Department of Veterans Affairs
Office of Inspector General

Office of Healthcare Inspections

Report No. 15-00125-367

Review of Community Based Outpatient Clinics and Other Outpatient Clinics of William Jennings Bryan Dorn VA Medical Center Columbia, South Carolina

June 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
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 Care 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 19
- F. Report Distribution 20
- G. Endnotes 21

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 William Jennings Bryan Dorn VA Medical Center and Veterans Integrated Service Network 7 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 Spartanburg, SC, Community Based Outpatient Clinic 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 Environment of Care and Outpatient Documentation reviews. However, we made recommendations for improvement in the following two review areas:

Alcohol Use Disorder Care: Ensure that:

- Clinic staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.
- Managers ensure that patients with excessive persistent alcohol use receive brief treatment or are evaluated by a specialty provider within 2 weeks of the screening.
- Providers and clinical associates in the outpatient clinics receive health coaching training within 12 months of appointment to Patient Aligned Care Teams.

Human Immunodeficiency Virus Screening: Ensure that:

- The Facility Director defines the requirements for communication of human immunodeficiency virus test results.
- Clinicians provide human immunodeficiency virus testing as part of routine medical care for patients and that compliance is monitored.

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 14–18, for the full text of the Directors' comments.) 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 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 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 Spartanburg CBOC. The table below shows the areas reviewed for this topic. The facility generally met requirements. We made no recommendations.

NM	Areas Reviewed	Findings	Recommendations
	The furnishings are clean and in good repair.		
	The CBOC is clean (walls, floors, and equipment are clean).		
	The CBOC's inventory of hazardous materials was reviewed for accuracy twice within the prior 12 months.		
	The CBOC's safety data sheets for chemicals are readily available to staff.		
	If safety data sheets are in electronic form, the staff can demonstrate ability to access the electronic version without coaching.		
	Employees received training on the new chemical label elements and safety data sheet format.		
	Clinic managers ensure that safety inspections of CBOC medical equipment are performed in accordance with Joint Commission standards.		
	Hand hygiene is monitored for compliance.		
	Personal protective equipment is readily available.		
	Sterile commercial supplies are not expired.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	The CBOC staff members minimize the risk of infection when storing and disposing of medical (infectious) waste.		
	The CBOC has procedures to disinfect non-critical reusable medical equipment between patients.		
	There is evidence of fire drills occurring at least every 12 months.		
	Means of egress from the building are unobstructed.		
	Access to fire extinguishers is unobstructed.		
	Fire extinguishers are located in large rooms or are obscured from view, and the CBOC has signs identifying the locations of the fire extinguishers.		
	Exit signs are visible from any direction.		
	Multi-dose medication vials are not expired.		
	All medications are secured from unauthorized access.		
	The staff protects patient-identifiable information on laboratory specimens during transport.		
	Documents containing patient-identifiable information are not visible or unsecured.		
	Adequate privacy is provided at all times.		
	The women veterans' exam room is equipped with either an electronic or manual door lock.		
	The information technology network room/server closet is locked.		
	Access to the information technology network room/server closet is restricted to personnel authorized by Office of Information and Technology.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	Access to the information technology network room/server closet is documented.		
	All computer screens are locked when not in use.		
	Information is not viewable on monitors in public areas.		
	The CBOC has an automated external defibrillator.		
	There is an alarm system and/or panic buttons installed and tested in high-risk areas (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 36 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
	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 three of eight patients diagnosed with alcohol dependence.	**1**. 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.		
X	Counseling, education, and brief treatments for AUD Care are provided within 2 weeks of positive screening.	Treatment was not provided within 2 weeks of positive screening for 3 of 12 patients.	**2**. We recommended that managers ensure that patients with excessive persistent alcohol use receive brief treatment or are evaluated by a specialty provider within 2 weeks of the screening.
	Clinic RN Care Managers have received motivational interviewing training within 12 months of appointment to PACT.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	Clinic RN Care Managers have received VHA National Center for Health Promotion and Disease Prevention-approved health coaching training (most likely TEACH for Success) within 12 months of appointment to PACT.		
X	Providers in the outpatient clinics have received VHA National Center for Health Promotion and Disease Prevention-approved health coaching training (most likely TEACH for Success) within 12 months of appointment to PACT.	We found that 10 of 41 providers (24 percent) did not receive health coaching training within 12 months of appointment to PACT.	**3**. We recommended that providers and clinical associates in the outpatient clinics receive health coaching training within 12 months of appointment to Patient Aligned Care Teams.
X	Clinical associates in the outpatient clinics have received VHA National Center for Health Promotion and Disease Prevention-approved health coaching training (most likely TEACH for Success) within 12 months of appointment to PACT.	We found that 5 of 30 clinical associates (17 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 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.		
X	The facility had developed policies and procedures that include requirements for the communication of HIV test results.	The facility did not have a policy in place for communication of HIV test results.	**4**. We recommended that the Facility Director defines the requirements for communication of human immunodeficiency virus test results.
	Written patient educational materials utilized prior to or at the time of consent for HIV testing include all required elements.		
X	Clinicians provided HIV testing as part of routine medical care for patients.	Clinicians did not provide HIV testing to 20 of 34 patients (59 percent).	**5.** We recommended that clinicians provide human immunodeficiency virus testing as part of routine medical care for patients and that compliance is monitored.
	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 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.

