Report No. 14-04394-145

Review of Community Based Outpatient Clinics and Other Outpatient Clinics of VA San Diego Healthcare System San Diego, California

March 10, 2015

Glossary

AUD	alcohol use disorder
CBOC	community based outpatient clinic
EHR	electronic health record
EOC	environment of care
ER	emergency room
FY	fiscal year
HIV	human immunodeficiency virus
NA	not applicable
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 under the oversight of the VA San Diego Healthcare System and Veterans Integrated Service Network 22 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 Imperial Valley CBOC, El Centro, CA, as a representative site and evaluated the environment of care on December 9, 2014.

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

Alcohol Use Disorder: Ensure that Clinic:

- 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 training within 12 months of appointment to Patient Aligned Care Teams.

- Providers receive health coaching training within 12 months of appointment to Patient Aligned Care Teams.

Human Immunodeficiency Virus Screening: Ensure that clinicians:

- Provide human immunodeficiency virus testing as part of routine medical care for patients and that compliance is monitored.

- Consistently document informed consent for human immunodeficiency virus testing and that compliance is monitored.

Comments

The Acting Veterans Integrated Service Network and Facility Directors agreed with the CBOC and other outpatient clinic review findings and recommendations and provided

acceptable improvement plans. (See Appendixes C and D, pages 15–18, for the full text of the Directors' comments.) 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 conducted at a randomly selected outpatient site of care that had not been previously inspected.[1] Details of the targeted study populations

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[1] Each outpatient site selected for physical inspection was randomized from all primary care CBOCs, multi-specialty CBOCs, and heath 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.

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

Results and Recommendations

EOC

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

We reviewed relevant documents and conducted a physical inspection of the Imperial Valley CBOC. The table below shows the areas reviewed for this topic. All areas met applicable requirements. We made no recommendations.

Table 2. EOC

NM	Areas Reviewed	Findings	Recommendations
	The furnishings are clean and in good repair.		
	The CBOC is clean (walls, floors, and equipment are clean).		
	The CBOC's inventory of hazardous materials was reviewed for accuracy twice within the prior 12 months.		
	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.		
	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.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	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.		
	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.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	Access to the information technology network room/server closet is documented.		
	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.		
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.	Staff did not provide education and counseling for 9 of 26 patients who had positive alcohol use screens.	**1.** We recommended that clinic staff provide education and counseling for patients with positive alcohol screens and drinking alcohol above National Institute on Alcohol Abuse and Alcoholism limits.
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 7 of 19 patients diagnosed with alcohol dependence.	**2.** We recommended that clinic staff consistently document the offer of further treatment to 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.		
X	Clinic RN Care Managers have received motivational interviewing training within 12 months of appointment to PACT.	We found that 14 of 31 RN Care Managers (45 percent) did not receive MI training within the established timeframe.	**3.** We recommended that Clinic Registered Nurse Care Managers receive motivational interviewing training within 12 months of appointment to Patient Aligned Care Teams.

NM	Areas Reviewed (continued)	Findings	Recommendations
	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.		
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 40 of 57 providers (70 percent) did not receive health coaching training within 12 months of appointment to PACT.	**4.** We recommended that providers receive health coaching training within 12 months of appointment to Patient Aligned Care Teams.
	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.		
	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 35 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. HIV Screening

NM	Areas Reviewed	Findings	Recommendations
	The facility has a HIV Lead 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.		
X	Clinicians provided HIV testing as part of routine medical care for patients.	Clinicians did not provide HIV testing to 8 of 35 (23 percent) patients.	**5.** We recommended that clinicians provide human immunodeficiency virus testing as part of routine medical care for patients and that compliance is monitored.
X	When HIV testing occurred, clinicians consistently documented informed consent.	Clinicians did not document informed consent for HIV testing for 6 of 13 patients.	**6.** We recommended that clinicians consistently document informed consent for human immunodeficiency virus testing and that compliance is monitored.
	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 39 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]	
San Diego, CA	664BY	Urban	31,565	49,809	19,183	Dermatology Ear, Nose and Throat Gynecology Immunology Neurology Ophthalmology Optometry Orthopedics Rheumatology	Audiology Blind Rehabilitation Diabetes Care Diabetic Retinal Screening Imaging Services MOVE! Program[10]	Pharmacy Rehabilitation Services Social Work VICTORS & Advanced Low Vision VIST
El Centro, CA	664GA	Urban	3,645	1,341	107	Not applicable	Diabetes Care	Pharmacy

