to the parent facility and was operational and classified as such in VA's Site Tracking Database by October 1, 2014.

for the AUD, HIV Screening, and Outpatient Documentation focused reviews are noted in Table 1.

Table 1. CBOC/OOC Focused Reviews and Study Populations

Review Topic	Study Population
AUD	All CBOC and OOC patients screened within the study period of July 1, 2013, through June 30, 2014, and who had a positive AUDIT-C score; ² and all licensed independent providers, RN Care Managers, and clinical associates assigned to PACT prior to October 1, 2013.
HIV Screening	All outpatients who had a visit in FY 2012 and had at least one visit at the parent facility's CBOCs and/or OOCs within a 12-month period during April 1, 2013, through March 31, 2014.
Outpatient Documentation	All patients new to VHA who had at least three outpatient encounters (face-to-face visits, telephonic/telehealth care, and telephonic communications) during April 1, 2013, through March 31, 2014.

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 performed in accordance with OIG standard operating procedures for CBOC and OOC reviews.

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

Results and Recommendations

EOC

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

We reviewed relevant documents and conducted a physical inspection of the Peoria 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	Recommendations
	The furnishings are clean and in good repair.		
X	The CBOC is clean (walls, floors, and equipment are clean).	Areas used by patients at the Peoria CBOC were not clean.	1. We recommended that managers maintain a clean and functioning environment of care at the Peoria CBOC.
X	The CBOC's inventory of hazardous materials was reviewed for accuracy twice within the prior 12 months.	The CBOC's inventory of hazardous materials and waste at the Peoria CBOC was not reviewed for accuracy twice within the prior 12 months.	2. We recommended that managers ensure review of the hazardous materials inventory occurs twice within a 12-month period at the Peoria CBOC.
	The CBOC's safety data sheets for chemicals are readily available to staff.		
	If safety data sheets are in electronic form, the staff can demonstrate ability to access the electronic version without coaching.		
	Employees received training on the new chemical label elements and safety data sheet format.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	Clinic managers ensure that safety inspections of CBOC medical equipment are performed in accordance with Joint Commission standards.		
	Hand hygiene is monitored for compliance.		
	Personal protective equipment is readily available.		
	Sterile commercial supplies are not expired.		
	The CBOC staff members minimize the risk of infection when storing and disposing of medical (infectious) waste.		
	The CBOC has procedures to disinfect non-critical reusable medical equipment between patients.		
	There is evidence of fire drills occurring at least every 12 months.		
	Means of egress from the building are unobstructed.		
	Access to fire extinguishers is unobstructed.		
	Fire extinguishers are located in large rooms or are obscured from view, and the CBOC has signs identifying the locations of the fire extinguishers.		
	Exit signs are visible from any direction.		
	Multi-dose medication vials are not expired.		
	All medications are secured from unauthorized access.		
	The staff protects patient-identifiable information on laboratory specimens during transport.		
	Documents containing patient-identifiable information are not visible or unsecured.		
	Adequate privacy is provided at all times.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	The women veterans' exam room is equipped with either an electronic or manual door lock.		
	The information technology network room/server closet is locked.		
	Access to the information technology network room/server closet is restricted to personnel authorized by Office of Information and Technology.		
X	Access to the information technology network room/server closet is documented.	Access to the information technology network room/server closet at the Peoria CBOC was not documented.	3. We recommended that the information technology server closet at the Peoria CBOC is maintained according to information technology safety and security standards.
	All computer screens are locked when not in use.		
	Information is not viewable on monitors in public areas.		
	The CBOC has an automated external defibrillator.		
	There is an alarm system and/or panic buttons installed and tested in high-risk areas (e.g., mental health clinic), and the testing is documented.		
	CBOC staff receive regular information/updates on their responsibilities in emergency response operations.		
	The staff participates in scheduled emergency management training and exercises.		

AUD

The purpose of this review was to determine whether the facility's CBOCs and OOCs complied with selected alcohol use screening and treatment requirements.^b

We reviewed relevant documents and 37 EHRs. We also 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	Recommendations
	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, clinic staff monitored them and their alcohol use.		
	Counseling, education, and brief treatments for AUD are provided within 2 weeks of positive screening.		

