



Department of Veterans Affairs  
Office of Inspector General

Office of Healthcare Inspections

Report No. 15-00138-392

**Review of Community Based  
Outpatient Clinics and Other  
Outpatient Clinics  
of  
Edith Nourse Rogers  
Memorial Veterans Hospital  
Bedford, Massachusetts**

July 13, 2015

Washington, DC 20420

**To Report Suspected Wrongdoing in VA Programs and Operations**

**Telephone: 1-800-488-8244**

**E-Mail: [vaoighotline@va.gov](mailto:vaoighotline@va.gov)**

**(Hotline Information: [www.va.gov/oig/hotline](http://www.va.gov/oig/hotline))**

## Glossary

AUD	alcohol use disorder
CBOC	community based outpatient clinic
EHR	electronic health record
EOC	environment of care
ER	emergency room
FY	fiscal year
HIV	human immunodeficiency virus
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 Edith Nourse Rogers Memorial Veterans Hospital and Veterans Integrated Service Network 1 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 Haverhill CBOC, Haverhill, MA, as a representative site and evaluated the environment of care on May 5, 2015.

**Review Results:** We conducted five focused reviews and had no findings for the human immunodeficiency virus screening and outpatient documentation reviews. However, we made recommendations for improvement in the following three review areas:

Environment of Care: Ensure that:

- The employees at the Haverhill CBOC receive the required training on hazardous materials.
- The CBOC staff minimizes the risk of infection when storing and disposing of medical (infectious waste) at the Haverhill CBOC.
- The information technology server closet at the Haverhill CBOC is maintained according to information technology safety and security standards.
- The testing of the panic alarm system is conducted at the Haverhill CBOC.

Alcohol Use Disorder Care: Ensure that:

- Clinic Staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.
- Clinic Registered Nurse Care Managers and clinical associates receive health coaching training within 12 months of appointment to Patient Aligned Care Teams.

Outpatient Lab Results Management: Ensure that:

- Clinicians consistently notify patients of their laboratory results within the timeframe set by local policy.

## Comments

The Veterans Integrated Service Network and Facility Directors concurred with the CBOC and other outpatient clinic review findings and recommendations and provided acceptable action plans. (See Appendixes C and D, pages 15–18, 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.<sup>1</sup> 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; <sup>2</sup> 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.

<sup>1</sup> 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.

<sup>2</sup> 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.<sup>a</sup>

We reviewed relevant documents and conducted a physical inspection of the Haverhill CBOC. The table below shows the areas reviewed for this topic. The areas 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.		
X	Employees received training on the new chemical label elements and safety data sheet format.	Employees at the Haverhill CBOC had not received training on the new chemical label elements and safety data sheet format.	<b>1.</b> We recommended that employees at the Haverhill CBOC receive the required training on hazardous materials.
	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.		
X	The CBOC staff members minimize the risk of infection when storing and disposing of medical (infectious) waste.	The Haverhill CBOC did not have a separate secured storage room/area or an acceptable alternative process for storing and disposing of medical (infectious) waste.	<b>2.</b> We recommended that CBOC staff minimize the risk of infection when storing and disposing of medical (infectious waste) at the Haverhill CBOC.
	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
X	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 at the Haverhill CBOC was not restricted to personnel authorized by Office of Information and Technology.	3. We recommended that the information technology server closet at the Haverhill CBOC is maintained according to information technology safety and security standards.
X	Access to the information technology network room/server closet is documented.	Access to the information technology network room/server closet at the Haverhill CBOC was not 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.	Alarm/panic buttons at the Haverhill CBOC were not tested.	4. We recommended that testing of the panic alarm system is conducted at the Haverhill 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.<sup>b</sup>

We reviewed relevant documents and 39 EHRs. We also validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

**Table 3. AUD 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 8 of 17 patients diagnosed with alcohol dependence.	<b>5.</b> 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.		
	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 two of nine RN Care Managers did not receive health coaching training within 12 months of appointment to PACT.	6. We recommended that Clinic Registered Nurse Care Managers and clinical associates receive health coaching training within 12 months of appointment to Patient Aligned Care Teams.
	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 3 of 14 clinical associates 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.<sup>c</sup>

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 33 EHRs and validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The facility generally met requirements. We made no recommendations.

