Department of Veterans Affairs
Office of Inspector General

Office of Healthcare Inspections

Report No. 15-00108-194

Review of Community Based Outpatient Clinics and Other Outpatient Clinics of Martinsburg VA Medical Center Martinsburg, West Virginia

March 31, 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
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

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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 Martinsburg VA Medical Center and Veterans Integrated Service Network 5 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 Fort Detrick, MD, CBOC as a representative site and evaluated the environment of care on January 14, 2015.

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

Environment of Care: Ensure that at the Fort Detrick CBOC:

- Review of the hazardous materials inventory occurs twice within a 12-month period.
- Employees receive the required training on hazardous materials.
- Personal protective equipment is available for all staff.
- Staff protect patient-identifiable information on laboratory specimens.
- The information technology server closet is maintained according to information technology safety and security standards.

Alcohol Use Disorder: Ensure that:

- Clinic staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.
- Registered Nurse Care Managers receive motivational interviewing and health coaching training within the time frame specified in VHA policy.
- Providers and clinical associates in the outpatient clinics receive health coaching training within the time frame specified in VHA policy.

Human Immunodeficiency Virus Screening: Ensure that:

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

Comments

The VISN 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 15–20, for the full text of the Directors' comments.) We consider recommendations 2 and 4 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 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 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.

[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 Fort Detrick 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.		
	The CBOC is clean (walls, floors, and equipment are clean).		
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 Fort Detrick CBOC was not reviewed for accuracy twice within the prior 12 months.	**1**. We recommended that managers ensure review of the hazardous materials inventory occurs twice within a 12-month period at the Fort Detrick 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.		
X	Employees received training on the new chemical label elements and safety data sheet format.	Twenty of 26 employees at the Fort Detrick CBOC had not received training on the new chemical label elements and safety data sheet format.	**2.** We recommended that employees at the Fort Detrick CBOC receive the required training on hazardous materials.
	Clinic managers ensure that safety inspections of CBOC medical equipment are performed in accordance with Joint Commission standards.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	Hand hygiene is monitored for compliance.		
X	Personal protective equipment is readily available.	Personal protective equipment (except for gloves) was not readily available in three of the four rooms we inspected at the Fort Detrick CBOC.	**3.** We recommended that personal protective equipment is available for all staff at the Fort Detrick CBOC.
	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.		
X	The staff protects patient-identifiable information on laboratory specimens.	Urine specimens labeled with the patient's name and social security number were found unattended in the patients'/visitors' bathroom at the Fort Detrick CBOC.	**4.** We recommended that staff protect patient-identifiable information on laboratory specimens at the Fort Detrick CBOC.
	Documents containing patient-identifiable information are not visible or unsecured.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	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.		
X	Access to the information technology network room/server closet is documented.	Access to the information technology network room/server closet at the Fort Detrick CBOC was not documented.	**5.** We recommended that the information technology server closet at the Fort Detrick 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 (for example, 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 38 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.		
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 2 of 14 patients diagnosed with alcohol dependence.	**6.** 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.		

NM	Areas Reviewed (continued)	Findings	Recommendations
X	All Clinic RN Care Managers receive motivational interviewing training within the time frame specified in VHA policy.	We found that 9 of 23 RN Care Managers did not receive motivational interviewing training within the time frame specified in VHA policy.	**7.** We recommended that Clinic Registered Nurse Care Managers receive motivational interviewing and health coaching training within the time frame specified in VHA policy.
X	All 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 the time frame specified in VHA policy.	We found that 9 of 23 RN Care Managers did not receive health coaching training within the time frame specified in VHA policy.	
X	All 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 the time frame specified in VHA policy.	We found that 19 of 21 providers did not receive health coaching training within the time frame specified in VHA policy	**8**. We recommended that all providers and clinical associates in the outpatient clinics receive health coaching training within the time frame specified in VHA policy.
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 the time frame specified in VHA policy..	We found that 11 of 22 clinical associates did not receive health coaching training within the time frame specified in VHA policy.	
	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 34 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.		
	Clinicians provided HIV testing as part of routine medical care for patients.		
X	When HIV testing occurred, clinicians consistently documented informed consent.	Clinicians did not document informed consent for HIV testing for 2 of 11 patients.	**9**. 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 43 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.