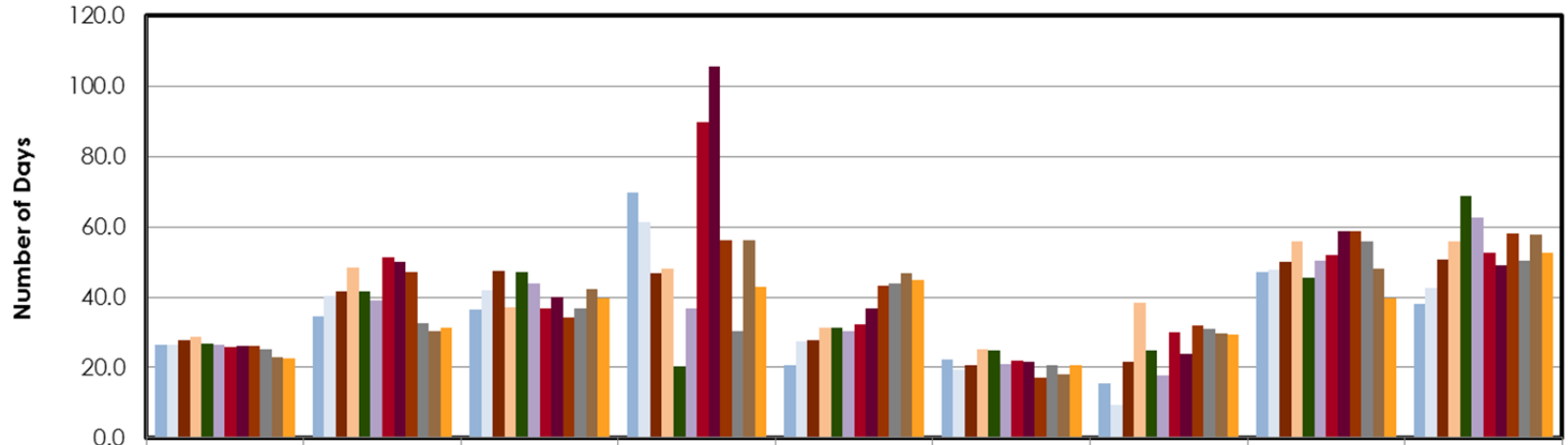
			Outpatient Workload / Encounters[4]			Services Provided[5]		
Location	**Station #**	**Rurality[6]**	**PC**	**MH**	**Specialty Clinics[7]**	**Specialty Care[8]**	**Ancillary Services[9]**	
Greenville, SC	544BZ	Urban	25,622	17,289	12,477	Dental Cardiology Ophthalmology Optometry	Audiology Diabetic Retinal Screening HBPC Imaging Services	Nutrition Pharmacy Rehabilitation Services Social Work
Florence, SC	544GB	Rural	16,472	7,488	48	NA	Diabetic Retinal Screening HBPC	Pharmacy Social Work
Rock Hill, SC	544GC	Urban	15,754	17,127	16	NA	Pharmacy	
Anderson, SC	544GD	Urban	12,248	4,978	0	NA	Nutrition	Pharmacy
Orangeburg, SC	544GE	Rural	5,302	3,737	0	NA	HBPC Pharmacy	Social Work
Sumter, SC	544GF	Urban	8,932	5,497	9	NA	HBPC Pharmacy	Social Work
Spartanburg, SC	544GG	Urban	12,536	6,583	0	NA	Diabetic Retinal Screening	Pharmacy

HBPC = Home-Based Primary Care

[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.