NM	Areas Reviewed (continued)	Findings	Recommendations
X	Clinic RN Care Managers have received motivational interviewing training within 12 months of appointment to PACT.	We found that 13 of 27 RN Care Managers did not receive motivational interviewing training within 12 months of appointment to PACT.	4. We recommended that Clinic Registered Nurse Care Managers receive motivational interviewing and health coaching training within 12 months of appointment to Patient Aligned Care Teams.
X	Clinic 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 3 of 27 RN Care Managers did not receive health coaching training within 12 months of appointment to PACT.	
X	Providers in the outpatient clinics 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 4 of 25 providers did not receive health coaching training within 12 months of appointment to PACT.	5. We recommended that providers and clinical associates in the outpatient clinics receive health coaching training within 12 months of appointment to Patient Aligned Care Teams.
X	Clinical associates in the outpatient clinics 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 3 of 27 clinical associates 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.		

HIV Screening

The purpose of this review was to determine whether CBOCs/OOCs are compliant with selected VHA requirements for HIV Screening.^c

We reviewed the facility's self-assessment, VHA and local policies, and guidelines to assess administrative controls over the HIV screening process. We also reviewed 36 EHRs and validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The facility generally met requirements. We made no recommendations.

Table 4. HIV Screening

NM	Areas Reviewed	Findings	Recommendations
	The facility has a Lead HIV Clinician to carry out responsibilities as required.		
	The facility has policies and procedures to facilitate HIV testing.		
	The facility had developed policies and procedures that include requirements for the communication of HIV test results.		
	Written patient educational materials utilized prior to or at the time of consent for HIV testing include all required elements.		
	Clinicians provided HIV testing as part of routine medical care for patients.		
	When HIV testing occurred, clinicians consistently documented informed consent.		
	The facility complied with additional elements as required by local policy.		

Outpatient Documentation

The purpose of this review was to determine whether healthcare practitioners at the CBOCs/OOCs comply with selected requirements for outpatient documentation.^d

We reviewed relevant documents and 34 EHRs. We also validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The facility generally met requirements. We made no recommendations.

Table 5. Outpatient Documentation

NM	Areas Reviewed	Findings	Recommendations
	A relevant history of the illness or injury and physical findings are documented when the patient is first admitted for VA medical care on an outpatient level.		
	Randomly selected progress notes contain the required documentation components in the EHR.		

Clinic Profiles

The CBOC/OOC review evaluates the quality of care provided to veterans at all of the outpatient clinics under the parent facility's oversight.³ In addition to primary care integrated with women's health, mental health, and tele-health services, the CBOCs provide various specialty care and ancillary services. The following table provides information relative to each of the outpatient clinics and lists the additional specialty care and ancillary services provided at each location.

Location	Station #	Rurality ⁶	Outpatient Workload / Encounters ⁴			Services Provided ⁵		
			PC	MH	Specialty Clinics ⁷	Specialty Care ⁸	Ancillary Services ⁹	
Peoria, IL	550BY	Urban	19,990	12,436	10,877	Dermatology General Surgery Neurology Optometry Podiatry	Audiology Diabetes Care Diabetic Retinal Screening HBPC Imaging Services Laboratory MOVE! Program ¹⁰ Nutrition	PFT Pharmacy Prosthetics/Orthotics Rehabilitation Services Respiratory Therapy Social Work Speech Pathology
Decatur, IL	550GA	Urban	8,412	2,626	1,515	Dermatology Optometry	Anti-Coagulation Clinic HBPC MOVE! Program	Nutrition Pharmacy Prosthetics/Orthotics Social Work

³ Includes all CBOCs in operation before April 1, 2014.

⁴ An encounter is a professional contact between a patient and a practitioner vested with responsibility for diagnosing, evaluating, and treating the patient's condition. Encounters occur in both the outpatient and inpatient setting.