			Outpatient Workload / Encounters[4]			Services Provided[5]		
Location	**Station #**	**Rurality[6]**	**PC**	**MH**	**Specialty Clinics[7]**	**Specialty Care[8]**	**Ancillary Services[9]**	
Cumberland, MD	613GA	Urban	7,572	4,053	1,279	Optometry Pain Clinic Podiatry	Diabetic Retinal Screening EKG HBPC MOVE! Program[10]	Nutrition Pharmacy Rehabilitation Services
Hagerstown, MD	613GB	Urban	9,841	2,509	673	Podiatry	Diabetic Retinal Screening EKG	MOVE! Program Pharmacy
Winchester, VA	613GC	Rural	9,609	3,880	820	Optometry Podiatry	Diabetic Retinal Screening HBPC MOVE! Program	Nutrition Pharmacy Rehabilitation Services
Franklin, WV	613GD	Rural	872	231	N/A	N/A	N/A	
Petersburg, WV	613GE	Rural	3,523	936	3	N/A	N/A	

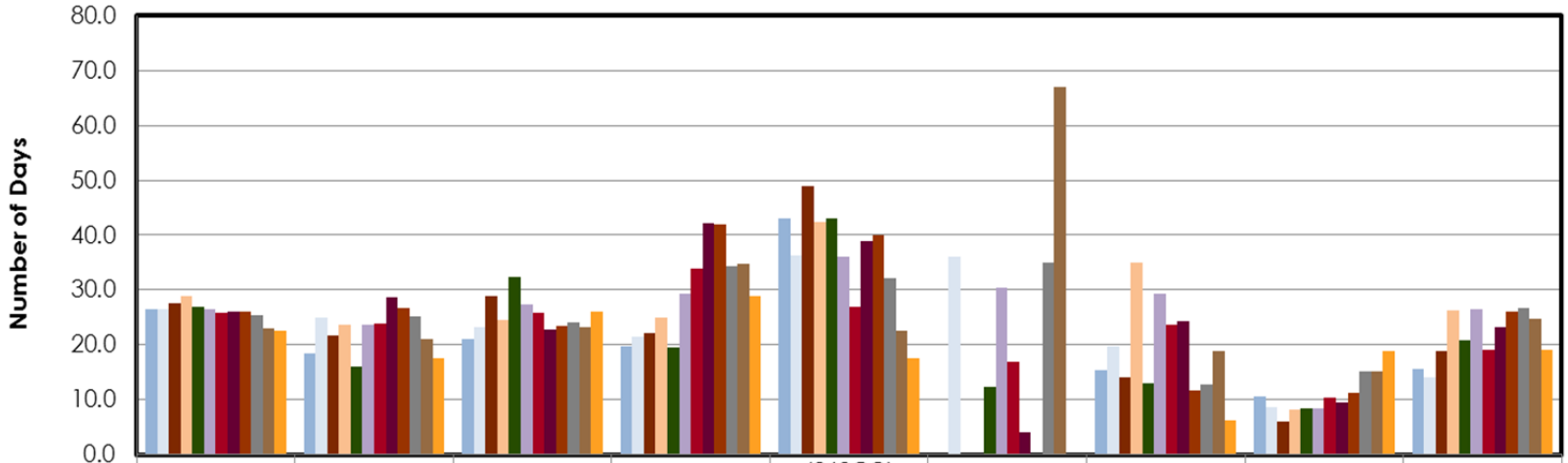
[3] Includes all CBOCs in operation before April 1, 2014.
[4] An encounter is a professional contact between a patient and a practitioner vested with responsibility for diagnosing, evaluating, and treating the patient's condition. Encounters occur in both the outpatient and inpatient setting.
[5] The 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.

