



Department of Veterans Affairs
Office of Inspector General

Office of Healthcare Inspections

Report No. 15-00127-357

**Review of Community Based
Outpatient Clinics and Other
Outpatient Clinics
of
VA Sierra Nevada
Health Care System
Reno, Nevada**

June 4, 2015

Washington, DC 20420

To Report Suspected Wrongdoing in VA Programs and Operations

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(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
HCS	health care system
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

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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 and other outpatient clinics under the oversight of the VA Sierra Nevada Health Care System and Veterans Integrated Service Network 21 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 Reno East Campus Community Based Outpatient Clinic, Reno, NV, as a representative site and evaluated the environment of care on March 24, 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:

- Panic alarms are tested and testing is documented at the Reno East Campus Community Based Outpatient Clinic.

Alcohol Use Disorder Care: Ensure 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.
- Consistently document the offer of further treatment to patients diagnosed with alcohol dependence.
- Document a plan to monitor the alcohol use of patients who decline referral to specialty care.

Human Immunodeficiency Virus Screening: Ensure that clinicians:

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

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.

A handwritten signature in black ink, reading "John D. Daigh, Jr., M.D." in a cursive style.

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 Reno East Campus CBOC. 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.		
	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.		
X	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.	Testing of the alarm/panic buttons at the Reno East Campus CBOC was not documented.	1. We recommended that panic alarms are tested and testing is documented at the Reno East Campus CBOC.
	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 33 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.		
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 4 of 20 patients who had positive alcohol use screens and drinking levels above the National Institute on Alcohol Abuse and Alcoholism guidelines.	2. 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 7 of 21 patients diagnosed with alcohol dependence.	3. We recommended that clinic staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.
X	For patients with AUD who decline referral to specialty care, clinic staff monitored them and their alcohol use.	Staff did not monitor the alcohol use of two of seven patients who declined referral to specialty care.	4. We recommended that clinic staff document a plan to monitor the alcohol use of patients who decline referral to specialty care.
	Counseling, education, and brief treatments for AUD Care are provided within 2 weeks of positive 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.		
	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.		
	Clinical associates in the outpatient clinics have received VHA National Center for Health Promotion and Disease Prevention-approved health coaching training (most likely TEACH for Success) within 12 months of appointment to PACT.		
	The facility complied with any additional elements required by VHA or local policy.		

HIV Screening

The purpose of this review was to determine whether CBOCs/OOCs are compliant with selected VHA requirements for HIV Screening.^c

We reviewed the facility’s self-assessment, VHA and local policies, and guidelines to assess administrative controls over the HIV screening process. We also reviewed 38 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.		
X	Clinicians provided HIV testing as part of routine medical care for patients.	Clinicians did not provide HIV testing to 8 of 38 patients (21 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.

Location	Station #	Rurality ⁶	Outpatient Workload / Encounters ⁴			Services Provided ⁵	
			PC	MH	Specialty Clinics ⁷	Specialty Care ⁸	Ancillary Services ⁹
Auburn, CA	654GA	Rural	7,630	3,129	133	NA	Electrocardiography Home Based Primary Care MOVE! Program ¹⁰ Pharmacy
Gardnerville, NV	654GB	Rural	5,639	1,565	17	NA	MOVE! Program Pharmacy
Fallon, NV	654GC	Highly Rural	6,591	1,641	34	NA	Home Based Primary Care Pharmacy
Susanville, CA	654GD	Rural	2,899	798	10	NA	Pharmacy

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.