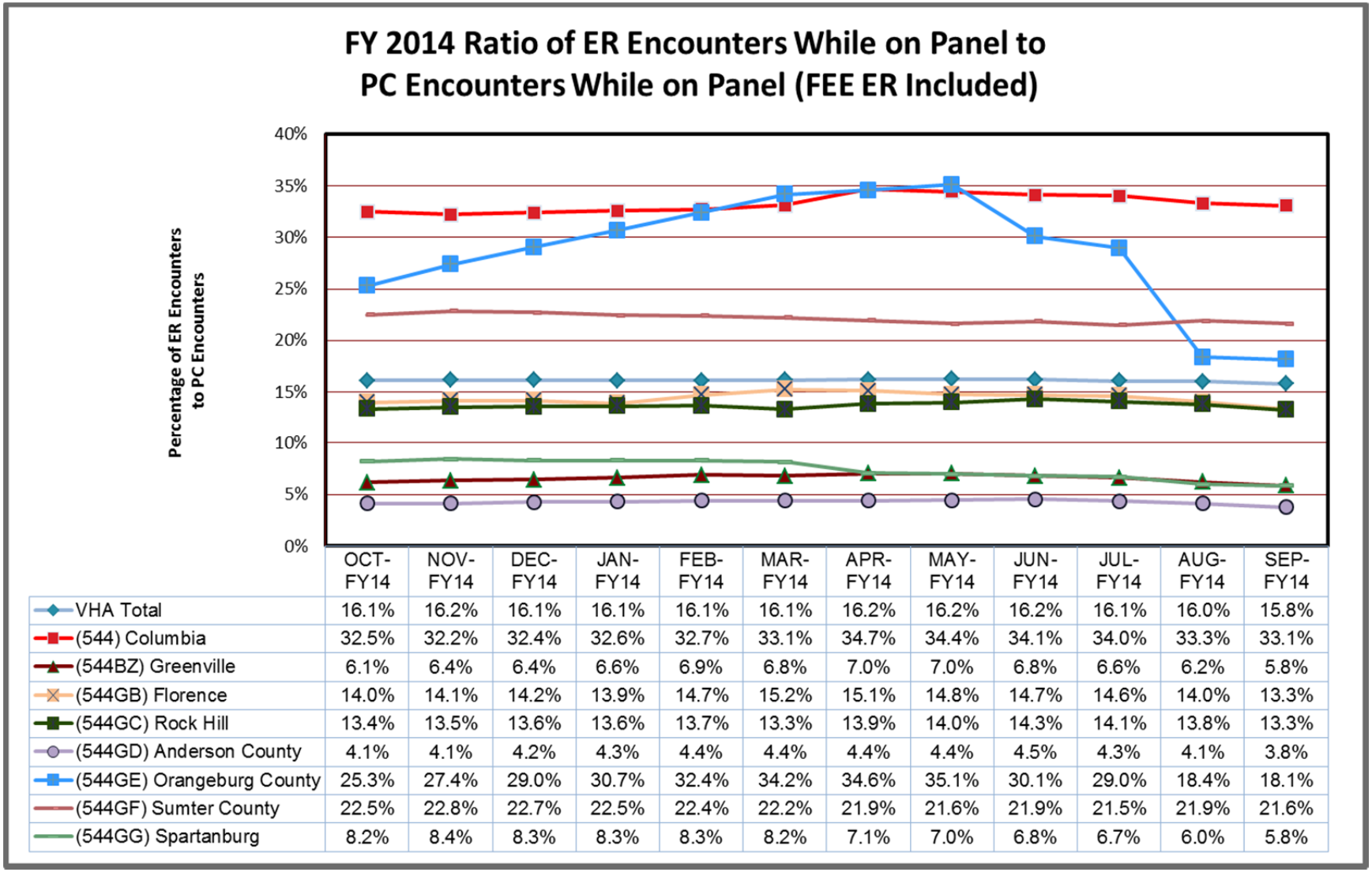
PACT Compass Metrics

FY 2014 New Primary Care Patient Average Wait Time in Days



	VHA Total	(544) Columbia	(544BZ) Greenville	(544GB) Florence	(544GC) Rock Hill	(544GD) Anderson County	(544GE) Orangeburg County	(544GF) Sumter County	(544GG) Spartanburg
OCT-FY14	26.5	34.6	36.4	69.8	20.7	22.2	15.5	47.1	38.1
NOV-FY14	26.5	40.2	42.1	61.2	27.3	19.4	9.3	47.9	42.4
DEC-FY14	27.7	41.7	47.6	46.9	27.7	20.6	21.5	50.1	50.8
JAN-FY14	28.9	48.5	37.2	48.2	31.4	25.2	38.5	56.0	55.8
FEB-FY14	26.9	41.7	47.0	20.3	31.4	24.8	25.0	45.6	68.7
MAR-FY14	26.4	39.0	43.9	36.8	30.3	21.0	17.7	50.2	62.5
