Department of Veterans Affairs
Office of Inspector General

Office of Healthcare Inspections

Report No. 15-00123-211

Review of Community Based Outpatient Clinics and Other Outpatient Clinics of VA St. Louis Health Care System St. Louis, Missouri

April 23, 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
ER	emergency room
FY	fiscal year
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

Table of Contents

Page

Executive Summary i

Objectives, Scope, and Methodology 1
- Objectives 1
- Scope 1
- Methodology 1

Results and Recommendations 3
- EOC 3
- AUD 6
- HIV Screening 8
- Outpatient Documentation 9

Appendixes
- A. Clinic Profiles 10
- B. PACT Compass Metrics 11
- C. Veterans Integrated Service Network Director Comments 14
- D. Facility Director Comments 15
- E. Office of Inspector General Contact and Staff Acknowledgments 18
- F. Report Distribution 19
- G. Endnotes 20

Executive Summary

Review Purpose: The purpose of the review was to evaluate selected patient care activities to determine whether the Community Based Outpatient Clinics and other outpatient clinics under the oversight of the VA St. Louis Health Care System and Veterans Integrated Service Network 15 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 Primary Care Team 2 Annex, St. Louis, MO, as a representative site and evaluated the environment of care on March 3, 2015.

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 the:

- Information technology server closet at the Primary Care Team 2 Annex 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.
- Clinic Registered Nurse Care Managers receive motivational interviewing training within 12 months of appointment to Patient Aligned Care Teams.
- Clinic Registered Nurse Care Managers, providers, and clinical associates receive health coaching training within 12 months of appointment to Patient Aligned Care Teams.

Comments

The VISN and Facility Directors agreed with the Community Based Outpatient Clinic and other outpatient clinic review findings and recommendations and provided acceptable improvement plans. (See Appendixes C and D, pages 14–17, 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

[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 Primary Care Team 2 Annex. The table below shows the areas reviewed for this topic. The area 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).		
	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.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	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.		
	The women veterans' exam room is equipped with either an electronic or manual door lock.		
	The information technology network room/server closet is locked.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	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 Primary Care Team 2 Annex was not documented.	**1.** We recommended that the information technology server closet at the Primary Care Team 2 Annex 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 39 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 3 of 10 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 26 of 30 RN Care Managers (87 percent) did not receive MI training within 12 months of appointment to PACT.	**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
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 11 of 30 RN Care Managers (37 percent) did not receive health coaching training within 12 months of appointment to PACT.	**4.** We recommended that Clinic Registered Nurse Care Managers, providers, and clinical associates receive health coaching training within 12 months of appointment to Patient Aligned Care Teams.
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 20 of 38 providers (53 percent) did not receive health coaching training within 12 months of appointment to PACT.	
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 16 of 42 clinical associates (38 percent) 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 35 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 44 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

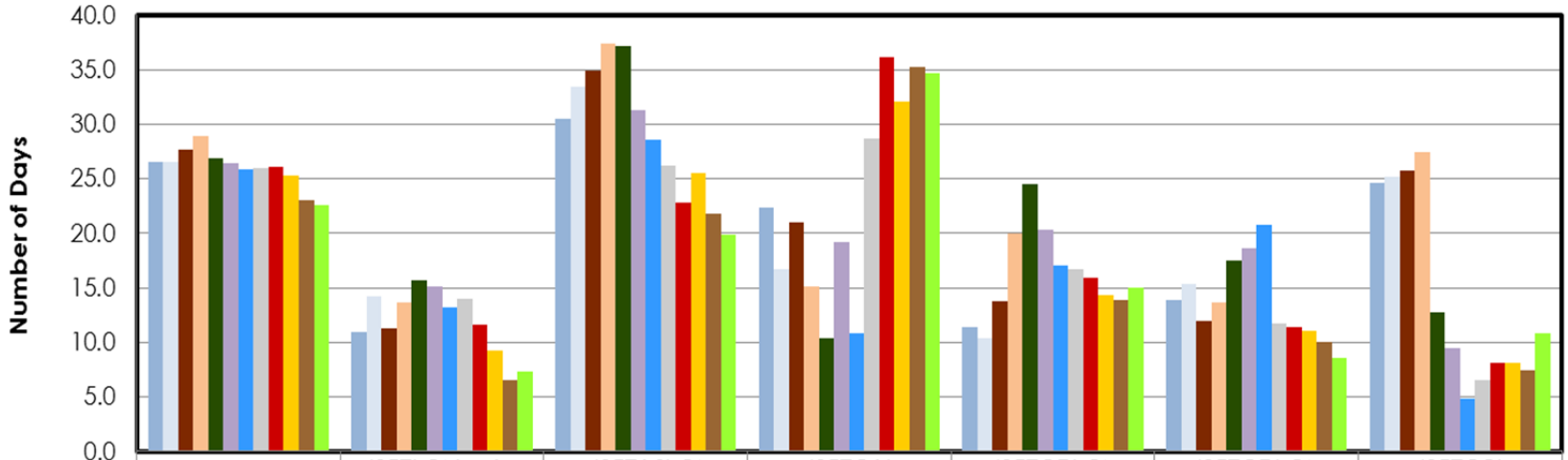
The CBOC/OOC review evaluates the quality of care provided to veterans at all of the outpatient clinics under the parent facility's oversight.[3] In addition to primary care integrated with women's health, mental health, and tele-health services, the CBOCs provide various specialty care and ancillary 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]**
Belleville, IL	657GA	Urban	6,197	421	NA	NA	MOVE! Program[10] Pharmacy
Florissant, MO	657GB	Urban	7,825	317	NA	NA	Diabetes Care Diabetic Retinal Screening Nutrition MOVE! Program
O'Fallon, MO	657GD	Urban	7,643	1,075	NA	NA	Diabetes Care Diabetic Retinal Screening Nutrition MOVE! Program
Washington, MO	657GS	Rural	3,584	768	NA	NA	MOVE! Program

