



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

Office of Healthcare Inspections

Report No. 15-00130-432

**Review of Community Based
Outpatient Clinics and Other
Outpatient Clinics
of
Captain James A. Lovell Federal
Health Care Center
North Chicago, Illinois**

July 27, 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
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 Captain James A. Lovell Federal Health Care Center and Veterans Integrated Service Network 12 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, outpatient documentation, and outpatient lab results management. We also randomly selected the Kenosha Community Based Outpatient Clinic, Kenosha, WI, as a representative site and evaluated the environment of care on April 27, 2015, and May 5, 2015.

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

Environment of Care: Ensure that staff review of the hazardous materials inventory occurs twice within a 12 month period at the Kenosha Community Based Outpatient Clinic.

Alcohol Use Disorder Care: Ensure that:

- Staff consistently complete diagnostic assessments for patients with a positive alcohol screen.
- Clinic Registered Nurse Care Managers and providers receive health coaching training within 12 months of appointment to Patient Aligned Care Teams.

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

Outpatient Lab Results Management: Ensure that:

- Clinicians consistently notify patients of their laboratory results within 14 days as required by VHA policy.
- Clinicians consistently document in the electronic health record all attempts to communicate with the patients regarding their abnormal laboratory results.

Comments

The Veterans Integrated Service Network and Facility Directors concurred with the Community Based Outpatient Clinic and other outpatient clinic review findings and recommendations and provided acceptable action plans. (See Appendixes C and D, pages 15–19, for the full text of the Directors' comments.) We will follow up on the planned actions until they are completed.



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

Objectives, Scope, and Methodology

Objectives

The CBOC and OOC reviews are an element of the OIG's efforts to ensure that our Nation's veterans receive high-quality VA health care services. As such, the CBOC and OOC reviews are recurring evaluations of selected outpatient care activities that focus on patient care quality and the EOC. In general, our objectives are to determine whether:

- The selected CBOC is compliant with EOC requirements.
- The CBOCs/OOCs are compliant with selected VHA requirements for AUD care.
- The CBOCs/OOCs are compliant with selected VHA requirements for HIV Screening.
- Healthcare practitioners at the CBOCs/OOCs comply with the requirements for outpatient documentation.
- The CBOCs/OOCs are compliant with VHA requirements for the patient notification and follow up of selected outpatient lab results.

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 five activities:

- EOC
- AUD Care
- HIV Screening
- Outpatient Documentation
- Outpatient Lab Results Management

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 for the AUD Care, HIV Screening, Outpatient Documentation, and Outpatient Lab Results Management 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.
Outpatient Lab Results Management	All patients who had outpatient (excluding emergency department, urgent care, or same day surgery orders) potassium and sodium serum lab test results during January 1, 2014, through December 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.

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.

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 Kenosha 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).		
X	The CBOC's inventory of hazardous materials was reviewed for accuracy twice within the prior 12 months.	The CBOC's inventory of hazardous materials and waste at the Kenosha CBOC was not reviewed for accuracy twice within the prior 12 months.	1. We recommended that managers ensure review of the hazardous materials inventory occurs twice within a 12-month period at the Kenosha CBOC.
	The CBOC's safety data sheets for chemicals are readily available to staff.		
	If safety data sheets are in electronic form, the staff can demonstrate ability to access the electronic version without coaching.		
	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.		
	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 38 EHRs. We also validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

Table 3. AUD 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 6 of 38 patients (16 percent) who had positive alcohol use screens.	2. We recommended that clinic staff consistently complete diagnostic assessments 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.		
	Documentation reflects the offer of further treatment for 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.		
	Clinic RN Care Managers have received motivational interviewing training within 12 months of appointment to PACT.		