APR-FY14	25.9	51.3	36.9	89.6	32.2	22.0	30.2	51.8	52.7
MAY-FY14	26.0	50.1	40.1	105.4	36.7	21.6	23.8	58.6	49.0
JUN-FY14	26.1	47.2	34.1	56.0	43.4	17.2	31.8	58.7	58.2
JUL-FY14	25.3	32.6	36.8	30.5	43.9	20.8	31.1	56.0	50.5
AUG-FY14	23.0	30.3	42.4	56.3	46.7	18.1	29.7	48.1	57.8
SEP-FY14	22.6	31.5	39.8	43.0	45.0	20.5	29.4	39.6	52.6

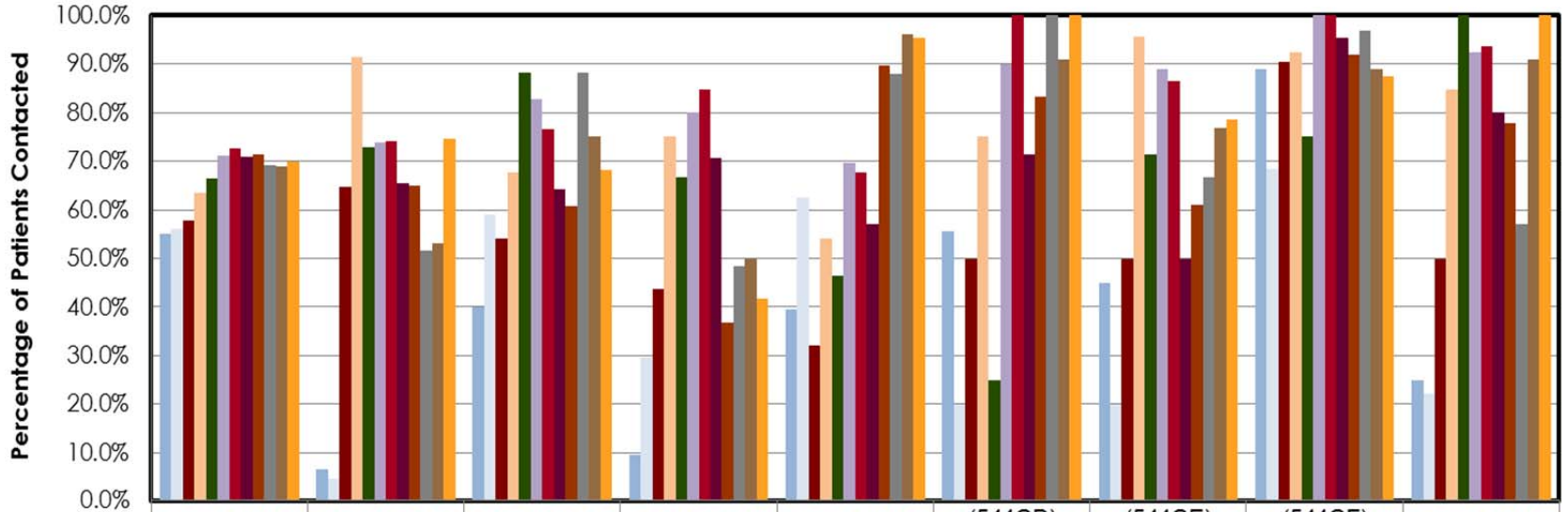
Data Definition.[e] The average number of calendar days between a new patient's Primary Care appointment (clinic stops 322, 323, and 350), excluding compensation and pension appointments, and the earliest creation date.



