



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

Office of Healthcare Inspections

Report No. 15-00129-339

**Review of Community Based
Outpatient Clinics and Other
Outpatient Clinics
of
VA Roseburg Healthcare System
Roseburg, Oregon**

May 5, 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 VA Roseburg Healthcare System and Veterans Integrated Service Network 20 provide safe, consistent, and high-quality health care. The review evaluated the clinics' compliance with selected requirements for alcohol use disorder care, human immunodeficiency virus screening, and outpatient documentation. We also randomly selected the Brookings, OR, CBOC as a representative site and evaluated the environment of care on March 17, 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:

- All safety inspections are performed on the medical equipment at the Brookings CBOC in accordance with Joint Commission standards.
- Managers monitor hand hygiene compliance at the Brookings CBOC and report compliance levels to the Infection Control Committee.
- InformationTechnology staff maintain the information technology server closet at the Brookings CBOC according to information technology safety and security standards.

Alcohol Use Disorder Care: Ensure that:

- Clinic staff consistently complete diagnostic assessments for patients with a positive alcohol screen.
- Clinic staff provide education and counseling for patients with a positive alcohol screen and alcohol consumption above National Institute on Alcohol Abuse and Alcoholism limits.
- Staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.
- Clinic Registered Nurse Care Managers and clinical associates receive health coach training as required.

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 Interim 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 14–18, for the full text of the Directors' comments.) We consider recommendation 3 closed. We will follow up on the planned actions for the open recommendations until they are completed.



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

Objectives, Scope, and Methodology

Objectives

The CBOC and 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 Care
- 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 health care centers reporting to the parent facility and was operational and classified as such in VA's Site Tracking Database by October 1, 2014.

for the AUD Care, 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 Care	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 Brookings CBOC. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement. Any items that did not apply to this facility are marked NA.

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.		
X	Clinic managers ensure that safety inspections of CBOC medical equipment are performed in accordance with Joint Commission standards.	Safety inspections were not performed on the medical equipment at the Brookings CBOC in accordance with Joint Commission standards.	1. We recommended that managers ensure that all safety inspections are performed on the medical equipment at the Brookings CBOC in accordance with Joint Commission standards.

NM	Areas Reviewed (continued)	Findings	Recommendations
X	Hand hygiene is monitored for compliance.	Hand hygiene was not monitored for compliance at the Brookings CBOC.	2. We recommended that managers monitor hand hygiene compliance at the Brookings CBOC and report compliance levels to the Infection Control Committee.
	Personal protective equipment is readily available.		
	Sterile commercial supplies are not expired.		
	The CBOC staff members minimize the risk of infection when storing and disposing of medical (infectious) waste.		
	The CBOC has procedures to disinfect non-critical reusable medical equipment between patients.		
	There is evidence of fire drills occurring at least every 12 months.		
	Means of egress from the building are unobstructed.		
	Access to fire extinguishers is unobstructed.		
	Fire extinguishers are located in large rooms or are obscured from view, and the CBOC has signs identifying the locations of the fire extinguishers.		
	Exit signs are visible from any direction.		
	Multi-dose medication vials are not expired.		
	All medications are secured from unauthorized access.		
	The staff protects patient-identifiable information on laboratory specimens during transport.		
	Documents containing patient-identifiable information are not visible or unsecured.		
	Adequate privacy is provided at all times.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	The women veterans' exam room is equipped with either an electronic or manual door lock.		
	The information technology network room/server closet is locked.		
	Access to the information technology network room/server closet is restricted to personnel authorized by Office of Information and Technology.		
X	Access to the information technology network room/server closet is documented.	Access to the information technology network room/server closet at the Brookings CBOC was not comprehensively documented.	3. We recommended that information technology staff maintain the information technology server closet at the Brookings CBOC 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.		
NA	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 Care

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 40 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 Care