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[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 $\geq$ 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 (continued)	Station #	Rurality	Outpatient Workload / Encounters			Services Provided		
			PC	MH	Specialty Clinics	Specialty Care	Ancillary Services	
Oceanside, CA	664GB	Urban	19,044	19,113	19,858	Dermatology Gynecology Medicine Specialties Ophthalmology Optometry Orthopedics Pain Clinic Podiatry Urology	Audiology Diabetes Care Diabetic Retinal Screening Imaging Services MOVE! Program	Pharmacy Polytrauma Rehabilitation Services Sleep Medicine Social Work
Chula Vista, CA	664GC	Urban	11,130	3,979	3,496	Dermatology Optometry Podiatry	Audiology Diabetes Care Diabetic Retinal Screening	MOVE! Program Pharmacy Social Work
Escondido, CA	664GD	Urban	9,857	6,941	61	Not applicable	Diabetes Care	

VIST=Visually Impaired Services Team

PACT Compass Metrics

FY 2014 New Primary Care Patient Average Wait Time in Days
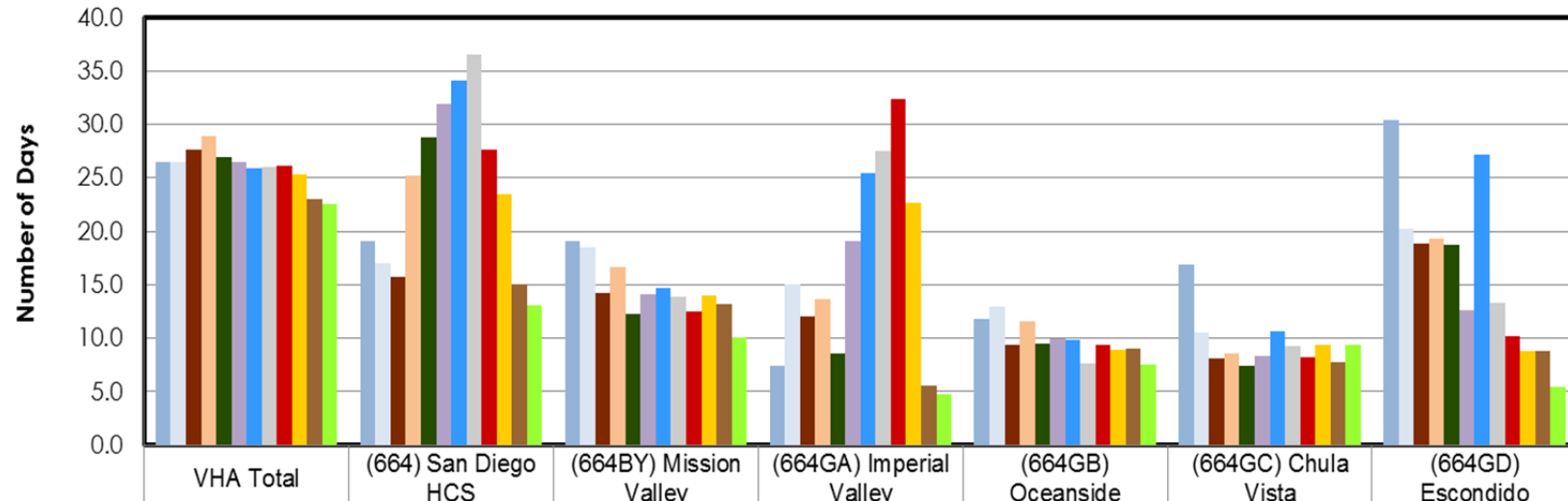
	VHA Total	(664) San Diego HCS	(664BY) Mission Valley	(664GA) Imperial Valley	(664GB) Oceanside	(664GC) Chula Vista	(664GD) Escondido
OCT-FY14	26.5	19.0	19.1	7.5	11.8	16.9	30.4
NOV-FY14	26.5	17.0	18.5	15.0	12.9	10.6	20.2
DEC-FY14	27.7	15.8	14.2	12.1	9.4	8.1	18.8
JAN-FY14	28.9	25.2	16.6	13.6	11.6	8.5	19.3
FEB-FY14	26.9	28.8	12.3	8.6	9.5	7.4	18.8
MAR-FY14	26.4	31.9	14.1	19.1	9.9	8.3	12.6
APR-FY14	25.9	34.1	14.7	25.5	9.9	10.7	27.1
MAY-FY14	26.0	36.5	13.9	27.6	7.6	9.3	13.4
JUN-FY14	26.1	27.7	12.5	32.4	9.4	8.3	10.2
JUL-FY14	25.3	23.5	14.0	22.7	9.0	9.4	8.8
AUG-FY14	23.0	15.0	13.2	5.6	9.0	7.8	8.8
SEP-FY14	22.6	13.0	10.1	4.7	7.6	9.4	5.4