⁵ The denoted Specialty Care and Ancillary Services are limited to Primary Clinic Stops with a count ≥ 100 encounters during the October 1, 2013, through September 30, 2014, timeframe at the specified CBOC.

⁶ <http://vssc.med.va.gov/>

⁷ The total number of encounters for the services provided in the "Specialty Care" column.

⁸ Specialty Care Services refer to non-Primary Care and non-Mental Health services provided by a physician.

⁹ Ancillary Services refer to non-Primary Care and non-Mental Health services that are not provided by a physician.

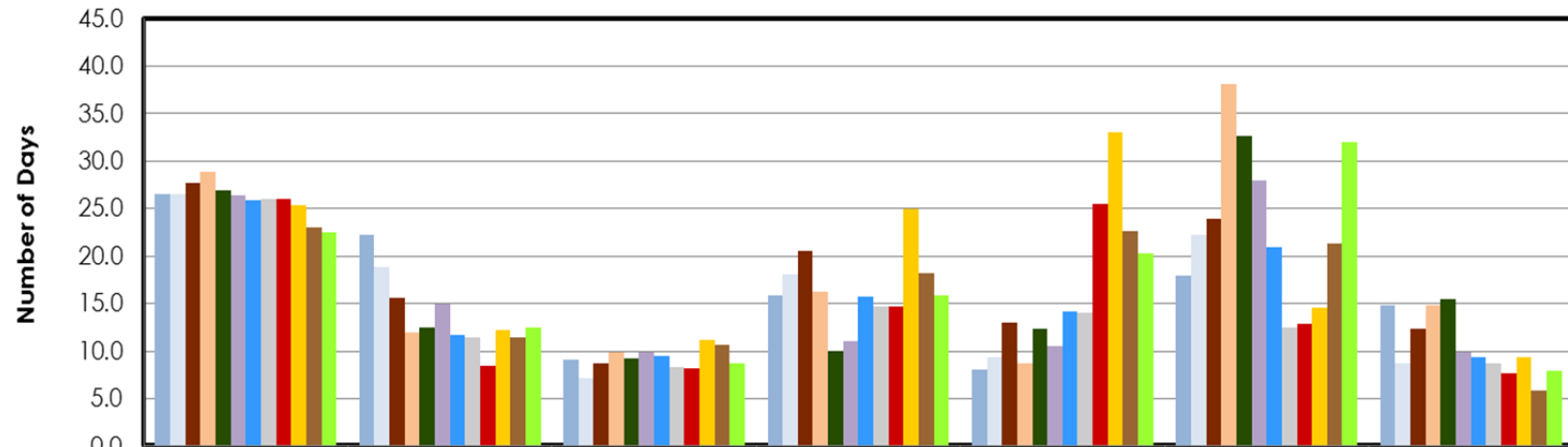
¹⁰ VHA Handbook 1120.01, *MOVE! Weight Management Program for Veterans*, March 31, 2011.

Location	Station #	Rurality	Outpatient Workload / Encounters (cont.)			Services Provided (cont.)		
			PC	MH	Specialty Clinics	Specialty Care	Ancillary Services	
West Lafayette, IN	550GC	Urban	6,366	3,906	230	Dermatology	MOVE! Program Nutrition Pharmacy Prosthetics/Orthotics	Rehabilitation Services Social Work
Springfield, IL	550GD	Urban	8,133	4,561	534	Dermatology	Anti-Coagulation Clinic HBPC MOVE! Program Nutrition	Pharmacy Prosthetics/Orthotics Rehabilitation Services Social Work
Mattoon, IL	550GF	Rural	4,324	2,228	456	Dermatology Podiatry	Anti-Coagulation Clinic HBPC	MOVE! Program Prosthetics/Orthotics Social Work