NM	Areas Reviewed	Findings	Recommendations
X	Diagnostic assessments are completed for patients with a positive alcohol screen.	Staff did not complete diagnostic assessments for 5 of 40 patients (13 percent) who had positive alcohol use screens.	4. We recommended that clinic staff consistently complete diagnostic assessments 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 2 of 15 patients who had positive alcohol use screens.	5. We recommended that clinic staff provide education and counseling for patients with positive alcohol screens and alcohol consumption 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 six of nine 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 care are provided within 2 weeks of positive screening.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	Clinic RN Care Managers have received motivational interviewing training within 12 months of appointment to PACT.		
X	Clinic RN Care Managers have received VHA National Center for Health Promotion and Disease Prevention-approved health coaching training (most likely TEACH for Success) within 12 months of appointment to PACT.	We found that 3 of 14 RN Care Managers did not receive health coaching training within 12 months of appointment to PACT.	7. We recommended that Clinic Registered Nurse Care Managers and clinical associates receive health coach training as required.
	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.		
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 2 of 13 clinical associates did not receive health coaching training within 12 months of appointment to PACT.	See Recommendation 7.
	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 28 EHRs and validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The area 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 10 patients.	8. 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 38 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
Eugene, OR	653BY	Urban	19,403	17,580	1,078	Dermatology	Audiology Diabetic Retinal Screening Home Based Primary Care MOVE! Program ¹⁰ Nutrition Rehabilitation Services Social Work
North Bend, OR	653GA	Rural	5,314	3,011	334	Dermatology	Diabetic Retinal Screening Electrocardiography MOVE! Program
Brookings, OR	653GB	Rural	2,309	955	239	Dermatology	Diabetic Retinal Screening

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.