			Outpatient Workload / Encounters			Services Provided		
Location (continued)	**Station #**	**Rurality**	**PC**	**MH**	**Specialty Clinics**	**Specialty Care**	**Ancillary Services**	
Harrisonburg, VA	613GF	Urban	8,118	3,476	83	N/A	Diabetic Retinal Screening MOVE! Program	Nutrition Pharmacy
Frederick, MD	613GG	Urban	5,689	3,936	6,638	Dermatology Optometry Orthopedics Podiatry	Audiology EKG MOVE! Program Nutrition	Pharmacy Rehabilitation Services

EKG=Electrocardiography; HBPC=Home Based Primary Care

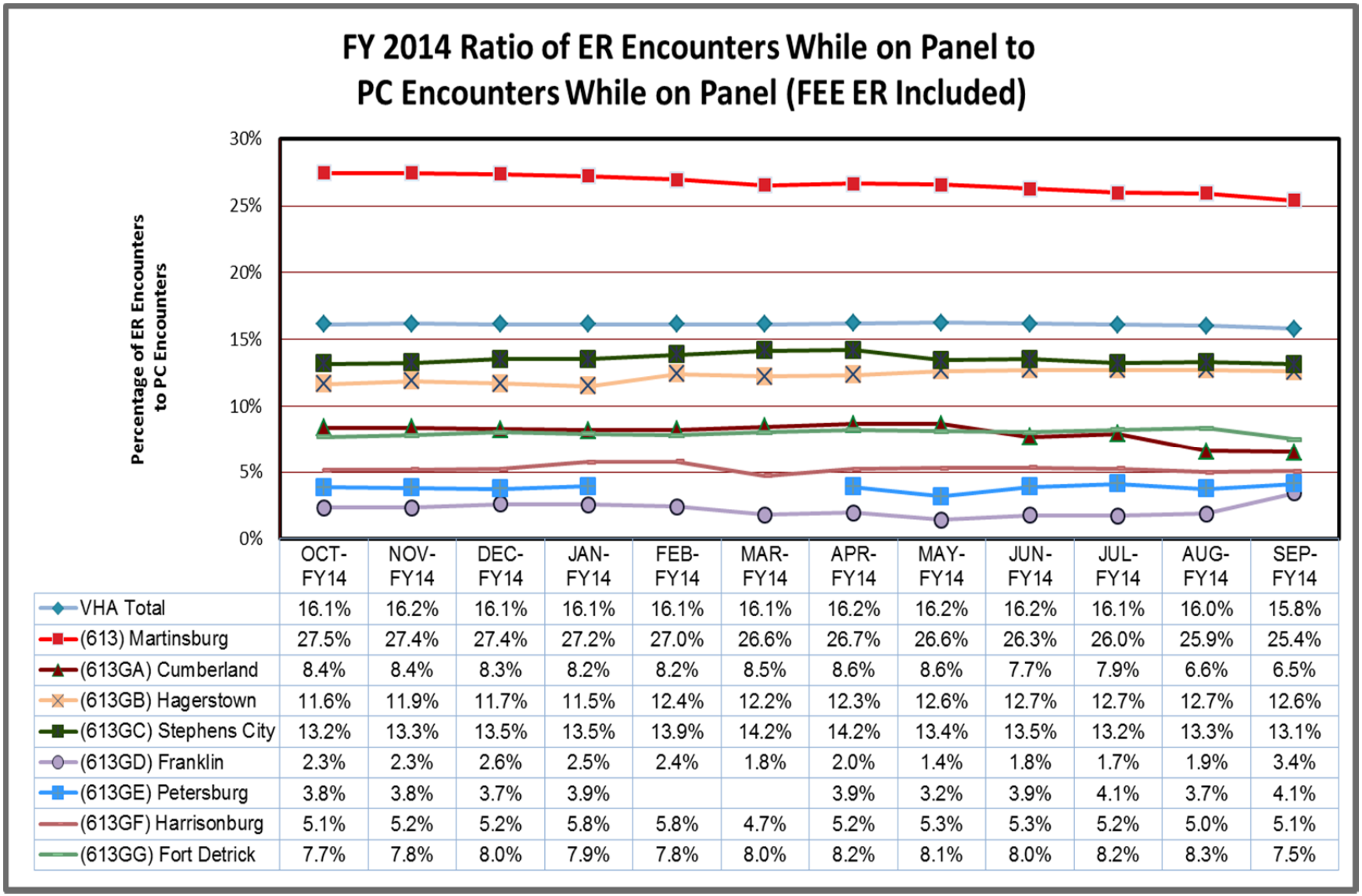
PACT Compass Metrics

FY 2014 New Primary Care Patient Average Wait Time in Days



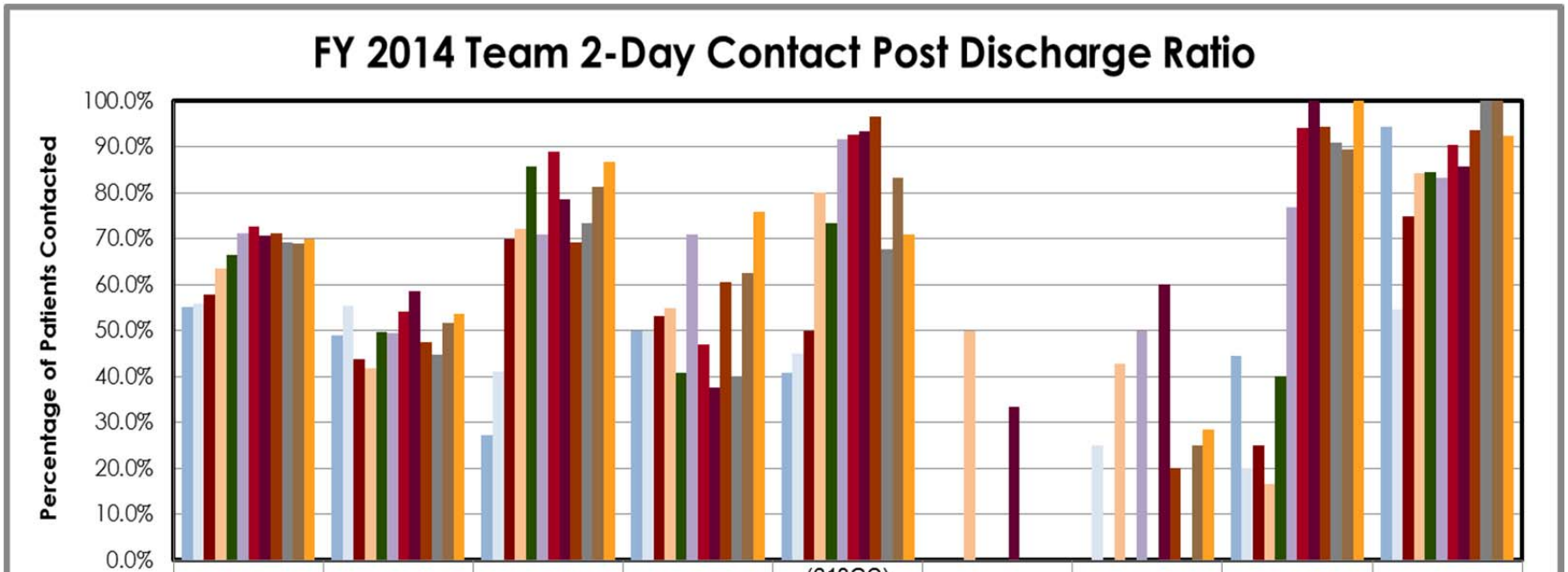
	VHA Total	(613) Martinsburg	(613GA) Cumberland	(613GB) Hagerstown	(613GC) Stephens City	(613GD) Franklin	(613GE) Petersburg	(613GF) Harrisonburg	(613GG) Fort Detrick