HBPC=Home Based Primary Care; PFT=Pulmonary Function Test

PACT Compass Metrics

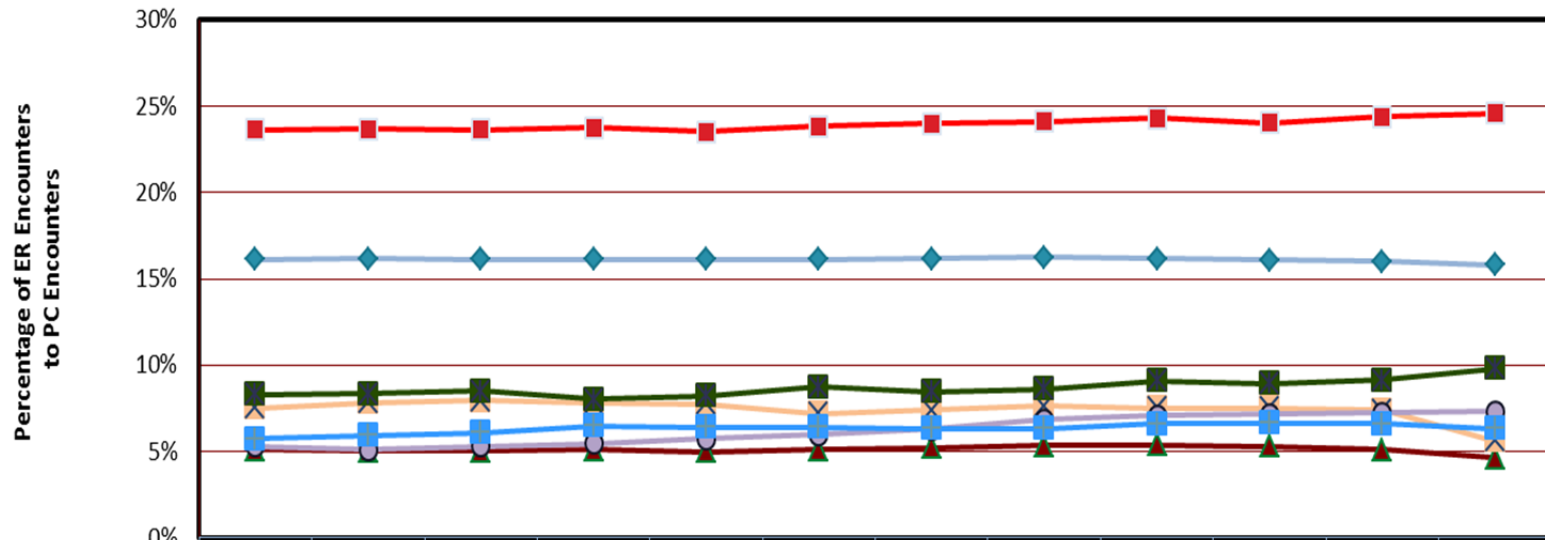
FY 2014 New Primary Care Patient Average Wait Time in Days



	VHA Total	(550) Illiana HCS (Danville)	(550BY) Peoria	(550GA) Decatur	(550GC) Lafayette	(550GD) Springfield	(550GF) Mattoon, IL
■ OCT-FY14	26.5	22.3	9.1	15.9	8.2	17.9	14.8
■ NOV-FY14	26.5	18.8	7.2	18.1	9.3	22.3	8.7
■ DEC-FY14	27.7	15.6	8.8	20.5	13.1	23.9	12.3
■ JAN-FY14	28.9	12.0	9.9	16.3	8.8	38.1	14.8
■ FEB-FY14	26.9	12.5	9.2	10.0	12.4	32.7	15.5
■ MAR-FY14	26.4	15.0	9.9	11.1	10.6	28.0	9.9
■ APR-FY14	25.9	11.7	9.5	15.7	14.2	21.0	9.3
■ MAY-FY14	26.0	11.5	8.4	14.8	14.1	12.6	8.8
■ JUN-FY14	26.1	8.5	8.3	14.7	25.5	12.9	7.7
■ JUL-FY14	25.3	12.2	11.1	25.0	33.1	14.6	9.4
■ AUG-FY14	23.0	11.4	10.7	18.2	22.6	21.3	5.9
■ SEP-FY14	22.6	12.6	8.8	15.9	20.4	32.0	8.0

Data Definition.⁶ The average number of calendar days between a new patient’s Primary Care appointment (clinic stops 322, 323, and 350), excluding compensation and pension appointments, and the earliest creation date.