	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%
(544) Columbia	32.5%	32.2%	32.4%	32.6%	32.7%	33.1%	34.7%	34.4%	34.1%	34.0%	33.3%	33.1%
(544BZ) Greenville	6.1%	6.4%	6.4%	6.6%	6.9%	6.8%	7.0%	7.0%	6.8%	6.6%	6.2%	5.8%
(544GB) Florence	14.0%	14.1%	14.2%	13.9%	14.7%	15.2%	15.1%	14.8%	14.7%	14.6%	14.0%	13.3%
(544GC) Rock Hill	13.4%	13.5%	13.6%	13.6%	13.7%	13.3%	13.9%	14.0%	14.3%	14.1%	13.8%	13.3%
(544GD) Anderson County	4.1%	4.1%	4.2%	4.3%	4.4%	4.4%	4.4%	4.4%	4.5%	4.3%	4.1%	3.8%
(544GE) Orangeburg County	25.3%	27.4%	29.0%	30.7%	32.4%	34.2%	34.6%	35.1%	30.1%	29.0%	18.4%	18.1%
(544GF) Sumter County	22.5%	22.8%	22.7%	22.5%	22.4%	22.2%	21.9%	21.6%	21.9%	21.5%	21.9%	21.6%
(544GG) Spartanburg	8.2%	8.4%	8.3%	8.3%	8.3%	8.2%	7.1%	7.0%	6.8%	6.7%	6.0%	5.8%

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	(544) Columbia	(544BZ) Greenville	(544GB) Florence	(544GC) Rock Hill	(544GD) Anderson County	(544GE) Orangeburg County	(544GF) Sumter County	(544GG) Spartanburg
OCT-FY14	55.1%	6.6%	40.0%	9.5%	39.5%	55.6%	45.0%	88.9%	25.0%
NOV-FY14	55.9%	4.6%	59.1%	29.6%	62.5%	20.0%	20.0%	68.4%	22.2%
DEC-FY14	57.8%	64.6%	54.2%	43.8%	32.0%	50.0%	50.0%	90.5%	50.0%
JAN-FY14	63.6%	91.4%	67.6%	75.0%	54.2%	75.0%	95.7%	92.3%	84.6%
FEB-FY14	66.4%	73.0%	88.2%	66.7%	46.4%	25.0%	71.4%	75.0%	100.0%
MAR-FY14	71.2%	73.8%	82.9%	80.0%	69.7%	90.0%	88.9%	100.0%	92.3%
APR-FY14	72.6%	74.1%	76.7%	84.6%	67.6%	100.0%	86.4%	100.0%	93.8%
MAY-FY14	70.8%	65.5%	64.1%	70.6%	57.1%	71.4%	50.0%	95.2%	80.0%
JUN-FY14	71.3%	64.9%	60.7%	36.8%	89.7%	83.3%	61.1%	92.0%	77.8%
JUL-FY14	69.1%	51.6%	88.2%	48.4%	87.9%	100.0%	66.7%	96.8%	57.1%
AUG-FY14	68.9%	53.0%	75.0%	50.0%	96.2%	90.9%	76.9%	88.9%	90.9%
SEP-FY14	69.8%	74.5%	68.2%	41.7%	95.2%	100.0%	78.6%	87.5%	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.

Appendix C

Veterans Integrated Service Network Director Comments

Department of Veterans Affairs

Memorandum

Date: April 24, 2015

From: Director, VA Southeast Network (10N7)

Subject: **Review of CBOCs and OOCs of William Jennings Bryan Dorn VA Medical Center, Columbia, SC**

To: Director, Atlanta Office of Healthcare Inspections (54AT)

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

1. This is in response to the review of CBOCs and OOCs of William Jennings Bryan Dorn VA Medical Center, Columbia, SC.

2. I have reviewed your recommendations as a result of your assessment and concur with Columbia VAMC's response.

3. I appreciate the opportunity to provide continuing improvements in support of caring for our Veterans.

4. If you have any questions or require further information, please contact Bridget Schausten, Chief, Quality Management, Columbia VAMC at (803) 776-4000, ext. 7731.