OCT-FY14	26.5	18.4	21.0	19.6	43.1		15.3	10.5	15.6
NOV-FY14	26.5	25.0	23.1	21.5	36.2	36.0	19.7	8.7	14.1
DEC-FY14	27.7	21.7	29.0	22.1	48.9		14.0	6.1	18.9
JAN-FY14	28.9	23.6	24.4	25.1	42.5	0.0	35.0	8.2	26.2
FEB-FY14	26.9	16.0	32.4	19.4	43.0	12.4	13.0	8.3	20.8
MAR-FY14	26.4	23.7	27.4	29.4	36.1	30.3	29.3	8.4	26.4
APR-FY14	25.9	23.9	25.9	33.9	26.9	17.0	23.7	10.4	19.0
MAY-FY14	26.0	28.7	22.9	42.1	38.8	4.0	24.3	9.5	23.2
JUN-FY14	26.1	26.8	23.4	42.0	40.1		11.6	11.2	26.1
JUL-FY14	25.3	25.1	24.1	34.4	32.1	35.0	12.8	15.3	26.8
AUG-FY14	23.0	20.9	23.2	34.7	22.7	67.0	18.9	15.1	24.8
SEP-FY14	22.6	17.7	26.1	28.9	17.5		6.3	18.9	19.1

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. Blank cells indicate the absence of reported data.