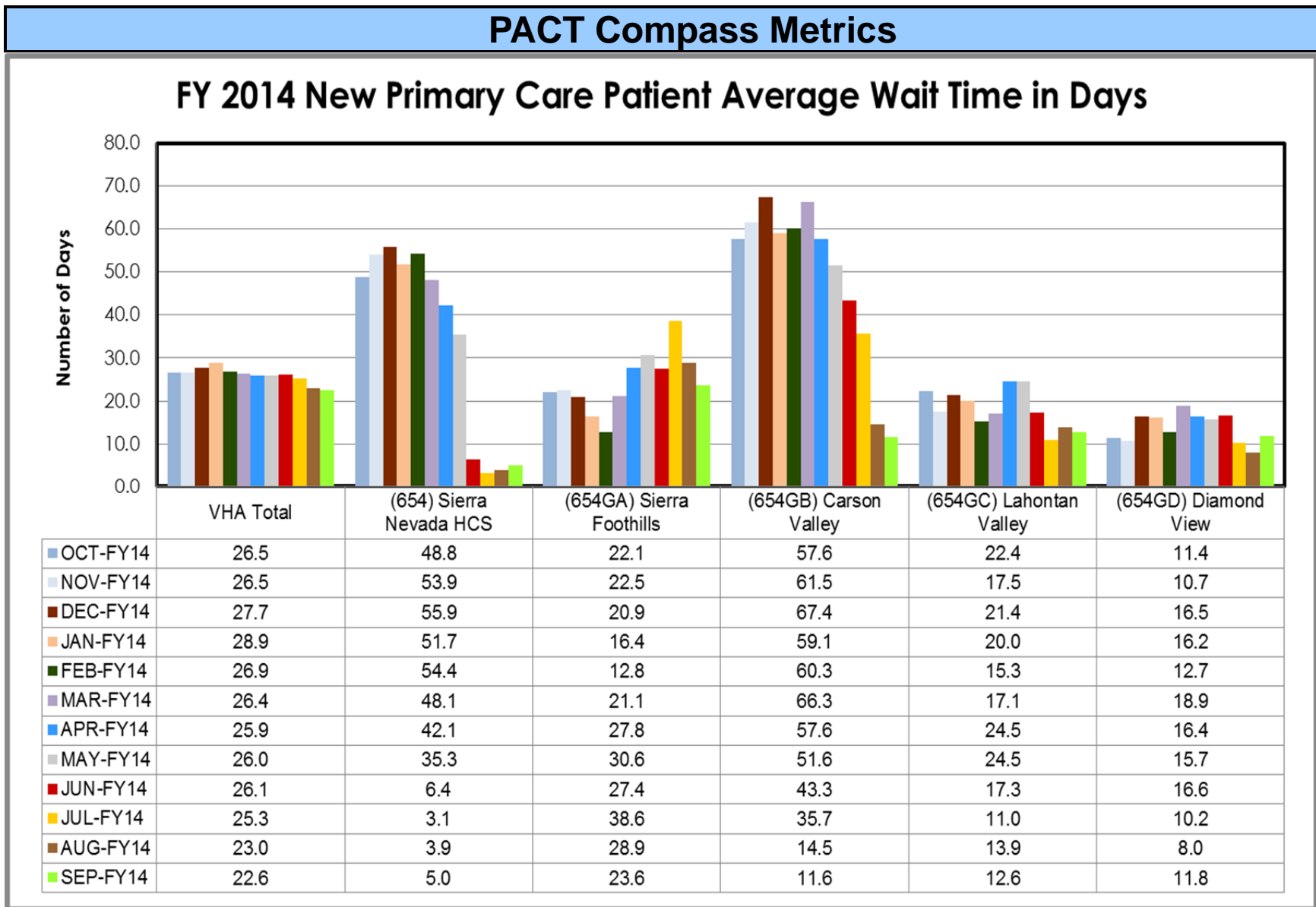
⁶ <http://vssc.med.va.gov/>

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.