(original signed by:)

Thomas C. Smith III, FACHE

Attachments

Facility Director Comments

Department of Veterans Affairs

Memorandum

Date: April 23, 2015

From: Director, William Jennings Bryan Dorn VA Medical Center, Columbia, SC (544/00)

Subject: **Review of CBOCs and OOCs of William Jennings Bryan Dorn VA Medical Center, Columbia, SC**

To: Director, VA Southeast Network (10N7)

1. William Jennings Bryan Dorn VA Medical Center would like to thank the Office of Inspector General (OIG) Team for the recommendations based on their assessment during the Community Based Outpatient Clinics (CBOCs) and Primary Care Outpatient Clinics site visit conducted.

2. I have reviewed the draft report and concur with the recommendations. The findings outlined in the report reflect a thorough evaluation.

(original signed by:)

Timothy B. McMurry
Medical Center Director

Comments to OIG's Report

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

OIG Recommendations

Recommendation 1. We recommended that clinic staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.

Concur

Target date for completion: June 1, 2015

Facility response: The facility implemented corrective action February 2, 2015. Monitoring is needed to demonstrate sustained compliance. In February 2015 the National Alcohol Use Screen and Positive Audit-C Needs Evaluation clinical reminder was changed from a locally created reminder to the National Audit C reminder. When a patient screens positive for the Audit-C screen, the National Audit C reminder triggers a desktop reminder to the physician, registered nurse and mental health providers which includes the offering of further treatment to patients diagnosed with alcohol dependence and documentation of the same. Education on the reminders was completed by the Clinical Applications Coordinator for Primary Care and by the CBOC Nurse Manager for CBOC staff prior to implementation. Compliance monitoring will continue through the External Peer Review Program (EPRP) and reported to Quality Improvement Board and the Performance Measures Workgroup.

Recommendation 2. We recommended that managers ensure that patients with excessive persistent alcohol use receive brief treatment or are evaluated by a specialty provider within 2 weeks of the screening.

Concur

Target date for completion: June 1, 2015

Facility response: The facility implemented corrective action February 2, 2015. Monitoring is needed to demonstrate sustained compliance. In February 2015 the National Alcohol Use Screen and Positive Audit-C Needs Evaluation clinical reminder was changed from a locally created reminder to the National Audit C reminder. When a patient screens positive for the Audit-C screen, the National Audit C reminder triggers a desktop reminder to the physician, registered nurse and mental health providers for the which includes the brief treatment or evaluation by a specialty provider and documentation of the same. Education on the reminders was completed by the Clinical Applications Coordinator for Primary Care and by the CBOC Nurse Manager for CBOC staff prior to implementation. Compliance monitoring will continue through the External Peer Review Program (EPRP) and reported to Quality Improvement Board and the Performance Measures Workgroup.

Recommendation 3. We recommended that providers and clinical associates in the outpatient clinics receive health coaching training within 12 months of appointment to Patient Aligned Care Teams.

Concur

Target date for completion: July 29, 2015

Facility response: All providers and clinical associates in the outpatient clinics who are not currently in compliance will receive health coach training by July 2015. Once training is completed employees will be recorded in the Training Management System (TMS) as TEACH and Motivational Interviewing. In addition, Patient Aligned Care Team (PACT) managers will keep a training monitor to track timely completion with the required timeframe. The training monitor includes a record of current deficient employees and will be monitored on an ongoing basis to ensure compliance. Classes will be held monthly alternating TEACH and Motivational Interviewing with the next class scheduled for May 21, 2015. We will reevaluate the needed frequency at the end of fiscal year 2015. CBOC and Primary Care will report compliance to Quality Management.

Recommendation 4. We recommended that the Facility Director defines the requirements for communication of human immunodeficiency virus test results.

Concur

Target date for completion: July 1, 2015

Facility response: A facility policy will be developed in accordance with VHA Directive 2009-019 and submitted for review to the Medical Executive Board in May 2015. The facility policy will address communication of normal results and abnormal results. (HIV falls into the category of abnormal labs results and will be included in this category.)

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

Concur

Target date for completion: July 30, 2015

Facility response: The facility implemented corrective action March 1, 2015. On January 14, 2015, the facility determined that the HIV Screening Clinical Reminder would be added to the Nursing Protocol Policy and to limit ordering options for HIV testing and includes a trigger to document consent. Education on the reminders was completed by the Clinical Applications Coordinator for Primary Care and by the

CBOC Nurse Manager for CBOC staff prior to implementation. Compliance monitoring will be completed through July 30, 2015, to ensure compliance. Monitoring results of compliance will be reported to Quality Management.

Office of Inspector General
Contact and Staff Acknowledgments

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Endnotes

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