	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%
(613) Martinsburg	27.5%	27.4%	27.4%	27.2%	27.0%	26.6%	26.7%	26.6%	26.3%	26.0%	25.9%	25.4%
(613GA) Cumberland	8.4%	8.4%	8.3%	8.2%	8.2%	8.5%	8.6%	8.6%	7.7%	7.9%	6.6%	6.5%
(613GB) Hagerstown	11.6%	11.9%	11.7%	11.5%	12.4%	12.2%	12.3%	12.6%	12.7%	12.7%	12.7%	12.6%
(613GC) Stephens City	13.2%	13.3%	13.5%	13.5%	13.9%	14.2%	14.2%	13.4%	13.5%	13.2%	13.3%	13.1%
(613GD) Franklin	2.3%	2.3%	2.6%	2.5%	2.4%	1.8%	2.0%	1.4%	1.8%	1.7%	1.9%	3.4%
(613GE) Petersburg	3.8%	3.8%	3.7%	3.9%			3.9%	3.2%	3.9%	4.1%	3.7%	4.1%
(613GF) Harrisonburg	5.1%	5.2%	5.2%	5.8%	5.8%	4.7%	5.2%	5.3%	5.3%	5.2%	5.0%	5.1%
(613GG) Fort Detrick	7.7%	7.8%	8.0%	7.9%	7.8%	8.0%	8.2%	8.1%	8.0%	8.2%	8.3%	7.5%

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. Blank cells indicate the absence of reported data.



	VHA Total	(613) Martinsburg	(613GA) Cumberland	(613GB) Hagerstown	(613GC) Stephens City	(613GD) Franklin	(613GE) Petersburg	(613GF) Harrisonburg	(613GG) Fort Detrick
OCT-FY14	55.1%	49.1%	27.3%	50.0%	40.9%	0.0%	0.0%	44.4%	94.4%
NOV-FY14	55.9%	55.3%	41.2%	50.0%	45.0%	0.0%	25.0%	20.0%	54.5%
DEC-FY14	57.8%	43.7%	70.0%	53.1%	50.0%	0.0%	0.0%	25.0%	75.0%
JAN-FY14	63.6%	41.8%	72.2%	55.0%	80.0%	50.0%	42.9%	16.7%	84.2%
FEB-FY14	66.4%	49.7%	85.7%	40.9%	73.3%	0.0%	0.0%	40.0%	84.6%
MAR-FY14	71.2%	49.4%	70.8%	71.0%	91.7%		50.0%	76.9%	83.3%
APR-FY14	72.6%	54.1%	88.9%	46.9%	92.6%	0.0%	0.0%	94.1%	90.5%
MAY-FY14	70.8%	58.7%	78.6%	37.5%	93.3%	33.3%	60.0%	100.0%	85.7%
JUN-FY14	71.3%	47.4%	69.2%	60.6%	96.6%	0.0%	20.0%	94.4%	93.8%
JUL-FY14	69.1%	44.9%	73.3%	40.0%	67.6%	0.0%	0.0%	90.9%	100.0%
AUG-FY14	68.9%	51.8%	81.3%	62.5%	83.3%	0.0%	25.0%	89.5%	100.0%
SEP-FY14	69.8%	53.7%	86.7%	75.9%	70.8%	0.0%	28.6%	100.0%	92.3%

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. Blank cells indicate the absence of reported data.

Appendix C

Veterans Integrated Service Network Director Comments

Department of Veterans Affairs

Memorandum

Date: March 13, 2015

From: Acting Director, VA Capitol Health Care Network (10N5)

Subject: **Review of CBOCs and OOCs of Martinsburg VA Medical Center, Martinsburg, WV**

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

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

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

2. If you have any questions or require additional information, please contact Jeffrey Lee, VISN 5 Quality Management Officer at (410) 691-7816.