[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.

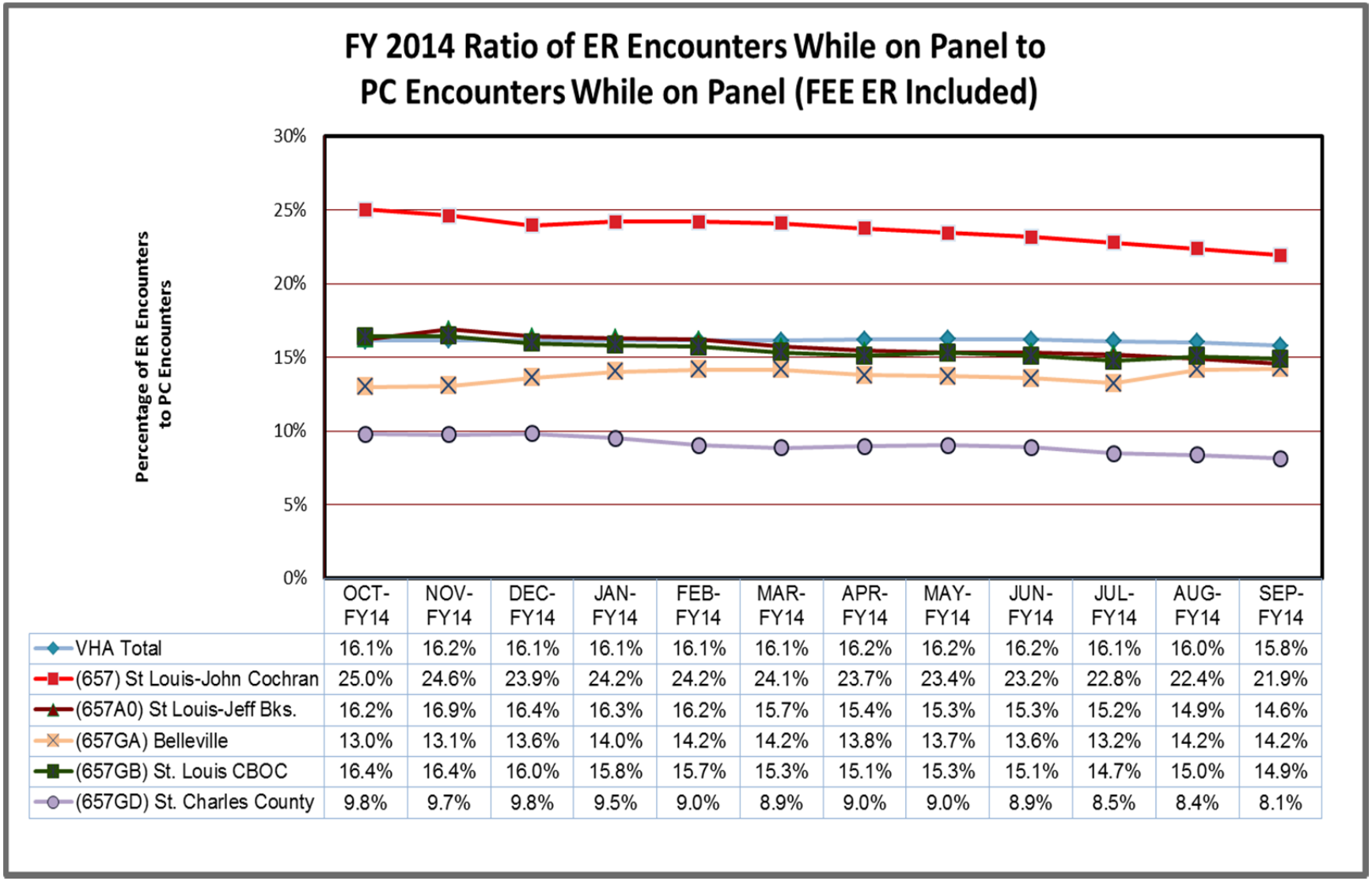
PACT Compass Metrics

FY 2014 New Primary Care Patient Average Wait Time in Days



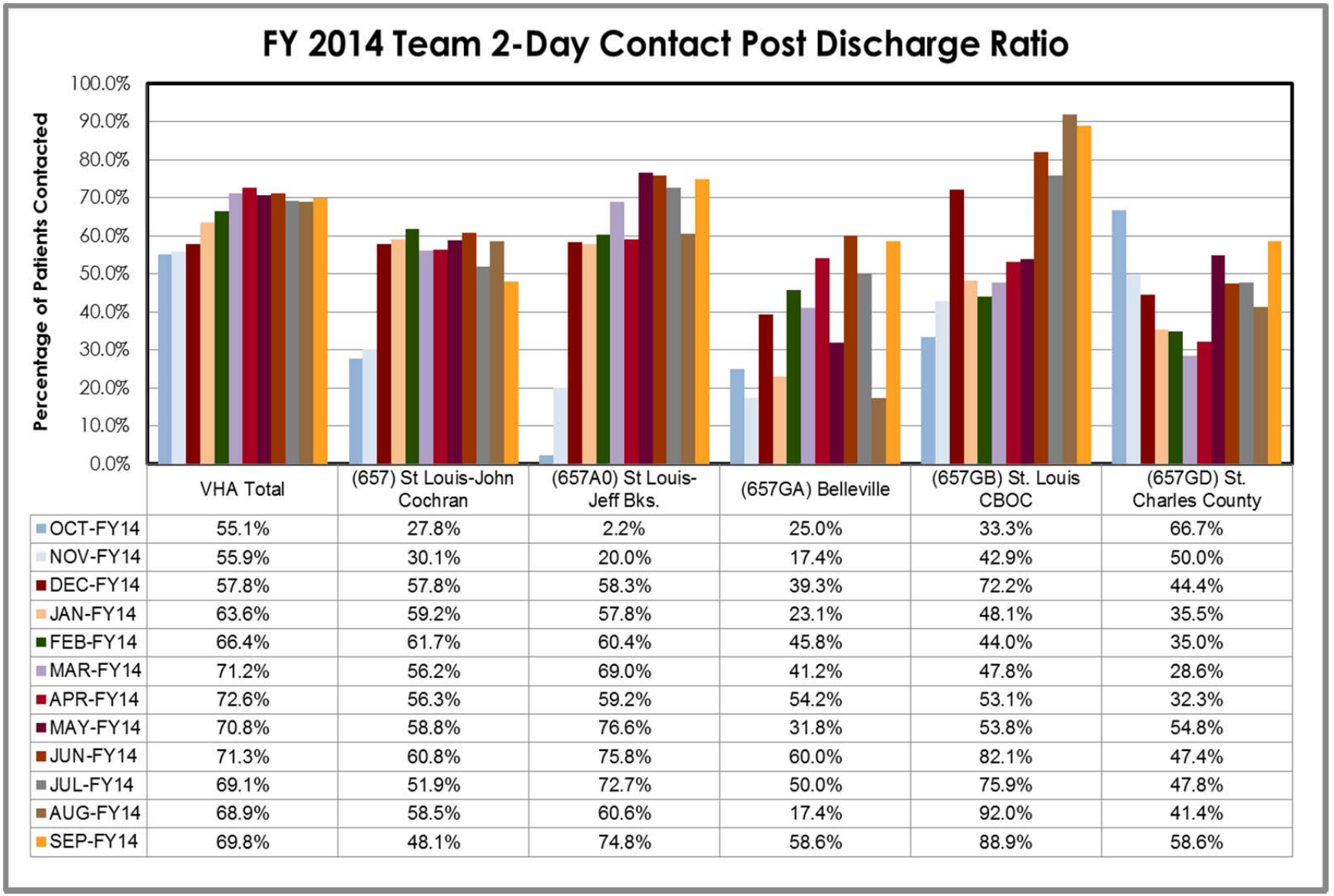
	VHA Total	(657) St Louis-John Cochran	(657A0) St Louis-Jeff Bks.	(657GA) Belleville	(657GB) St. Louis CBOC	(657GD) St. Charles County	(657GS) Washington
OCT-FY14	26.5	11.0	30.5	22.3	11.4	13.9	24.7
NOV-FY14	26.5	14.2	33.4	16.7	10.4	15.3	25.2
DEC-FY14	27.7	11.3	34.9	21.0	13.8	12.0	25.7
JAN-FY14	28.9	13.7	37.4	15.1	20.0	13.7	27.5
FEB-FY14	26.9	15.7	37.2	10.3	24.5	17.5	12.8
MAR-FY14	26.4	15.1	31.3	19.1	20.3	18.7	9.5
APR-FY14	25.9	13.3	28.5	10.9	17.1	20.7	4.9
MAY-FY14	26.0	14.0	26.2	28.7	16.7	11.7	6.6
JUN-FY14	26.1	11.7	22.9	36.2	15.9	11.4	8.1
JUL-FY14	25.3	9.3	25.5	32.0	14.3	11.0	8.1
AUG-FY14	23.0	6.5	21.8	35.3	13.9	10.1	7.4
SEP-FY14	22.6	7.3	19.8	34.7	15.0	8.5	10.9