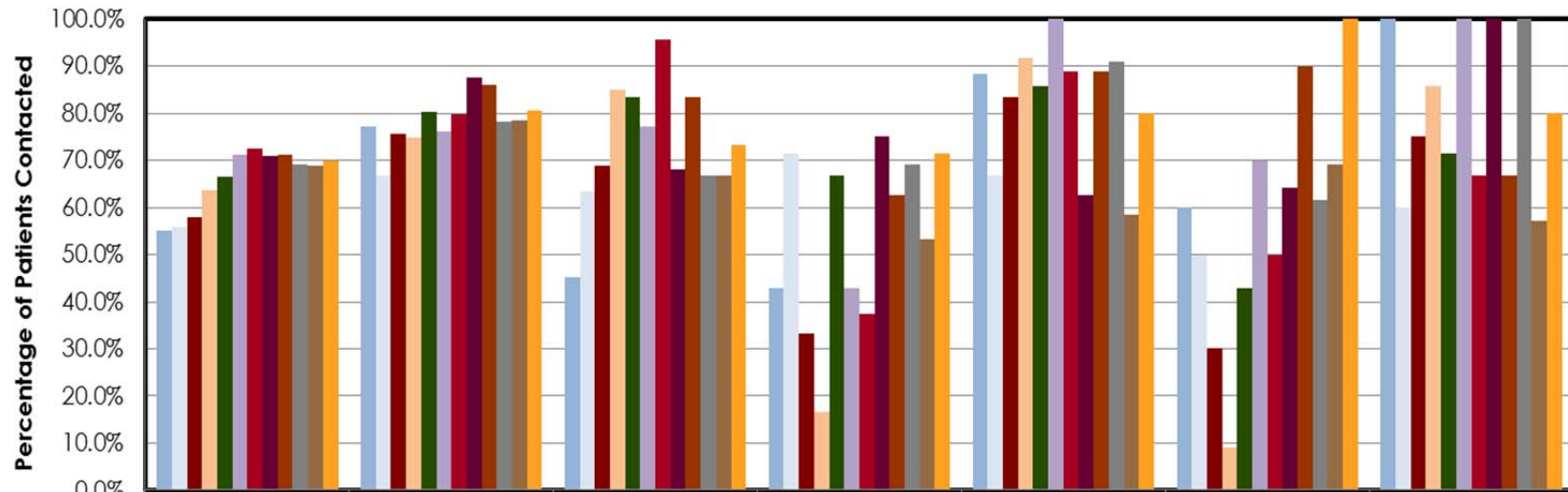
FY 2014 Ratio of ER Encounters While on Panel to PC Encounters While on Panel (FEE ER Included)



	OCT-FY14	NOV-FY14	DEC-FY14	JAN-FY14	FEB-FY14	MAR-FY14	APR-FY14	MAY-FY14	JUN-FY14	JUL-FY14	AUG-FY14	SEP-FY14
◆ VHA Total	16.1%	16.2%	16.1%	16.1%	16.1%	16.1%	16.2%	16.2%	16.2%	16.1%	16.0%	15.8%
■ (550) Illiana HCS (Danville)	23.6%	23.7%	23.7%	23.8%	23.5%	23.9%	24.0%	24.1%	24.3%	24.0%	24.4%	24.6%
▲ (550BY) Peoria	5.1%	5.0%	5.0%	5.1%	5.0%	5.1%	5.2%	5.3%	5.4%	5.3%	5.1%	4.6%
× (550GA) Decatur	7.5%	7.8%	8.0%	7.8%	7.8%	7.2%	7.4%	7.6%	7.5%	7.5%	7.4%	5.6%
■ (550GC) Lafayette	8.3%	8.3%	8.5%	8.0%	8.2%	8.7%	8.5%	8.6%	9.1%	8.9%	9.1%	9.8%
● (550GD) Springfield	5.3%	5.1%	5.3%	5.5%	5.8%	6.0%	6.3%	6.8%	7.1%	7.1%	7.2%	7.3%
■ (550GF) Mattoon, IL	5.7%	6.0%	6.1%	6.5%	6.4%	6.4%	6.3%	6.3%	6.6%	6.7%	6.6%	6.3%