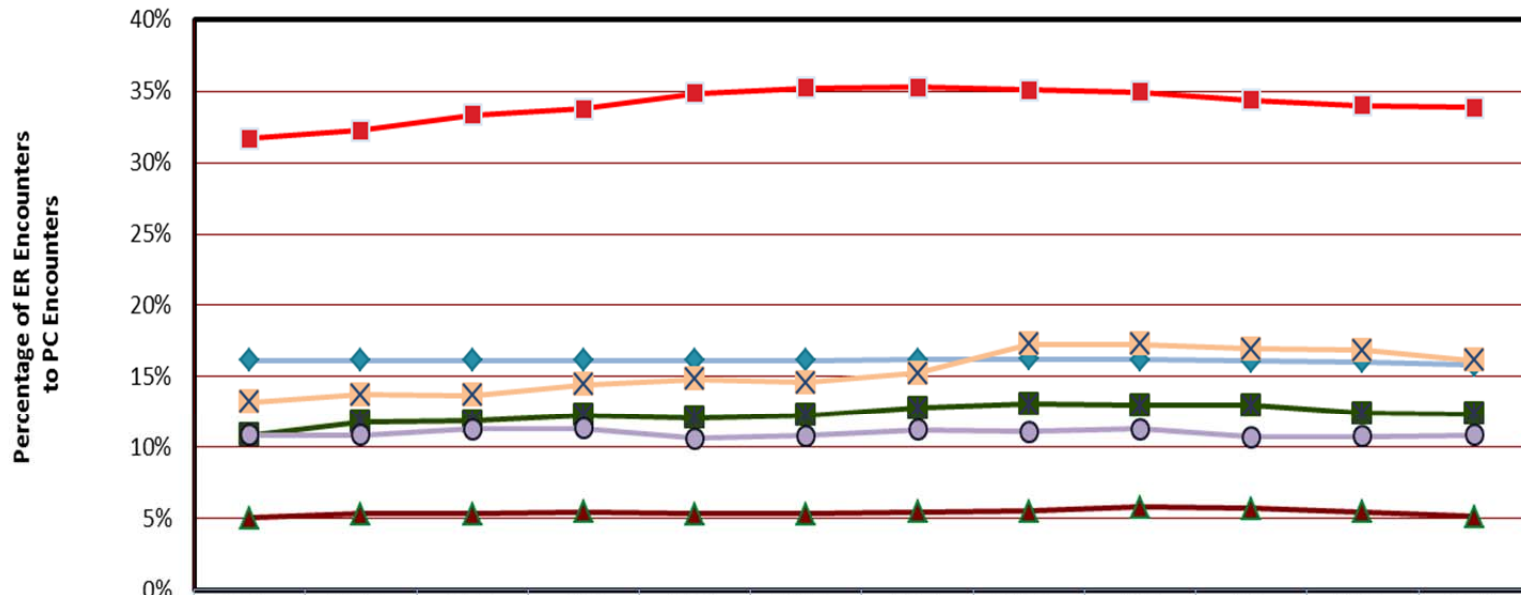
⁹ Ancillary Services refer to non-Primary Care and non-Mental Health services that are not provided by a physician.

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.

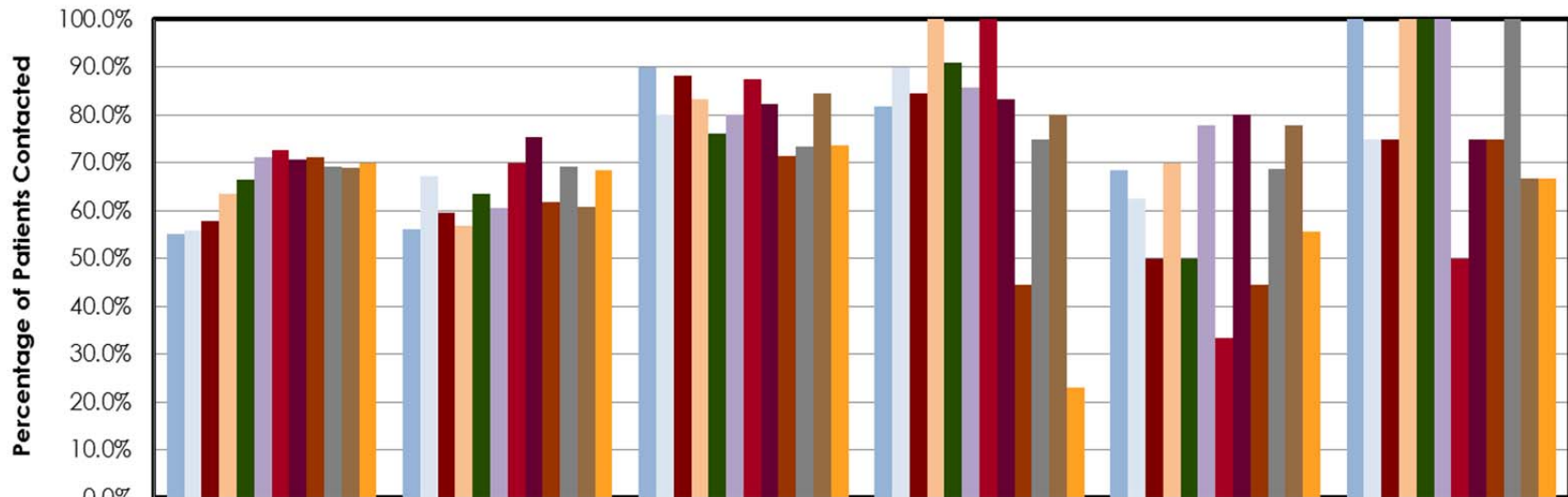
FY 2014 Ratio of ER Encounters While on Panel to PC Encounters While on Panel (FEE ER Included)