Data Definition.[e] 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)

Percentage of ER Encounters to PC Encounters
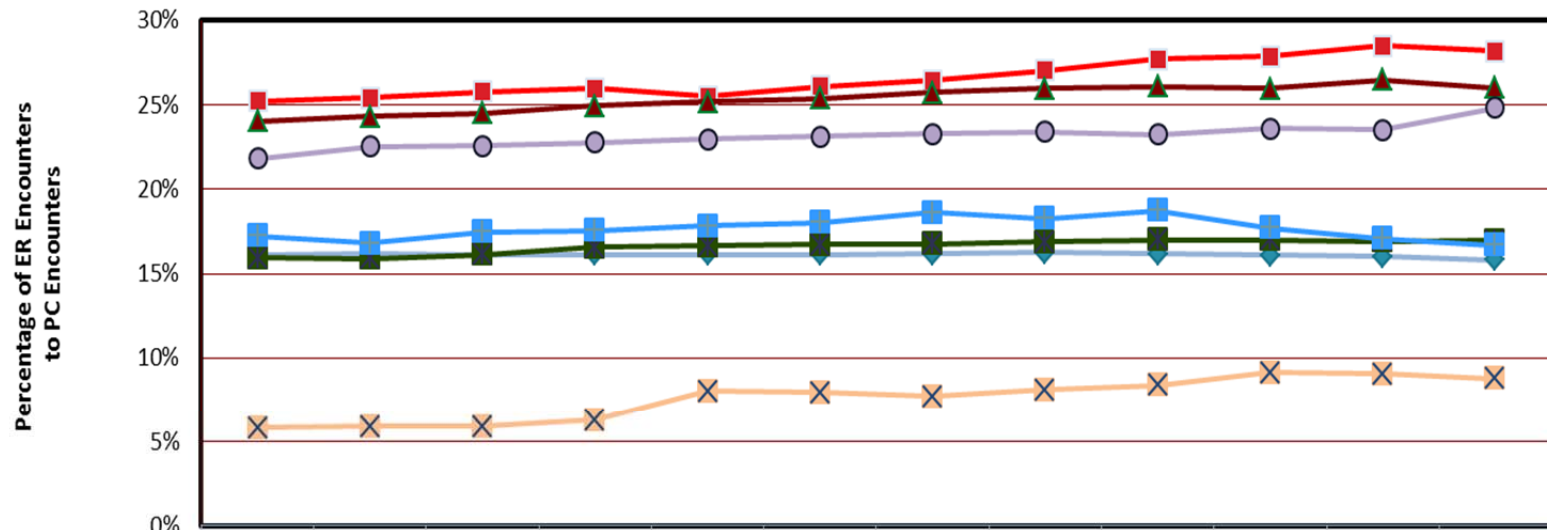
	OCT-FY14	NOV-FY14	DEC-FY14	JAN-FY14	FEB-FY14	MAR-FY14	APR-FY14	MAY-FY14	JUN-FY14	JUL-FY14	AUG-FY14	SEP-FY14
VHA Total	16.1%	16.2%	16.1%	16.1%	16.1%	16.1%	16.2%	16.2%	16.2%	16.1%	16.0%	15.8%
(664) San Diego HCS	25.2%	25.4%	25.8%	26.0%	25.5%	26.1%	26.4%	27.0%	27.7%	27.9%	28.5%	28.2%
(664BY) Mission Valley	24.0%	24.3%	24.5%	24.9%	25.2%	25.4%	25.8%	26.0%	26.1%	26.0%	26.5%	26.0%
(664GA) Imperial Valley	5.8%	5.9%	5.9%	6.3%	8.0%	8.0%	7.7%	8.1%	8.4%	9.2%	9.1%	8.8%
(664GB) Oceanside	15.9%	15.9%	16.1%	16.6%	16.7%	16.7%	16.8%	16.9%	17.0%	17.0%	16.9%	17.0%
(664GC) Chula Vista	21.8%	22.5%	22.6%	22.8%	23.0%	23.1%	23.3%	23.4%	23.2%	23.6%	23.5%	24.8%
(664GD) Escondido	17.2%	16.8%	17.5%	17.5%	17.9%	18.0%	18.6%	18.3%	18.7%	17.7%	17.1%	16.7%