NM	Areas Reviewed (continued)	Findings	Recommendations
X	Clinic RN Care Managers have received VHA National Center for Health Promotion and Disease Prevention-approved health coaching training (most likely TEACH for Success) within 12 months of appointment to PACT.	We found that 2 of 10 RN Care Managers did not receive health coaching training within 12 months of appointment to PACT.	3. We recommended that Clinic Registered Nurse Care Managers and providers receive health coaching training within 12 months of appointment to Patient Aligned Care Teams.
X	Providers in the outpatient clinics have received VHA National Center for Health Promotion and Disease Prevention-approved health coaching training (most likely TEACH for Success) within 12 months of appointment to PACT.	We found that 15 of 22 providers did not receive health coaching training 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 29 EHRs and validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

Table 4. HIV Screening

NM	Areas Reviewed	Findings	Recommendations
	The facility has a HIV Lead Clinician to carry out responsibilities as required.		
	The facility has policies and procedures to facilitate HIV testing.		
	The facility had developed policies and procedures that include requirements for the communication of HIV test results.		
	Written patient educational materials utilized prior to or at the time of consent for HIV testing include all required elements.		
X	Clinicians provided HIV testing as part of routine medical care for patients.	Clinicians did not provide HIV testing to 12 of 29 patients.	4. We recommended that clinicians provide human immunodeficiency virus testing as part of routine medical care for patients and that compliance is monitored.
X	When HIV testing occurred, clinicians consistently documented informed consent.	Clinicians did not document informed consent for HIV testing for two of six patients.	5. 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 44 EHRs. We also validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The facility generally met requirements. We made no recommendations.

Table 5. Outpatient Documentation

NM	Areas Reviewed	Findings	Recommendations
	A relevant history of the illness or injury and physical findings are documented when the patient is first admitted for VA medical care on an outpatient level.		
	Randomly selected progress notes contain the required documentation components in the EHR.		

Outpatient Lab Results Management

The purpose of this review was to determine whether CBOCs/OOCs are compliant with VHA requirements for the patient notification and follow up of selected outpatient lab results.^e

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 6. Outpatient Lab Results Management

NM	Areas Reviewed	Findings	Recommendations
	The facility has a written policy regarding communication of lab results from diagnostic practitioner to ordering practitioner.		
	The facility has a written policy for the communication of lab results that included all required elements.		
X	Clinicians notified patients of their lab results.	Clinicians did not consistently notify patients of their lab results within 14 days as required by VHA.	6. We recommended that clinicians consistently notify patients of their laboratory results within 14 days as required by VHA.
X	Clinicians documented in the EHR all attempts to communicate with the patients regarding their lab results.	Clinicians did not document in the EHR all attempts to communicate with the patients regarding their abnormal results.	7. We recommended that clinicians consistently document in the electronic health record all attempts to communicate with the patients regarding their abnormal laboratory results.
	Clinicians provided interventions for clinically significant abnormal lab results.		

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
Evanston, IL	556GA	Urban	3,092	1,754	3	N/A	Audiology MOVE! Program ¹⁰ Pharmacy
McHenry, IL	556GC	Urban	7,659	3,487	82	N/A	Audiology Electrocardiography MOVE! Program Nutrition Pharmacy
Kenosha, WI	556GD	Urban	4,070	3,261	18	N/A	Audiology Diabetic Retinal Screening Electrocardiography MOVE! Program 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.