	OCT-FY14	NOV-FY14	DEC-FY14	JAN-FY14	FEB-FY14	MAR-FY14	APR-FY14	MAY-FY14	JUN-FY14	JUL-FY14	AUG-FY14	SEP-FY14
◆ 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%
■ (654) Sierra Nevada HCS	31.7%	32.3%	33.3%	33.8%	34.9%	35.2%	35.3%	35.1%	34.9%	34.4%	34.0%	33.9%
▲ (654GA) Sierra Foothills	5.0%	5.3%	5.3%	5.4%	5.3%	5.3%	5.5%	5.5%	5.8%	5.7%	5.5%	5.1%
× (654GB) Carson Valley	13.2%	13.8%	13.7%	14.5%	14.8%	14.6%	15.3%	17.3%	17.3%	16.9%	16.8%	16.1%
■ (654GC) Lahontan Valley	10.9%	11.8%	11.9%	12.3%	12.1%	12.3%	12.8%	13.1%	13.0%	13.0%	12.4%	12.4%
● (654GD) Diamond View	10.9%	10.9%	11.3%	11.3%	10.6%	10.8%	11.2%	11.1%	11.3%	10.7%	10.8%	10.8%

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	(654) Sierra Nevada HCS	(654GA) Sierra Foothills	(654GB) Carson Valley	(654GC) Lahontan Valley	(654GD) Diamond View
OCT-FY14	55.1%	56.1%	90.0%	81.8%	68.4%	100.0%
NOV-FY14	55.9%	67.3%	80.0%	90.0%	62.5%	75.0%
DEC-FY14	57.8%	59.5%	88.2%	84.6%	50.0%	75.0%
JAN-FY14	63.6%	56.8%	83.3%	100.0%	70.0%	100.0%
FEB-FY14	66.4%	63.5%	76.2%	90.9%	50.0%	100.0%
MAR-FY14	71.2%	60.5%	80.0%	85.7%	77.8%	100.0%
APR-FY14	72.6%	70.0%	87.5%	100.0%	33.3%	50.0%
MAY-FY14	70.8%	75.4%	82.4%	83.3%	80.0%	75.0%
JUN-FY14	71.3%	61.9%	71.4%	44.4%	44.4%	75.0%
JUL-FY14	69.1%	69.2%	73.3%	75.0%	68.8%	100.0%
AUG-FY14	68.9%	60.7%	84.6%	80.0%	77.8%	66.7%
SEP-FY14	69.8%	68.4%	73.7%	23.1%	55.6%	66.7%

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: May 1, 2015

From: Director, VA Sierra Pacific Network (10N21)

Subject: **Review of CBOCs and OOCs of VA Sierra Nevada Health Care System, Reno, NV**

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

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

1. Thank you for the opportunity to review your draft report from the recent OIG review and site visit to the Sierra Nevada HCS facility. Attached is the action plan developed in response to the findings.
2. Should you have any questions regarding the plan, please contact Terry Sanders, Associate Quality Manager for VISN 21 at (707) 562-8370.