Data Definition.^e This is a measure of where the patient receives his primary care and by whom. A low percentage is better. The formula is the total VHA ER/Urgent Care/FEE ER encounters while on panel (including FEE ER visits) divided by the number of Primary Care encounters while on panel with the patient’s assigned primary care (or associate) provider plus the total VHA ER/Urgent Care/FEE ER encounters (including FEE ER visits) while on panel plus the number of Primary Care encounters while on panel with a provider other than the patient’s Primary Care Provider/Associate Provider.

FY 2014 Team 2-Day Contact Post Discharge Ratio



	VHA Total	(550) Illiana HCS (Danville)	(550BY) Peoria	(550GA) Decatur	(550GC) Lafayette	(550GD) Springfield	(550GF) Mattoon, IL
■ OCT-FY14	55.1%	77.2%	45.2%	42.9%	88.2%	60.0%	100.0%
■ NOV-FY14	55.9%	66.7%	63.3%	71.4%	66.7%	50.0%	60.0%
■ DEC-FY14	57.8%	75.6%	68.8%	33.3%	83.3%	30.0%	75.0%
■ JAN-FY14	63.6%	74.7%	85.0%	16.7%	91.7%	9.1%	85.7%
■ FEB-FY14	66.4%	80.3%	83.3%	66.7%	85.7%	42.9%	71.4%
■ MAR-FY14	71.2%	76.2%	77.3%	42.9%	100.0%	70.0%	100.0%
■ APR-FY14	72.6%	79.8%	95.7%	37.5%	88.9%	50.0%	66.7%
■ MAY-FY14	70.8%	87.6%	68.2%	75.0%	62.5%	64.3%	100.0%
■ JUN-FY14	71.3%	85.9%	83.3%	62.5%	88.9%	90.0%	66.7%
■ JUL-FY14	69.1%	78.1%	66.7%	69.2%	90.9%	61.5%	100.0%
■ AUG-FY14	68.9%	78.6%	66.7%	53.3%	58.3%	69.2%	57.1%
■ SEP-FY14	69.8%	80.6%	73.3%	71.4%	80.0%	100.0%	80.0%

Data Definition.^e The percent of discharges (VHA inpatient discharges) for the reporting timeframe for assigned Primary Care patients where the patient was contacted by a member of the Patient Aligned Care Team the patient is assigned to within 2 business days post discharge. 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: December 17, 2014

From: Director, Veterans in Partnership Network (10N11)

Subject: **Review of CBOCs and OOCs of VA Illiana Health Care System,
Danville, IL**

To: Director, Kansas City Office of Healthcare Inspections (54KC)

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

1. Attached is VA Illiana Health Care System's response to the draft report.
2. If you have any questions, please contact Carol Jones, Quality Management Officer, at 734-222-4302.

Paula Recinos
for Paul Bockelman, FACHE
Network Director VISN 11

Facility Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: December 16, 2014

From: Director, VA Illiana Health Care System (550/00)

Subject: **Review of CBOCs and OOCs of VA Illiana Health Care System,
Danville, IL**

To: Director, Veterans in Partnership Network (10N11)

1. Listed is the individual response to the recommendation from the review.
2. Please contact Alissa Broderick, Chief, Quality Management, at (217) 554-5082 if you have any questions on the information provided.



Japhet C. Rivera
Director, VA Illiana Health Care System (550/00)

Comments to OIG's Report

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

OIG Recommendations

Recommendation 1. We recommended that managers maintain a clean and functioning environment of care at the Peoria CBOC.

Concur

Target date for completion: April 30, 2015

Facility response: Findings will be communicated to the cleaning service with the requirement that monthly inspections be conducted by the cleaning contractor. A hard copy of the inspection will be provided to the Chief, Environmental Management Service, and the Administrative Officer of the Peoria CBOC. Additionally, the Chief, Environmental Management Service will conduct a quarterly inspection of the facility to address these issues. Throughout the year there will be several unannounced inspections of the facility. The completion date of April 30, 2015, provides time to monitor the requirement of monthly inspections to be conducted by the cleaning contract along with the quarterly inspections by the Chief, Environmental Management Service. The target date for completion provides evaluation of sustainment of the improvement.