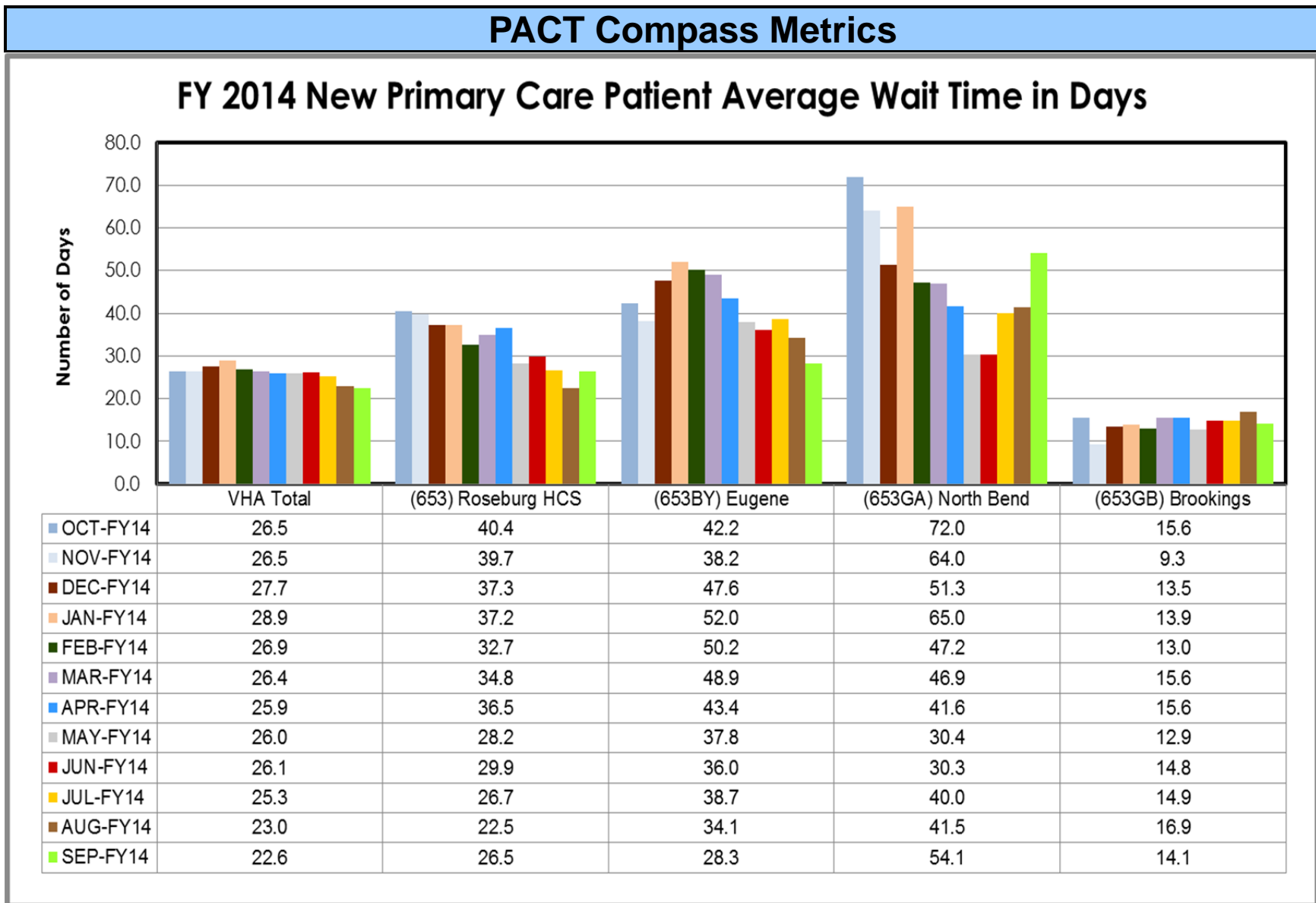
⁶ <http://vssc.med.va.gov/>

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.

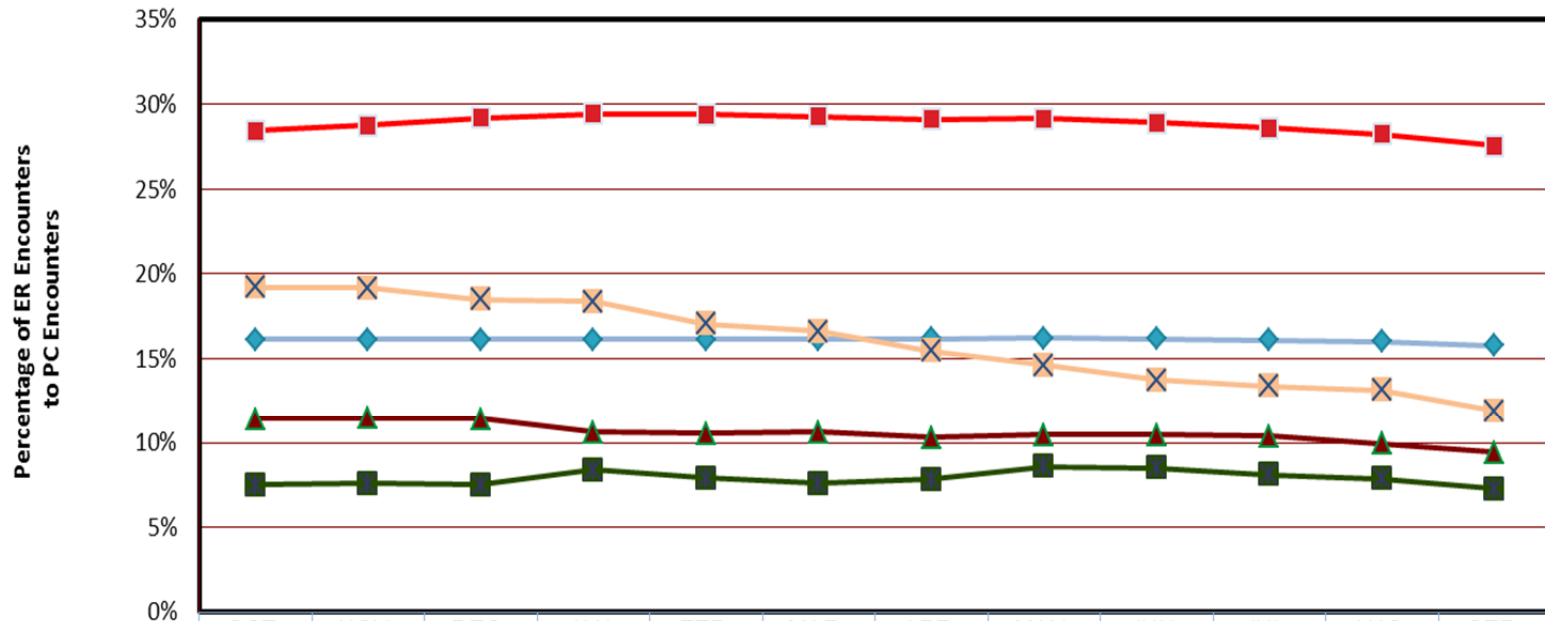
⁹ Ancillary Services refer to non-Primary Care and non-Mental Health services that are not provided by a physician.