Sheila M. Cullen

Attachments

Facility Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: April 29, 2015

From: Director, VA Sierra Nevada Health Care System (654/00)

Subject: Review of CBOCs and OOCs of VA Sierra Nevada Health Care System, Reno, NV

To: Director, VA Sierra Pacific Network (10N21)

1. We appreciate the opportunity to review the draft report of recommendations for the OIG CBOC/Other Outpatient Clinic reviews conducted at the VA Sierra Nevada Health Care System March 23-27, 2015.

2. Please find the attached response to each recommendation included in the report. We have completed, or are in the process of completing, actions to resolve these issues.


Lisa Howard
Acting 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 panic alarms are tested and testing is documented at the Reno East Campus CBOC.

Concur

Target date for completion: July 1, 2015

Facility response: Since the OIG visit, the VA Chief of Police has provided the East Campus Outpatient Clinic Nurse Manager with a form for documenting Alarm tests as well as a protocol. The Reno clinic Nurse Manager or Assistant Nurse Manager will conduct alarm testing every month and send the completed form monthly to VA Police Chief via email. Alarm testing for April 2015 has been completed and forward to the VA Police Chief, who will report quarterly to the Environment of Care Council.

Recommendation 2. 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: September 30, 2015

Facility response: Clinical Application Coordinator provided information to providers on April 21, 2015, regarding the updated clinical reminder for positive AUDIT-C, which now has forced fields requiring complete documentation. The updated clinical reminder meets the OIG recommendations for documenting that staff provide education and counseling for patients with positive alcohol screens and alcohol consumption above National Institute on Alcohol Abuse and Alcoholism limits. This reminder has been implemented. A minimum of 30 charts per month will be reviewed by the ACOS for Ambulatory Care/designee to ensure appropriate documentation is in the record; compliance target is 90% or above for three consecutive months. Monthly reports will be presented to Quality Executive Council.

Recommendation 3. We recommended that clinic staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.

Concur

Target date for completion: September 30, 2015

Facility response: Clinical Application Coordinator provided information to providers on April 21, 2015, regarding the updated clinical reminder. The updated clinical reminder meets the OIG recommendation to offer specialty treatment and delineates the plan for clinical follow up. This reminder has been implemented. A minimum of 30 charts per month will be reviewed by the ACOS for Ambulatory Care/designee to ensure appropriate documentation is in the record; compliance target is 90% or above for three consecutive months. Monthly reports will be presented to Quality Executive Council.

Recommendation 4. We recommended that clinic staff document a plan to monitor the alcohol use of patients who decline referral to specialty care.

Concur

Target date for completion: September 30, 2015

Facility response: Clinical Application Coordinator provided education to providers on April 21, 2015, regarding the updated clinical reminder for positive AUDIT-C which now has forced fields which require completion documentation. The updated clinical reminder meets the OIG recommendations for documenting a plan to monitor the alcohol use of patients who decline referral to specialty care. A minimum of 30 charts per month will be reviewed by the ACOS for Ambulatory Care/designee to ensure appropriate documentation is in the record; compliance target is 90% or above for three consecutive months. Monthly reports will be presented to Quality Executive Council.

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: September 30, 2015

Facility response: Ambulatory Care has re-educated providers regarding the VHA requirements to offer HIV testing as part of routine medical care for patients. An HIV Screening Quick Order, which is always available to the provider, has been created by the Clinical Applications Coordinator. The Quick Order enters a text order documenting informed consent which is good for one year; allows the provider to print the necessary HIV screening patient education documents; orders the test; and is also part of an order set for provider return to clinic which automatically pops up the test. The provider can decide to not order the test and/or the patient can decline the test. A minimum of 30 charts per month will be reviewed by Pharmacy until compliance of 90% is met for three consecutive months. Findings of the audits will be reported to Ambulatory Care ACOS, who will report to Quality Executive Council.

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	Simonette Reyes, RN, Team Leader Daisy Arugay, MT Yoonhee Kim, PharmD Kathleen Shimoda, RN
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U.S. House of Representatives: Mark Amodei, Ami Bera, Paul Cook, Crescent Hardy, Joe Heck, Doug LaMalfa, Tom McClintock, Dina Titus

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 Mark 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.