**Table 4. HIV Screening**

NM	Areas Reviewed	Findings	Recommendations
	The facility has a Lead HIV Clinician to carry out responsibilities as required.		
	The facility has policies and procedures to facilitate HIV testing.		
	The facility had developed policies and procedures that include requirements for the communication of HIV test results.		
	Written patient educational materials utilized prior to or at the time of consent for HIV testing include all required elements.		
	Clinicians provided HIV testing as part of routine medical care for patients.		
	When HIV testing occurred, clinicians consistently documented informed consent.		
	The facility complied with additional elements as required by local policy.		

## Outpatient Documentation

The purpose of this review was to determine whether healthcare practitioners at the CBOCs/OOCs comply with selected requirements for outpatient documentation.<sup>d</sup>

We reviewed relevant documents and 45 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.<sup>e</sup>

We reviewed relevant documents and 49 EHRs. We also 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 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 the timeframe set by local policy.	<b>7.</b> We recommended that clinicians consistently notify patients of their laboratory results within the timeframe set by local policy.
	Clinicians documented in the electronic health record all attempts to communicate with the patients regarding their lab 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.<sup>3</sup> 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 <sup>6</sup>	Outpatient Workload / Encounters <sup>4</sup>			Services Provided <sup>5</sup>	
			PC	MH	Specialty Clinics <sup>7</sup>	Specialty Care <sup>8</sup>	Ancillary Services <sup>9</sup>
Lynn, MA	518GA	Urban	4,286	1,687	4	NA	Electrocardiography Nutrition
Haverhill, MA	518GB	Urban	4,854	2,770	41	NA	Electrocardiography Nutrition
Gloucester, MA	518GE	Urban	2,807	654	0	NA	NA

<sup>3</sup> Includes all CBOCs in operation before April 1, 2014.

<sup>4</sup> 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.

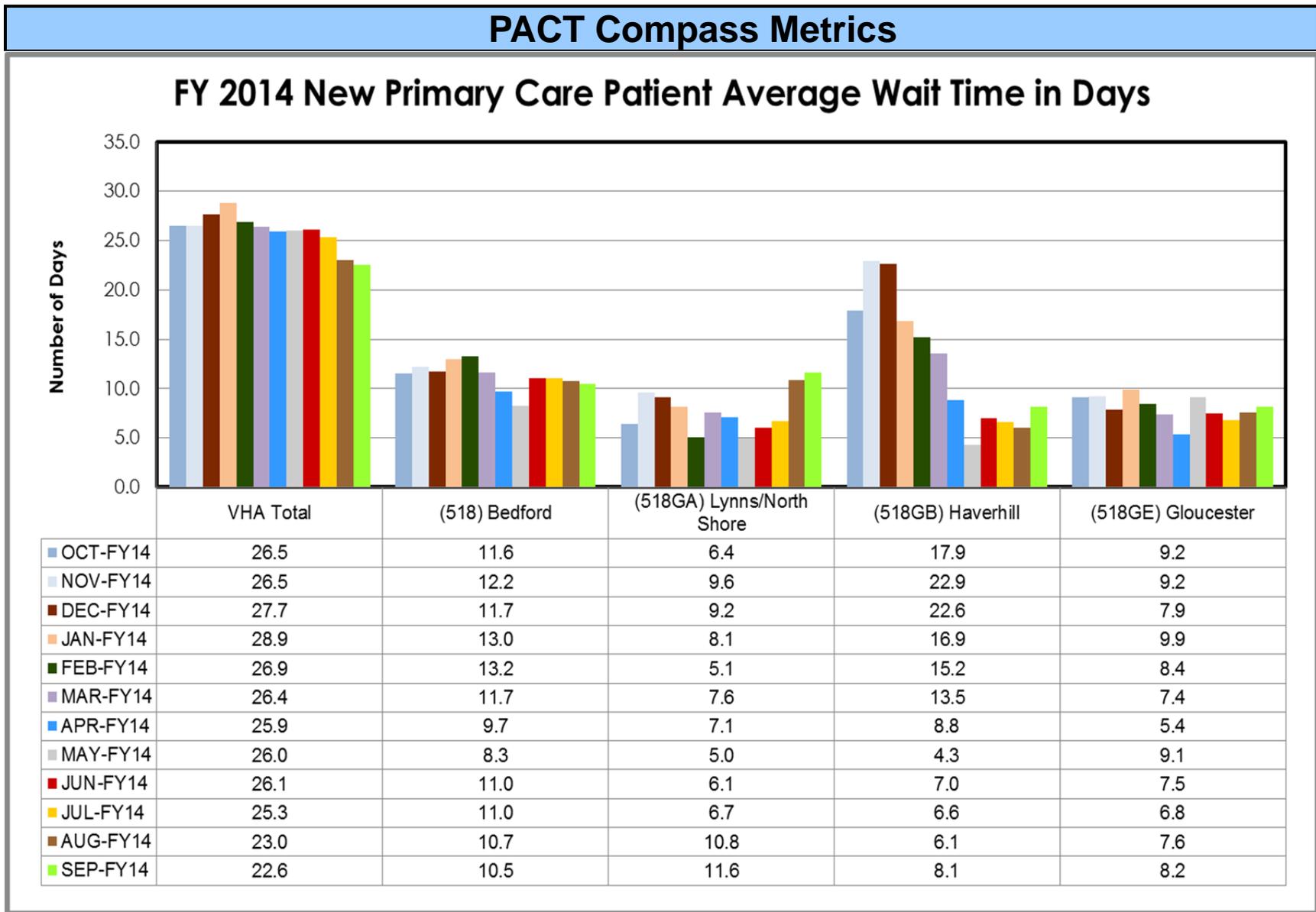
<sup>5</sup> The denoted Specialty Care and Ancillary Services are limited to Primary Clinic Stops with a count  $\geq 100$  encounters during the October 1, 2013, through September 30, 2014, timeframe at the specified CBOC.