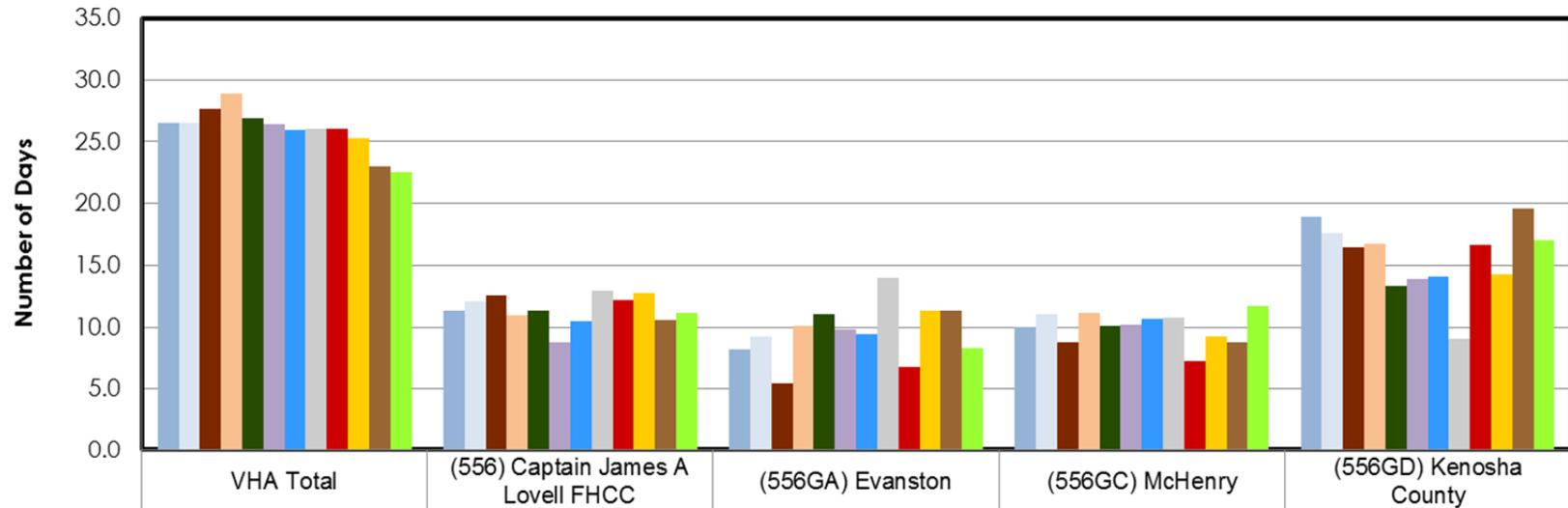
⁸ Specialty Care Services refer to non-Primary Care and non-Mental Health services provided by a physician.

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.

PACT Compass Metrics

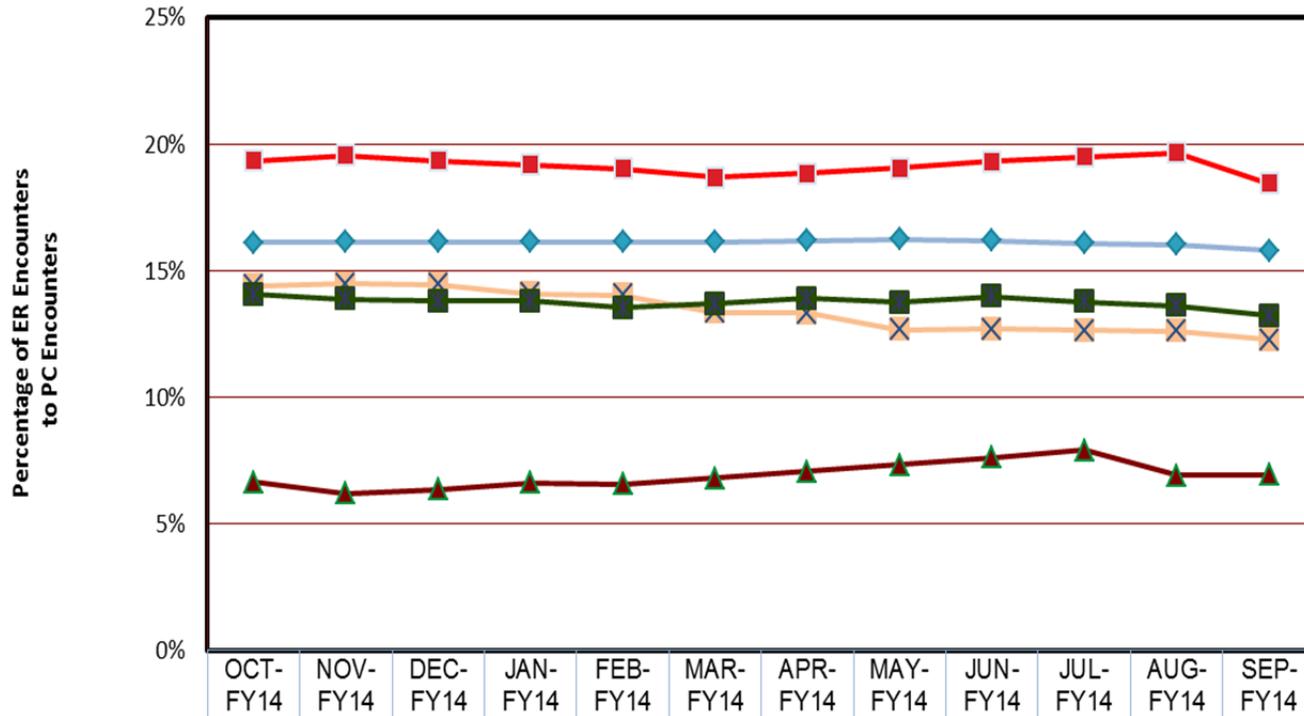
FY 2014 New Primary Care Patient Average Wait Time in Days