(original signed by:)

Joseph A. Williams, Jr.
Acting Network Director

Facility Director Comments

Department of Veterans Affairs

Memorandum

Date: March 4, 2015

From: Director, Martinsburg VA Medical Center, Martinsburg, WV (613/00)

Subject: **Review of CBOCs and OOCs of Martinsburg VA Medical Center, Martinsburg, WV**

To: Acting Director, VA Capitol Health Care Network (10N5)

1. I have reviewed the draft report and concur with the findings in the report.

2. The corrective actions for each recommendation have been provided.

3. Should you have any questions, please contact V. Denise O'Dell, Chief Quality Management at (304) 263-0811 ext. 4035.

(original signed by:)

Timothy J. Cooke
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 managers ensure review of the hazardous materials inventory occurs twice within a 12-month period at the Fort Detrick CBOC.

Concur

Target date for completion: Completed

Facility response: The Safety Office developed a plan to review the Hazardous Material Inventory twice a year and update as new Hazardous Materials are added per MCM 001S-37, Hazard Communications. Services are required to submit their inventory to the Safety Office twice per year using MCM 001S-37 Appendix A – Chemical Inventory Form.

Recommendation 2. We recommended that employees at the Fort Detrick CBOC receive the required training on hazardous materials.

Concur

Target date for completion: Completed

Facility response: All employees at the Fort Detrick CBOC have received the required training on hazardous materials. This one time course has been documented compliant for the Fort Detrick CBOC employees in TMS VA Item #17663.

Recommendation 3. We recommended that personal protective equipment is available for all staff at the Fort Detrick CBOC.

Concur

Target date for completion: June 30, 2015

Facility response: Personal protective equipment (PPE) was made available to all staff at the Fort Detrick CBOC on 3/5/15. Two PPE kits each containing yellow isolation gowns, non-latex gloves in various sizes (small, medium, large, extra-large), masks, and face shields were provided and stored in all the 10 examination rooms. Usage and availability will be monitored by the Health Technician for the Fort Detrick CBOC on a regular basis. The availability of PPE to staff would be maintained and documented for compliance through the Environment of Care (EOC) monthly inspections. Target is

100% availability which will be monitored through the EOC rounds for the next 3 consecutive months.

Recommendation 4. We recommended that staff protect patient-identifiable information on laboratory specimens at the Fort Detrick CBOC.

Concur

Target date for completion: Completed

Facility response: To protect patient-identifiable information on laboratory specimens at the Fort Detrick CBOC, specifically on labeled urine specimens in the patients'/visitors' bathroom, a change in the process of urine specimen collection has been instituted on 3/9/15. After the urine specimen has been obtained, the patient is expected to secure the specimen cup inside an opaque Bio-hazard bag then deliver the specimen bag to the laboratory area. Patients are to be instructed of this new process and informational signage would be present inside the bathroom area as well.

Recommendation 5. We recommended that the information technology server closet at the Fort Detrick CBOC is maintained according to information technology safety and security standards.

Concur

Target date for completion: June 30, 2015

Facility response: Access to the information technology network room/server closet is restricted and entry is through the use of a swipe card reader. Visitor access to the information technology network room/server closet is documented by using logs with the following information: name and organization of the person visiting; signature of the visitor; form of identification; date of access; time of entry and departure; purpose of visit; name and organization of person visited. Maintenance of this access log is monitored for compliance through the monthly EOC inspections. Target is 100% availability and usage which will be checked through the EOC rounds for the next 3 consecutive months.

Recommendation 6. We recommended that clinic staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.

Concur

Target date for completion: June 30, 2015

Facility response: An instructional review of AUD screening and the process for addressing positive AUDIT–C findings, including the need for documentation of the offer of further treatment, will be conducted at the 3/19/15 Primary Care (PC) monthly meeting for all PC staff. The PC Program Analyst (or backup) will pull the positive AUDIT-C report daily and alert PACT teamlets and the HPDP Program Manager to

effect compliance. The teamlet RN Care Manager or the provider will complete further diagnostic assessment for those patients having a positive alcohol screen, document the offer of further treatment and include a plan for follow-up at the next visit. The HPDP Program Manager (or backup) will complete audits of the electronic health record to monitor sustained improvement.