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



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.

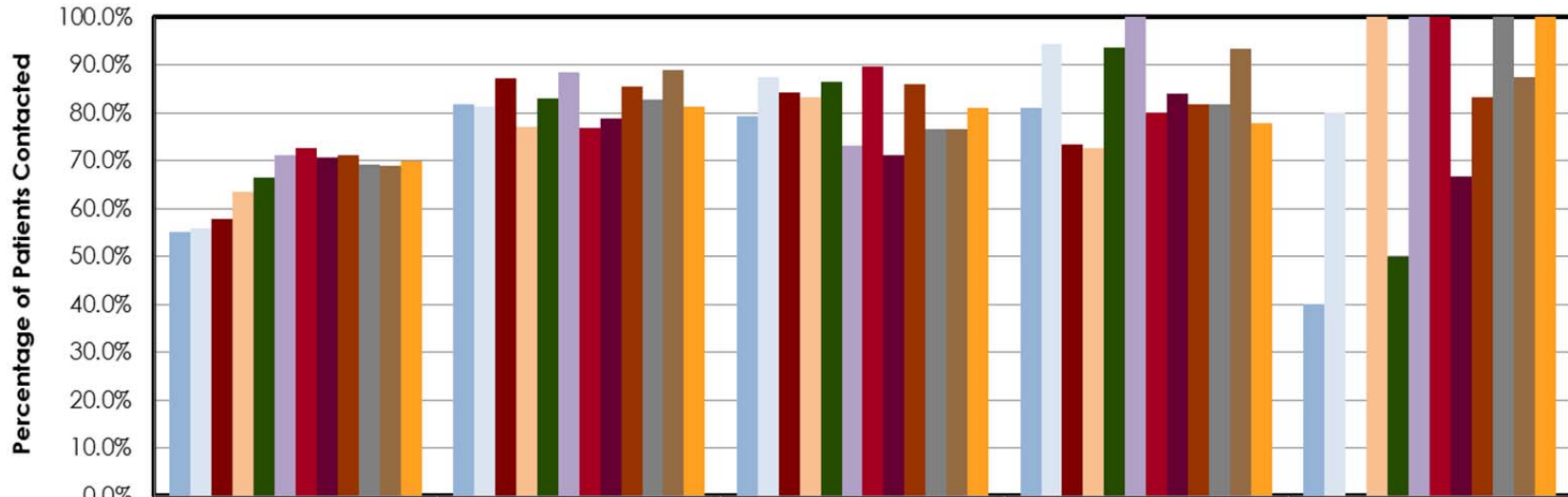
FY 2014 Ratio of ER Encounters While on Panel to PC Encounters While on Panel (FEE ER Included)



	OCT-FY14	NOV-FY14	DEC-FY14	JAN-FY14	FEB-FY14	MAR-FY14	APR-FY14	MAY-FY14	JUN-FY14	JUL-FY14	AUG-FY14	SEP-FY14
(653) Roseburg HCS	28.4%	28.8%	29.2%	29.4%	29.4%	29.3%	29.1%	29.2%	28.9%	28.6%	28.2%	27.6%
(653GA) North Bend	19.2%	19.2%	18.5%	18.4%	17.1%	16.6%	15.5%	14.6%	13.7%	13.4%	13.2%	11.9%
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%
(653BY) Eugene	11.4%	11.5%	11.4%	10.6%	10.6%	10.6%	10.3%	10.5%	10.5%	10.4%	9.9%	9.4%
(653GB) Brookings	7.5%	7.6%	7.5%	8.4%	7.9%	7.6%	7.8%	8.6%	8.5%	8.1%	7.9%	7.3%