	VHA Total	(556) Captain James A Lovell FHCC	(556GA) Evanston	(556GC) McHenry	(556GD) Kenosha County
OCT-FY14	26.5	11.3	8.2	10.0	18.9
NOV-FY14	26.5	12.1	9.2	11.1	17.6
DEC-FY14	27.7	12.5	5.5	8.8	16.5
JAN-FY14	28.9	10.9	10.1	11.1	16.7
FEB-FY14	26.9	11.3	11.1	10.1	13.3
MAR-FY14	26.4	8.8	9.8	10.2	13.9
APR-FY14	25.9	10.4	9.5	10.7	14.1
MAY-FY14	26.0	12.9	14.0	10.8	9.0
JUN-FY14	26.1	12.2	6.8	7.3	16.6
JUL-FY14	25.3	12.8	11.3	9.2	14.3
AUG-FY14	23.0	10.5	11.4	8.7	19.6
SEP-FY14	22.6	11.1	8.3	11.7	17.0

Data Definition.^f 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.

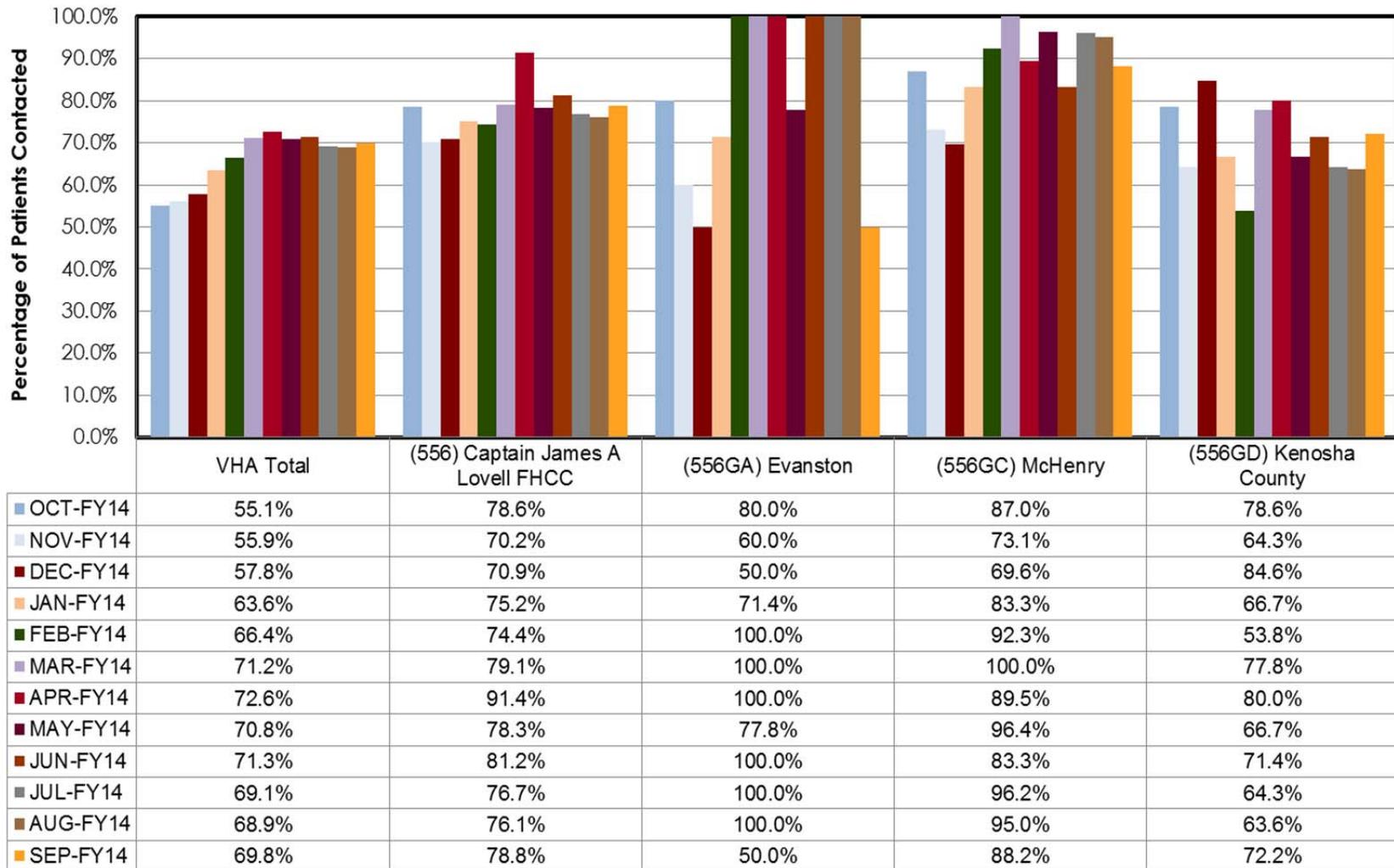
FY 2014 Ratio of ER Encounters While on Panel to PC Encounters While on Panel (FEE ER Included)



◆ 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%
■ (556) Captain James A Lovell FHCC	19.4%	19.6%	19.3%	19.2%	19.0%	18.7%	18.8%	19.1%	19.3%	19.5%	19.7%	18.5%
▲ (556GA) Evanston	6.6%	6.2%	6.4%	6.6%	6.6%	6.8%	7.1%	7.3%	7.6%	7.9%	6.9%	6.9%
✕ (556GC) McHenry	14.4%	14.5%	14.4%	14.1%	14.0%	13.4%	13.3%	12.7%	12.7%	12.6%	12.6%	12.3%
■ (556GD) Kenosha County	14.1%	13.9%	13.8%	13.8%	13.5%	13.7%	13.9%	13.8%	14.0%	13.8%	13.6%	13.2%

Data Definition.^f 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



Data Definition.^f 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.

Acting Veterans Integrated Service Network Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: July 2, 2015

From: Acting Director, VA Great Lakes Health Care System (10N12)

Subject: **Review of CBOCs and OOCs of Captain James A. Lovell Federal Health Care Center, North Chicago, IL**

To: Director, Chicago Office of Healthcare Inspections (54CH)

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

Attached please find the CBOC and OOCs response to the draft report from the Captain James A. Lovell Federal Health Care Center review.

I have reviewed the completed response.

I appreciate the Office of Inspector General's efforts to ensure high quality of care to veterans, active duty patients and families at FHCC.