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
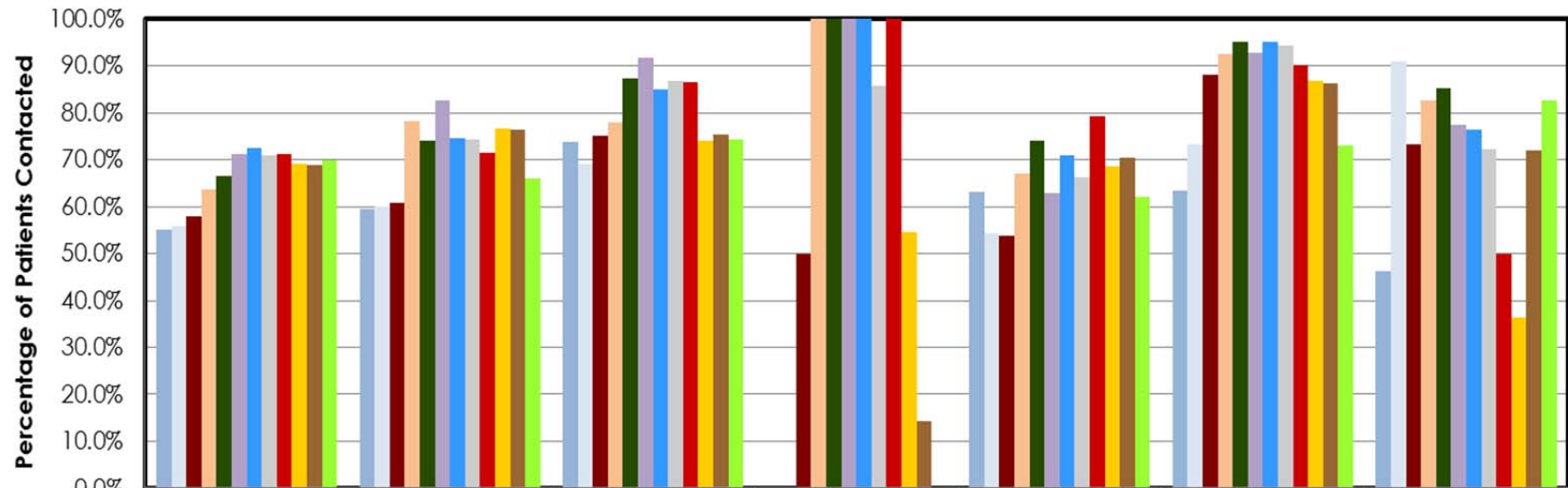
	VHA Total	(664) San Diego HCS	(664BY) Mission Valley	(664GA) Imperial Valley	(664GB) Oceanside	(664GC) Chula Vista	(664GD) Escondido
OCT-FY14	55.1%	59.6%	73.8%	0.0%	63.1%	63.3%	46.2%
NOV-FY14	55.9%	59.9%	69.0%	0.0%	54.2%	73.2%	90.9%
DEC-FY14	57.8%	60.9%	75.2%	50.0%	53.8%	88.1%	73.2%
JAN-FY14	63.6%	78.2%	78.0%	100.0%	67.1%	92.6%	82.6%
FEB-FY14	66.4%	73.9%	87.3%	100.0%	74.1%	95.0%	85.3%
MAR-FY14	71.2%	82.7%	91.7%	100.0%	62.8%	92.7%	77.4%
APR-FY14	72.6%	74.5%	85.0%	100.0%	70.8%	95.1%	76.5%
MAY-FY14	70.8%	74.3%	86.8%	85.7%	66.1%	94.4%	72.2%
JUN-FY14	71.3%	71.4%	86.6%	100.0%	79.2%	90.2%	50.0%
JUL-FY14	69.1%	76.5%	74.1%	54.5%	68.6%	86.8%	36.4%
AUG-FY14	68.9%	76.4%	75.4%	14.3%	70.4%	86.2%	72.0%
SEP-FY14	69.8%	66.1%	74.4%	0.0%	62.0%	73.0%	82.6%

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.

Acting VISN Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: February 6, 2015

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

Subject: **CBOCs and OOCs Review of VA San Diego Healthcare System,
San Diego, CA**

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

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

1. I concur with the findings and recommendations in the report of the
CBOCs and OOCs Review of VA San Diego Healthcare System,
San Diego, CA (Report No. not yet assigned). Review conducted the
week of December 9, 2014.

2. If you have any questions regarding our responses and actions to the
recommendations in the draft report, please contact me at
(562) 826-5963.

Jennie Bates, RN

for Skye McDougall, PhD

Attachment

Facility Director Comments

Department of
Veterans Affairs

Memorandum

Date: February 3, 2015

From: Director, VA San Diego Healthcare System (664/00)

Subject: **CBOCs and OOCs Review of VA San Diego Healthcare System, San Diego, CA**

To: Acting Director, Desert Pacific Healthcare Network (10N22)

1. We are submitting written comments in response to the Community Based Outpatient Clinic and Other Outpatient Clinics Review completed December 8-11, 2014, at the VA San Diego Healthcare System.