<sup>6</sup> <http://vssc.med.va.gov/>

<sup>7</sup> The total number of encounters for the services provided in the "Specialty Care" column.

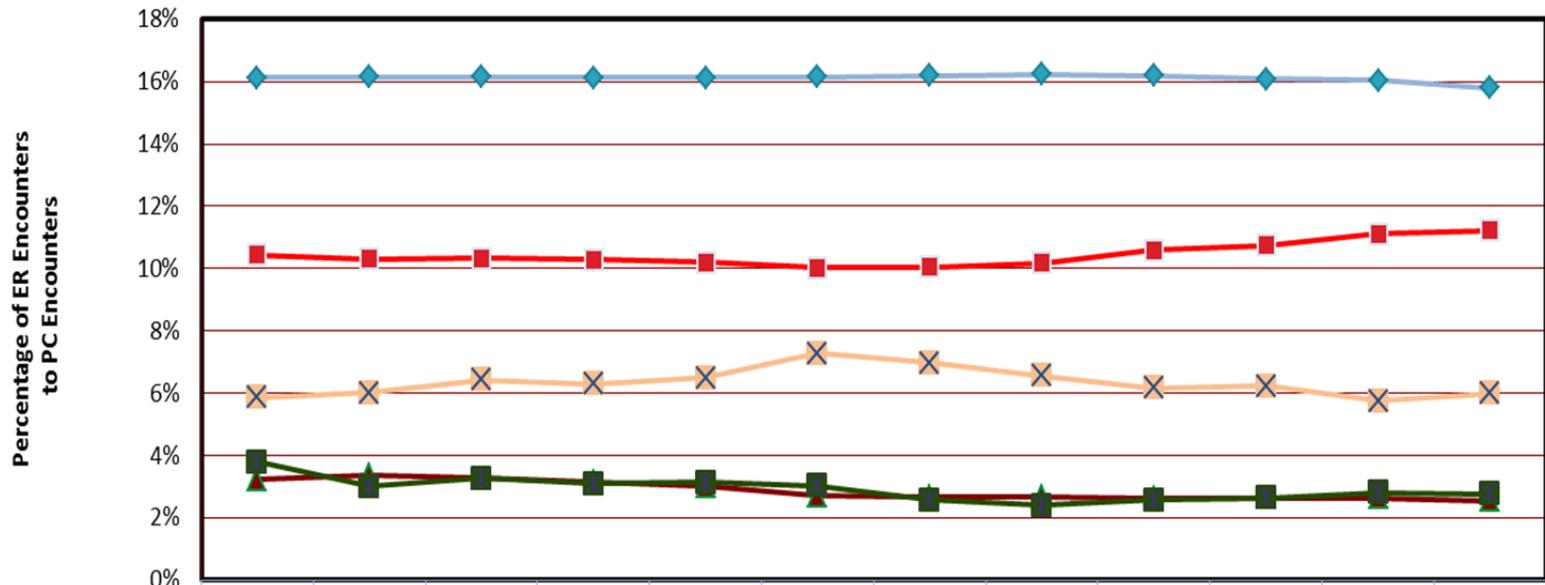
<sup>8</sup> Specialty Care Services refer to non-Primary Care and non-Mental Health services provided by a physician.