(original signature on file)
James W. Rice

Facility Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: July 2, 2015

From: Director, Captain James A. Lovell Federal Health Care Center
(556/00)

Subject: **Review of CBOCs and OOCs of Captain James A. Lovell Federal Health Care Center, North Chicago, IL**

To: Acting Director, VA Great Lakes Health Care System (10N12)

1. Thank you for the opportunity to review the draft report of the Review of the CBOCs and OOCs of the Captain James A. Lovell Federal Health Care Center, North Chicago, IL.
2. I have reviewed the document and concur with the recommendations. Relevant action plans have been established as detailed in the attached report.
3. If you have any questions or require additional information, please contact Katherine Dong at (224) 610-2046.

(original signature on file)

Stephen R. Holt, MD, MPH, MSNRS

Comments to OIG's Report

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

OIG Recommendations

Recommendation 1. We recommended that managers ensure review of the hazardous materials inventory occurs twice within a 12-month period at the Kenosha CBOC.

Concur

Target date for completion: December 31, 2015

Facility response: The Joint Policy Instruction entitled "Hazard Materials and Waste Management Plan" will be revised to ensure that hazardous material inventories are reviewed twice a year. During semi-annual Environment of Care Rounds, completion of reviews will be monitored by the Safety Department and documented in the Environment of Care Tracking tool.

Recommendation 2. We recommended that clinic staff consistently complete diagnostic assessments for patients with a positive alcohol screen.

Concur

Target date for completion: March 31, 2016

Facility response: The clinical reminder for diagnostic assessment following positive alcohol screens will be modified to ensure that documentation reflects referral for further treatment. Monthly chart reviews have been implemented to monitor that diagnostic assessments for patients with a positive alcohol screen are completed. Monitoring will continue until 90% compliance is achieved and sustained.

Recommendation 3. We recommended that Clinic Registered Nurse Care Managers and providers receive health coaching training within 12 months of appointment to Patient Aligned Care Teams.

Concur

Target date for completion: Completed as of July 1, 2015

Facility response: All PACT RN Care Managers and Primary Care Providers have received the required health coaching training. As new RN Care Managers and primary care providers are hired, the facility now is including health care coaching as part of the initial orientation.

Recommendation 4. 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: March 31, 2016

Facility response: A clinical reminder is in place to assist clinicians with offering patients the option of receiving human immunodeficiency virus (HIV) testing. Monthly chart reviews have been implemented to ensure that clinicians offer HIV testing as part of routine medical care. Monitoring will continue until 90% compliance is achieved and sustained.

Recommendation 5. We recommended that clinicians consistently document informed consent for human immunodeficiency virus testing and that compliance is monitored.

Concur

Target date for completion: March 31, 2016

Facility response: When human immunodeficiency virus testing is ordered through the clinical reminder, the reminder dialogue cues the provider to obtain verbal informed consent and includes this information in the progress note. Monthly chart reviews have been implemented to ensure informed consent for HIV testing is completed. Monitoring will continue until 90% compliance is achieved and sustained.

Recommendation 6. We recommended that clinicians consistently notify patients of their laboratory results within 14 days as required by VHA.

Concur

Target date for completion: March 31, 2016

Facility response: The facility will implement use of the automated test results letter in CPRS to facilitate communication of normal test results. Utilization of the automated test result notification letter will generate an entry into the electronic medical record. Chart reviews will begin in fourth quarter of FY 14 to ensure timely notification of test results and will continue until 90% compliance is achieved and sustained.

Recommendation 7. We recommended that clinicians consistently document in the electronic health record all attempts to communicate with the patients regarding their abnormal laboratory results.

Concur

Target date for completion: March 31, 2016

Facility response: The facility will re-educate providers on communicating abnormal laboratory results including the requirement for electronic health record documentation of all attempts to communicate with patients regarding their abnormal laboratory results. Chart reviews will begin in fourth quarter of FY 14 and will continue until 90% compliance is achieved and sustained.

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	Alicia Castillo-Flores, MBA, MPH, Team Leader Jennifer Reed, RN, MSHI
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Bobby L. Rush, Paul Ryan, Jan Schakowsky, F. James Sensenbrenner

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.
- 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.
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