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

FY 2014 Team 2-Day Contact Post Discharge Ratio



	VHA Total	(653) Roseburg HCS	(653BY) Eugene	(653GA) North Bend	(653GB) Brookings
■ OCT-FY14	55.1%	81.7%	79.4%	81.0%	40.0%
■ NOV-FY14	55.9%	81.3%	87.5%	94.4%	80.0%
■ DEC-FY14	57.8%	87.4%	84.4%	73.3%	0.0%
■ JAN-FY14	63.6%	77.2%	83.3%	72.7%	100.0%
■ FEB-FY14	66.4%	83.1%	86.5%	93.8%	50.0%
■ MAR-FY14	71.2%	88.5%	73.2%	100.0%	100.0%
■ APR-FY14	72.6%	76.8%	89.7%	80.0%	100.0%
■ MAY-FY14	70.8%	78.8%	71.1%	84.0%	66.7%
■ JUN-FY14	71.3%	85.5%	86.1%	81.8%	83.3%
■ JUL-FY14	69.1%	82.8%	76.7%	81.8%	100.0%
■ AUG-FY14	68.9%	88.9%	76.6%	93.3%	87.5%
■ SEP-FY14	69.8%	81.4%	81.1%	77.8%	100.0%

Data Definition.^e The percent of discharges (VHA inpatient discharges) for the reporting timeframe for assigned Primary Care patients where the patient was contacted by a member of the Patient Aligned Care Team the patient is assigned to within 2 business days post discharge. Discharges resulting in death and discharges where a patient is readmitted within 2 days of discharge are excluded from this metric.

Veterans Integrated Service Network Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: April 17, 2015

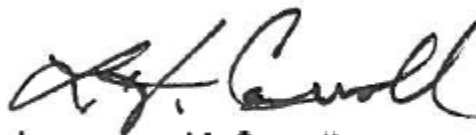
From: Director, Northwest Network (10N20)

Subject: **Review of CBOCs and OOCs of VA Roseburg Healthcare System, Roseburg, Oregon**

To: Director, Seattle Office of Healthcare Inspections (54SE)

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

1. Thank you for the opportunity to provide responses to the findings from the Community Based Outpatient Clinic and Other Outpatient Clinics at VA Roseburg Healthcare System, Roseburg, Oregon.
2. Attached please find the facility concurrence and response to the findings from the review.
3. If you have additional questions or need further information, please contact Susan Green, Survey Coordinator, VISN 20 at (360) 567-4678.



Lawrence H. Carroll

Healthcare System Interim Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: April 8, 2015

From: Interim Director, VA Roseburg Healthcare System, Roseburg, OR
(653/00)

Subject: **Review of CBOCs and OOCs of VA Roseburg Healthcare System, Roseburg, Oregon**

To: Director, Northwest Network (10N20)

1. On behalf of the VA Roseburg Healthcare System, Roseburg, Oregon, I would like to express my appreciation to the Office of the Inspector General (OIG) Survey Team for their comprehensive Community Based Outpatient Clinic (CBOC) review conducted March 17, 2015.
2. We have reviewed the findings from the report. The facility responses addressing each recommendation are attached. The responses include actions that are in progress and those that have already been completed.
3. Please feel free to contact us if you have any concerns or questions regarding the responses.



Douglas V. Paxton, Sr., MSW
Interim Director, VA Roseburg Healthcare System

Comments to OIG's Report

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

OIG Recommendations

Recommendation 1. We recommended that managers ensure that all safety inspections are performed on the medical equipment at the Brookings CBOC in accordance with Joint Commission standards.

Concur

Target date for completion: November 30, 2015

Facility response: The managers will ensure that all safety inspections are performed on the medical equipment at the Brookings CBOC in accordance with Joint Commission standards. The Facilities Management Service updated the local policy to include a definition of the preventive maintenance (PM) stickers and the proper use of the stickers. The Facilities Management Service resolved the medical equipment items previously identified as having missing PM stickers. The Clinic Operations manager (or, designee) will ensure that the Nurses remove any malfunctioning equipment immediately and place a work order. The Equipment Inventory list (EIL) will be maintained by the Clinic Operations manager. All CBOC staff will be educated to their responsibility for looking at the "blue stickers" for expiration dates. Equipment Inventory List (EIL) for the CBOCs will be monitored by the Biomedical Shop and reported on a monthly basis to the Environment of Care Committee. The results of the audits are submitted monthly to Quality Review Council for compliance oversight. Once compliance is achieved, quarterly reporting will ensure ongoing compliance.

Recommendation 2. We recommended that managers monitor hand hygiene compliance at the Brookings CBOC and report compliance levels to the Infection Control Committee.