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.



	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%
(657) St Louis-John Cochran	25.0%	24.6%	23.9%	24.2%	24.2%	24.1%	23.7%	23.4%	23.2%	22.8%	22.4%	21.9%
(657A0) St Louis-Jeff Bks.	16.2%	16.9%	16.4%	16.3%	16.2%	15.7%	15.4%	15.3%	15.3%	15.2%	14.9%	14.6%
(657GA) Belleville	13.0%	13.1%	13.6%	14.0%	14.2%	14.2%	13.8%	13.7%	13.6%	13.2%	14.2%	14.2%
(657GB) St. Louis CBOC	16.4%	16.4%	16.0%	15.8%	15.7%	15.3%	15.1%	15.3%	15.1%	14.7%	15.0%	14.9%
(657GD) St. Charles County	9.8%	9.7%	9.8%	9.5%	9.0%	8.9%	9.0%	9.0%	8.9%	8.5%	8.4%	8.1%

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. No data was reported in VSSC for the Washington CBOC (657GS).



	VHA Total	(657) St Louis-John Cochran	(657A0) St Louis-Jeff Bks.	(657GA) Belleville	(657GB) St. Louis CBOC	(657GD) St. Charles County
OCT-FY14	55.1%	27.8%	2.2%	25.0%	33.3%	66.7%
NOV-FY14	55.9%	30.1%	20.0%	17.4%	42.9%	50.0%
DEC-FY14	57.8%	57.8%	58.3%	39.3%	72.2%	44.4%
JAN-FY14	63.6%	59.2%	57.8%	23.1%	48.1%	35.5%
FEB-FY14	66.4%	61.7%	60.4%	45.8%	44.0%	35.0%
MAR-FY14	71.2%	56.2%	69.0%	41.2%	47.8%	28.6%
APR-FY14	72.6%	56.3%	59.2%	54.2%	53.1%	32.3%
MAY-FY14	70.8%	58.8%	76.6%	31.8%	53.8%	54.8%
JUN-FY14	71.3%	60.8%	75.8%	60.0%	82.1%	47.4%
JUL-FY14	69.1%	51.9%	72.7%	50.0%	75.9%	47.8%
AUG-FY14	68.9%	58.5%	60.6%	17.4%	92.0%	41.4%
SEP-FY14	69.8%	48.1%	74.8%	58.6%	88.9%	58.6%

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. No data was reported in VSSC for the Washington CBOC (657GS).