2. In reviewing the report, the facility has addressed all identified recommendations and has a plan to resolve all non-compliant areas cited in the report.

3. If you have any questions regarding this response, please contact Jamel Gilliam, Health System Specialist to the Associate Director, (858) 642-1595.

FOR AND IN
THE
ABSENCE OF   X *Cynthia E Abair*

Jeffrey T. Gering, FACHE
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 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: Yes

Target date for completion: July 1, 2015

Facility response: The facility clinical reminder will be revised to clearly document the provision of education and counseling about Alcohol Use Disorder (AUD) when a positive screen is documented.   When a patient tests positive on the screening assessment (AUDIT-C) and exceeds the indicated thresholds, the clinician completing the clinical reminder will assure appropriate education/counseling on health risk and advice to reduce/abstain. Reminder reports will be used to monitor compliance.

Recommendation 2. We recommended that clinic staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.

Concur: Yes

Target date for completion: July 1, 2015

Facility response: For patients testing positive on the screening assessment (AUDIT-C) and exceeding the indicated threshold or known diagnosis of Alcohol Use Disorder, the clinical reminder will be completed by primary providers to assure appropriate education/counseling on health risk and advice to reduce/abstain as well as trigger appropriate treatment options by other team members or mental health providers.

Recommendation 3. We recommended that Clinic Registered Nurse Care Managers receive motivational interviewing training within 12 months of appointment to Patient Aligned Care Teams.

Concur: Yes

Target date for completion: July 31, 2015

Facility response: Monthly motivational interviewing trainings and multiple Health Coaching Training/TEACH (TEACH) courses will be offered until July 2015, with trainings to be provided at the main facility and outpatient clinics.   After July 2015,

motivational interviewing trainings and TEACH will be offered on a quarterly basis or more often as needed for new Clinic Registered Nurse Care Managers, as part of their unit orientation requirements. Staff will enroll through the Talent Management System (TMS) electronic training site, and completion of training can also be monitored through TMS.

Recommendation 4. We recommended that providers receive health coaching training within 12 months of appointment to Patient Aligned Care Teams.

Concur: Yes

Target date for completion: July 31, 2015

Facility response: Monthly health coaching trainings (TEACH) will be offered until July 2015, and, as needed, for new hires for Patient Aligned Care Teams.

Recommendation 5. We recommended that clinicians provide human immunodeficiency virus testing as part of routine medical care for patients and that compliance is monitored.

Concur: Yes

Target date for completion: July 1, 2015

Facility response: Provider-specific and practice-specific performance on HIV screening will be monitored and tracked monthly using the HIV screening clinical reminder report. The first report, to be issued in February 2015, will include January 2015, performance. The improvement goal will be >= 90% satisfaction of the clinical reminder for HIV screening by July 2015, for VA San Diego Healthcare System overall.

Recommendation 6. We recommended that clinicians consistently document informed consent for human immunodeficiency virus testing and that compliance is monitored.

Concur: Yes

Target date for completion: November 3, 2014

Facility response: The clinical reminder for HIV screening and the HIV order were revised to require informed consent (verbal). Reminder reports will be used to monitor compliance.

Office of Inspector General
Contact and Staff Acknowledgments

Contact	For more information about this report, please contact the OIG at (202) 461-4720.
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  Scott Peters, Raul Ruiz, Juan Vargas

This report is available at www.va.gov/oig.

Endnotes

[a] References used for the EOC review included:

- International Association of Healthcare Central Services Materiel Management, *Central Service Technical Manual*, 7th ed.
- Joint Commission, *Joint Commission Comprehensive Accreditation and Certification Manual*, July 1, 2014.
- US Department of Health and Human Services, Health Insurance Portability and Accountability Act, *The Privacy Rule*, February 16, 2006.
- US Department of Labor, Occupational Safety and Health Administration, *Laws and Regulations*, *1910 General Industry Standards*.
- US Department of Labor, Occupational Safety and Health Administration, *Guidelines for Preventing Workplace Violence*, 2004.
- 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, *Online National Fire Protection Association Codes, Standards, Handbooks, and Annotated Editions of Select Codes and Standards*, July 9, 2013.
- 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.

[b] References used for the AUD review included:

- VHA Handbook 1101.10, *Patient Aligned Care Teams (PACT),* February 5, 2014.
- VHA Handbook 1120.02, *Health Promotion Disease Prevention (HPDP) Program*, July 5, 2012.
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