Concur

Target date for completion: November 30, 2015

Facility response: The managers will monitor hand hygiene compliance at the Brookings CBOC utilizing the Infection Control Committee approved monitor. The hand hygiene compliance monitors will be reported monthly to the Infection Control Committee. The results of the audits are submitted monthly to Quality Review Council for compliance oversight. Once compliance is achieved, quarterly reporting will ensure ongoing compliance.

Recommendation 3. We recommended that the information technology staff maintain the information technology server closet at the Brookings CBOC according to information technology safety and security standards.

Concur

Target date for completion: Completed March 18, 2015

Facility response: The information technology (IT) staff will maintain the information technology server closet at the Brookings CBOC according to information technology safety and security standards. The correct version of the IT security access form was obtained and appropriately utilized in accordance with information technology safety and security standards on March 18, 2015.

Recommendation 4. We recommended that clinic staff consistently complete diagnostic assessments for patients with a positive alcohol screen.

Concur

Target date for completion: November 30, 2015

Facility response: Monthly audits will be completed by the Clinical Practice Managers to ensure that complete diagnostic assessments for patients with a positive alcohol screen are consistently performed. The results of the audits will be submitted to the PACT Leadership Team for follow-up as needed. The results will also be submitted monthly to Quality Review Council for compliance oversight. Once compliance of 90+% is achieved and maintained for three consecutive months, quarterly reviews and reporting will continue to ensure ongoing compliance.

Recommendation 5. We recommended that clinic staff provide education and counseling for patients with positive alcohol screens and alcohol consumption above National Institute on Alcohol Abuse and Alcoholism limits.

Concur

Target date for completion: November 30, 2015

Facility response: Monthly audits will be completed by the Clinical Practice Managers to ensure that clinic staff provide and document education and counseling for patients with positive alcohol screens and alcohol consumption above National Institute on Alcohol Abuse and Alcoholism limits. The results of the audits will be submitted to the PACT Leadership Team for follow-up as needed. The results will also be submitted monthly to Quality Review Council for compliance oversight. Once compliance of 90+% is achieved and maintained for three consecutive months, quarterly reviews and reporting will continue to ensure ongoing compliance.

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: November 30, 2015

Facility response: Monthly audits will be completed by the Clinical Practice Managers to ensure that clinic staff documents the offer of further treatment to patients diagnosed with alcohol dependence. The results of the audits will be submitted to the PACT Leadership Team for follow-up as needed. The results will also be submitted monthly to Quality Review Council for compliance oversight. Once compliance of 90+% is achieved and maintained for three consecutive months, quarterly reviews and reporting will continue to ensure ongoing compliance.

Recommendation 7. We recommended that Clinic Registered Nurse Care Managers and clinical associates receive health coach training as required.

Concur

Target date for completion: November 30, 2015

Facility response: VARHS validated that, at the time of this facility response, all current Clinic Registered Nurse Care Managers have received the required motivational interviewing and health coaching training. The Health Promotion Disease Prevention Coordinator and the Health Behavior Coordinator will ensure the required motivational interviewing and health coaching training is completed within 12 months of appointment to PACT for new Registered Nurse Care Managers and clinical associates. Results of the audits will be submitted on a monthly basis to the PACT Leadership Team for appropriate follow-up actions. The results of the audits will also be submitted monthly to Quality Review Council for compliance oversight. Once compliance of 90+% is achieved and maintained for three consecutive months, quarterly reviews and reporting will continue to ensure ongoing compliance.

Recommendation 8. We recommended that clinicians consistently document informed consent for human immunodeficiency virus testing and that compliance is monitored.

Concur

Target date for completion: November 30, 2015

Facility response: Monthly audits will be completed by the Clinic Practice Managers to ensure that clinicians consistently document informed consent for human immunodeficiency virus testing. Results of the audits will be submitted on a monthly basis to the PACT Leadership Team for appropriate follow-up actions. The results of the audits will also be submitted monthly to Quality Review Council for compliance oversight. Once compliance of 90+% is achieved and maintained for three consecutive months, quarterly reviews and reporting will continue to ensure ongoing 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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Interim Director, VA Roseburg Healthcare System (653/00)

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U.S. Senate: Jeff Merkley, Ron Wyden
U.S. House of Representatives: Earl Blumenauer, Suzanne Bonamici, Peter DeFazio,
Kurt Schrader, Greg Walden

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 Care 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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