Appendix C

Veterans Integrated Service Network Director Comments

Department of Veterans Affairs

Memorandum

Date: April 1, 2015

From: Director, VA Heartland Network (10N15)

Subject: **Review of CBOCs and OOCs of VA St. Louis Health Care System, St. Louis, MO**

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

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

Attached is the response from VA St Louis Health Care System. I have reviewed and concur with the Interim Medical Center Director responses. Thank you for the review and its focus on continuous improvement.

For additional questions, please feel free to contact Mary O'Shea VISN 15 Quality Management Officer.

(original signed by:)

William P. Patterson, MD, MSS
Network Director
VA Heartland Network (VISN 15)

Facility Director Comments

Department of Veterans Affairs

Memorandum

Date: April 1, 2015

From: Interim Director, VA St. Louis Health Care System (657/00)

Subject: **Review of CBOCs and OOCs of VA St. Louis Health Care System, St. Louis, MO**

To: Director, VA Heartland Network (10N15)

I have reviewed the report, we appreciate the feedback from the OIG CBOC review conducted at the VA St Louis Health Care System. Please find the attached response for each recommendation. I am in agreement with the findings presented in this review.

Corrective action plans have been established with completion dates as outlined in this report.

(original signed by Patricia E. Hendrickson RN MSN CPHQ Director, Quality Management for:)

Denise M. Deitzen
Interim Medical Center Director
VA St Louis Health Care System

Comments to OIG's Report

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

OIG Recommendations

Recommendation 1. We recommended that the information technology server closet at the Primary Care Team 2 Annex is maintained according to information technology safety and security standards.

Concur

Target date for completion: April 15, 2015

Facility response: An information technology service closet access sign in sheet will be placed in the Primary Care Team 2 closet in accordance with the information technology safety and security standards. The Chief OI&T or designee will inspect the closet and sign in.

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

Concur

Target date for completion: May 15, 2015

Facility response: Associate Chief of Staff (ACOS) for Primary Care Services will ensure clinicians document the offer of further treatment of patients diagnosed with alcohol dependence. To assess compliance a sample of 50 randomly selected medical records per month will be audited until 90 percent compliance is reached for 3 consecutive months. The results will be reported to Performance Improvement Committee.

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

Target date for completion: June 1, 2015

Facility response: The Associate Chief Nurse for Primary Care, Medicine, Surgery, Mental Health and Extended care will ensure that all Clinic Registered Nurse Care Managers will receive motivational interviewing within 12 months of appointment to Patient Aligned Care Team. Completed training will be recorded in Talent Management

System (TMS) using local course number. PACT Coordinator will monitor compliance monthly until 90 percent for 3 consecutive months.

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

Concur

Target date for completion: June 1, 2015

Facility response: The Associate Chief of Staff and Associate Chief Nurse for Primary Care, Medicine, Surgery, Mental Health and Extended care will ensure that all Clinic Registered Nurse Care Managers, providers and clinical associates will receive health coaching training within 12 months of appointment to Patient Aligned Care Team. Completed training will be recorded in Talent Management System (TMS) using local course number. PACT Coordinator will monitor compliance monthly until 90 percent for 3 consecutive months.

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	Cindy Niemack-Brown, LICSW, LIMHP, Team Leader Stephanie Hensel, RN, JD Sherrian Pater, RN James Seitz, RN, MBA Laura Snow, LCSW, MHCL
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

Report Distribution

VA Distribution

Office of the Secretary
Veterans Health Administration
Assistant Secretaries
General Counsel
Director, VA Heartland Network (10N15)
Director, VA St. Louis Health Care System (657/00)

Non-VA Distribution

House Committee on Veterans' Affairs
House Appropriations Subcommittee on Military Construction, Veterans Affairs, and Related Agencies
House Committee on Oversight and Government Reform
Senate Committee on Veterans' Affairs
Senate Appropriations Subcommittee on Military Construction, Veterans Affairs, and Related Agencies
Senate Committee on Homeland Security and Governmental Affairs
National Veterans Service Organizations
Government Accountability Office
Office of Management and Budget
U.S. Senate: Roy Blunt, Richard Durbin, Mark Kirk, Claire McCaskill
U.S. House of Representatives: Mike Bost, William Lacy Clay Jr., Rodney Davis, Sam Graves, Blaine Luetkemeyer, John Shimkus, Jason Smith, Ann Wagner

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 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.