Recommendation 2. We recommended that managers ensure review of the hazardous materials inventory occurs twice within a 12-month period at the Peoria CBOC.

Concur

Target date for completion: April 30, 2015

Facility response: An electronic "chemical inventory" spreadsheet has been developed and will be sent for quarterly review to each work area that has a Material Safety Data Sheet Book. The required review and verification will include quantity and location of each chemical used and the date the inventory was reviewed. The facility safety office will record into a master list for ongoing review and monitoring of compliance. The first quarter for review will be initiated by January 31, 2015. The completion date of April 30, 2015, provides time to monitor and evaluate sustainment of the new process of continuous quarterly review of the inventory on the schedule of January 31, April 30, July 31, and September 30.

Recommendation 3. We recommended that the information technology server closet at the Peoria CBOC is maintained according to information technology safety and security standards.

Concur

Target date for completion: Completed November 6, 2014

Facility response: The procedure was in place at the time of the OIG survey; due to heating, ventilating, and air conditioning room set-up the air blew the form from the wall. The sign-in sheet and access control list has been placed on a clipboard out of the “air stream” of the heating, ventilating, and air conditioning to prevent this from occurring. The Office of Information and Technology supervision visits all facility CBOCs as required and during the visits the Technology Integration Planning rooms are inspected.

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

Concur

Target date for completion: January 31, 2015

Facility response: New standard operating procedure created for Patient Aligned Care Team Motivational Interview training:

- Motivational Interview training (two sessions, totaling 4 hours) will be offered quarterly by the Health Behavior Coordinator or the Health Promotion Disease Prevention Program Manager.
- The Health Behavior Coordinator will coordinate the training through the Employee Education System for continuing education credit.
- The Health Promotion Disease Prevention Program Manager will identify new Patient Aligned Care Team staff via the monthly Patient Aligned Care Team Primary Care Management Module Staffing Recruitment report provided by the Primary Care Coordinator, Decision Support System provides staff Patient Aligned Care Team assignment dates.
- The Health Promotion Disease Prevention Program Manager will send a quarterly email to the Health Behavior Coordinator and Nurse Managers identifying current Patient Aligned Care Team staff without Motivational Interview training 2 weeks prior to the quarterly scheduled training.
- The Health Behavior Coordinator will collect the sign in sheets for the training and send electronic copies to the Talent Management System Administrator for that service, the Health Promotion Disease Prevention Program Manager, the facility Talent Management System Coordinator, Employee Education System, and the nursing supervisors.
- The Health Promotion Disease Prevention Program Manager will update the education training records located on the Patient Aligned Care Team SharePoint site quarterly to capture staff turn-over and newly trained staff.
- The Talent Management System administrator for the trainer’s service (Mental Health) will credit users in the Talent Management System.

- The Health Behavior Coordinator will maintain the original records in a secured cabinet in her office.
- The Health Promotion Disease Prevention Program Manager will complete audits of the tool quarterly, checking with the Talent Management System Coordinator for any discrepancies in training documentation.

New standard operating procedure created for Patient Aligned Care Team TEACH training:

- TEACH training (one session totaling 7 hours) will be offered quarterly by the Veterans Health Education Coordinator, Health Behavior Coordinator and Health Promotion Disease Prevention Program Manager (two trainers are required).
- The Veterans Health Education Coordinator will coordinate the training through the Employee Education System for continuing education credit.
- The Health Promotion Disease Prevention Program Manager will identify new Patient Aligned Care Team staff via the monthly Patient Aligned Care Team Primary Care Management Module Staffing Recruitment report provided by the Primary Care Coordinator, Decision Support System provides staff Patient Aligned Care Team assignment dates.
- The Health Promotion Disease Prevention Program Manager will send a quarterly email to the Health Behavior Coordinator, Health Promotion Disease Prevention Program Manager, Nurse Managers, CBOC Administrative Assistant, and Patient Aligned Care Team administrative staff identifying current Patient Aligned Care Team staff without TEACH training 2 weeks prior to the quarterly scheduled training.
- The Veterans Health Education Coordinator will collect the sign in sheets for the training and send electronic copies to the Talent Management System Administrator for that service (or credit the users in Talent Management System), the Health Promotion Disease Prevention Program Manager, the facility Talent Management System Coordinator, Employee Education System, and the Nursing Supervisors.
- The Health Promotion Disease Prevention Program Manager will update the education training records located on the Patient Aligned Care Team SharePoint site quarterly to capture staff turn-over and newly trained staff.
- The Talent Management System Administrator for the trainer's service or the Veterans Health Education Coordinator will credit users in the Talent Management System.
- The Veterans Health Education Coordinator will maintain the original records in a secured cabinet in her office.
- The Health Promotion Disease Prevention Program Manager will complete audits of the tool quarterly, checking with the Talent Management System Coordinator for any discrepancies in training documentation.

Recommendation 5. We recommended that providers and clinical associates in the outpatient clinics receive health coaching training within 12 months of appointment to Patient Aligned Care Teams.

Concur

Target date for completion: January 31, 2015

Facility response: New standard operating procedure created for Patient Aligned Care Team TEACH training:

- TEACH training (one session totaling 7 hours) will be offered quarterly by the Veterans Health Education Coordinator, Health Behavior Coordinator and Health Promotion Disease Prevention Program Manager (two trainers are required).
- The Veterans Health Education Coordinator will coordinate the training through the Employee Education System for continuing education credit.
- The Health Promotion Disease Prevention Program Manager will identify new Patient Aligned Care Team staff via the monthly Patient Aligned Care Team Primary Care Management Module Staffing Recruitment report provided by the Primary Care Coordinator, Decision Support System provides staff Patient Aligned Care Team assignment dates.
- The Health Promotion Disease Prevention Program Manager will send a quarterly email to the Health Behavior Coordinator, Veterans Health Education Coordinator, Nurse Managers, CBOC Administrative Assistant, and Patient Aligned Care Team administrative staff identifying current Patient Aligned Care Team staff without TEACH training 2 weeks prior to the quarterly scheduled training.
- The Veterans Health Education Coordinator will collect the sign in sheets for the training and send electronic copies to the Talent Management System Administrator for that service (or credit the users in Talent Management System), the Health Promotion Disease Prevention Program Manager, the facility Talent Management System Coordinator, Employee Education System, and the Nursing Supervisors.
- The Health Promotion Disease Prevention Program Manager will update the education training records located on the Patient Aligned Care Team SharePoint site quarterly to capture staff turn-over and newly trained staff.
- The Talent Management System Administrator for the trainer's service or the Veterans Health Education Coordinator will credit users in Talent Management System.
- The Veterans Health Education Coordinator will maintain the original records in a secured cabinet in her office.
- The Health Promotion Disease Prevention Program Manager will complete audits of the tool quarterly, checking with the Talent Management System Coordinator for any discrepancies in training documentation.

Office of Inspector General Contact and Staff Acknowledgments

Contact	For more information about this report, please contact the OIG at (202) 461-4720.
Inspection Team	Larry Selzler, MSPT, Team Leader Cindy Niemack-Brown, LCSW, LMHP James Seitz, RN, MBA Laura Snow, LCSW, MHC
Other Contributors	Shirley Carlile, BA Lin Clegg, PhD Marnette Dhooghe, MS Jennifer Reed, RN, MSHI Patrick Smith, M. Stat Marilyn Stones, BS Mary Toy, RN, MSN Jarvis Yu, MS

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Endnotes

^a References used for the EOC review included:

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^c References used for the HIV Screening review included:

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^d References used for the Outpatient Documentation review included:

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^e Reference used for PACT Compass data graphs:

- Department of Veterans' Affairs, *Patient Aligned Care Teams Compass Data Definitions*, June 24, 2014.