Recommendation 7. We recommended that Clinic Registered Nurse Care Managers receive motivational interviewing and health coaching training within the time frame specified in VHA policy.

Concur

Target date for completion: June 30, 2015

Facility response: The HPDP Program Manager and the Primary Care Nurse Managers will maintain a spreadsheet to include all RN Care Managers appointed to PACT with subsequent appointment dates and completion of TEACH and MI dates. All newly hired staff will be immediately added to the tracker to continually monitor the need for completion within 12 months of hire.

Recommendation 8. We recommended that all providers and clinical associates in the outpatient clinics receive health coaching training within the time frame specified in VHA policy.

Concur

Target date for completion: June 30, 2015

Facility response: The HPDP Program Manager and the Primary Care Nurse Managers will maintain a spreadsheet to include all providers, clinical associates (LPN's) and Health Tech's appointed to PACT with subsequent appointment dates and completion of TEACH dates. All newly hired staff will be immediately added to the tracker to continually monitor completion within 12 months of hire.

Recommendation 9. We recommended that clinicians consistently document informed consent for human immunodeficiency virus testing and that compliance is monitored.

Concur

Target date for completion: June 30, 2015

Facility response: CBOC providers were reeducated on the need to obtain and document verbal informed consent for HIV testing. The first reeducation was done at the Medical Staff meeting held 12/03/14. This was followed by another reeducation through email sent to the CBOC providers on 12/4/14. CBOC providers were also informed of changes made to the ordering practice for HIV. Clinical Informatics added the HIV Reminder Dialogue on 12/4/14 for use by physicians and placed restrictions on the ordering of HIV from the lab menu. On 1/20/15 further restrictions were placed. HIV

screening can only be ordered thru the Clinical Reminder or Reminder Dialogue Template and only if verbal consent is documented. Once verbal consent is documented the order will be prompted for signature.

A minimum of 30 patient records will be monitored monthly to assure appropriate documentation of verbal informed consent for HIV testing as part of routine care. Target completion of HIV consent documentation is 90% compliance for three months.

Office of Inspector General
Contact and Staff Acknowledgments

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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 Manua*l, 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.
- VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics,* September 11, 2008.
- VHA National Center for Health Promotion and Disease Prevention (NCP), HealthPOWER Prevention News, *Motivational Interviewing,* Summer 2011. Accessed from:
- http://www.prevention.va.gov/Publications/Newsletters/2011/HealthPOWER_Prevention_News_Summer_2011.asp
- VHA National Center for Prevention (NCP). *NCP Training Resources*. Accessed from: http://vaww.infoshare.va.gov/sites/prevention/NCP_Training_Resources/Shared%20Documents/Forms/AllItems.aspx

[c] References used for the HIV Screening review included:

- Centers for Disease Control and Prevention, *Testing in Clinical Settings*, June 25, 2014. http://www.cdc.gov/hiv/testing/clinical/ Accessed July 18, 2014.
- VHA Assistant Deputy Under Secretary for Health for Clinical Operations Memorandum, *VAIQ #741734 – Documentation of Oral Consent for Human Immunodeficiency Virus (HIV) Testing*, January 10, 2014.
- VHA Directive 2008-082, *National HIV Program,* December 5, 2008.
- VHA Directive 2009-019, *Ordering and Reporting Test Results,* March 24, 2009.
- VHA Directive 2009-036, *Testing for Human Immunodeficiency Virus in Veterans Health Administration Facilities*, August 14, 2009.
- VHA Handbook 1004.01, *Informed Consent for Clinical Treatments and Procedures*, August 14, 2009.
- VHA National Center for Health Promotion and Disease Prevention (NCP), *Screening for HIV*, June 23, 2014. http://vaww.prevention.va.gov/Screening_for_HIV.asp Accessed July 18, 2014.
- VHA Under Secretary for Health Information, *Letter IL 10-2010-006, Use of Rapid Tests for Routine Human Immunodeficiency Virus Screening*, February 16, 2010.

[d] References used for the Outpatient Documentation review included:

- VHA Handbook 1907.01, *Health Information Management and Health Records,* September 19, 2012.
- VHA Handbook 1907.01, *Health Information Management and Health Records,* July 22, 2014.

[e] Reference used for PACT Compass data graphs:

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