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



**Data Definition.<sup>f</sup>** 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.

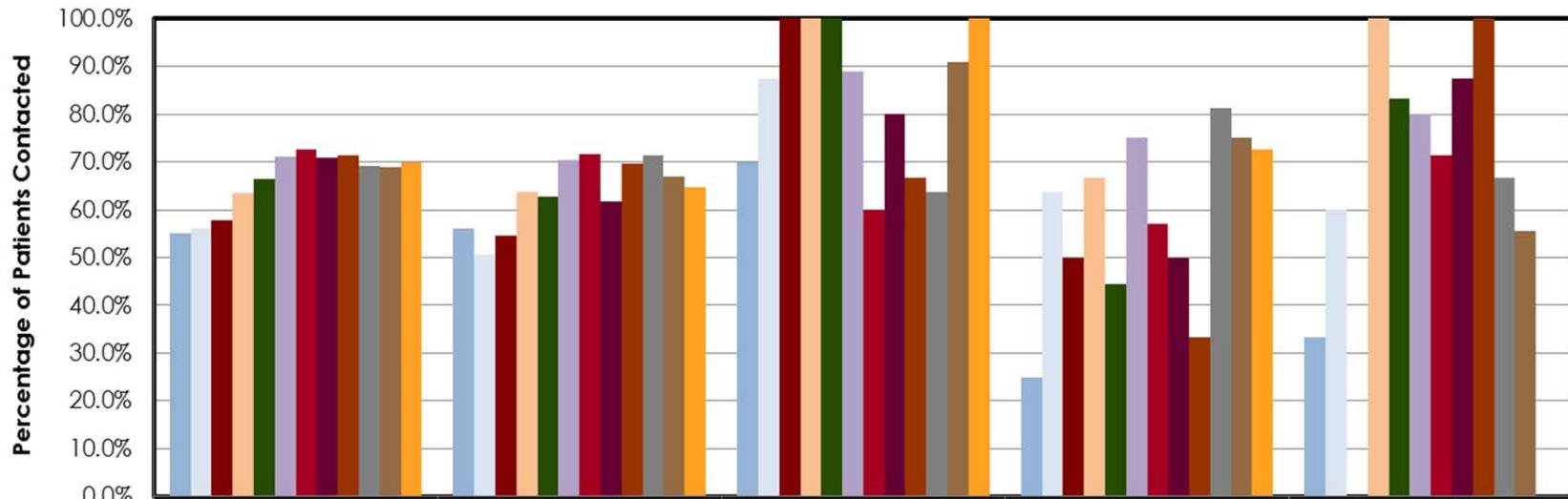
### FY 2014 Ratio of ER Encounters While on Panel to PC Encounters While on Panel (FEE ER Included)



	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%
■ (518) Bedford	10.4%	10.3%	10.3%	10.3%	10.2%	10.0%	10.0%	10.2%	10.6%	10.7%	11.1%	11.2%
▲ (518GA) Lynns/North Shore	3.2%	3.4%	3.3%	3.2%	3.0%	2.7%	2.7%	2.7%	2.6%	2.6%	2.6%	2.5%
× (518GB) Haverhill	5.9%	6.0%	6.4%	6.3%	6.5%	7.3%	7.0%	6.6%	6.2%	6.2%	5.8%	6.0%
■ (518GE) Gloucester	3.8%	3.0%	3.3%	3.1%	3.1%	3.0%	2.6%	2.4%	2.6%	2.6%	2.8%	2.8%

**Data Definition.<sup>f</sup>** 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	(518) Bedford	(518GA) Lynns/North Shore	(518GB) Haverhill	(518GE) Gloucester
OCT-FY14	55.1%	56.1%	70.0%	25.0%	33.3%
NOV-FY14	55.9%	50.5%	87.5%	63.6%	60.0%
DEC-FY14	57.8%	54.7%	100.0%	50.0%	0.0%
JAN-FY14	63.6%	63.8%	100.0%	66.7%	100.0%
FEB-FY14	66.4%	62.8%	100.0%	44.4%	83.3%
MAR-FY14	71.2%	70.5%	88.9%	75.0%	80.0%
APR-FY14	72.6%	71.7%	60.0%	57.1%	71.4%
MAY-FY14	70.8%	61.8%	80.0%	50.0%	87.5%
JUN-FY14	71.3%	69.7%	66.7%	33.3%	100.0%
JUL-FY14	69.1%	71.3%	63.6%	81.3%	66.7%
AUG-FY14	68.9%	67.0%	90.9%	75.0%	55.6%
SEP-FY14	69.8%	64.6%	100.0%	72.7%	

**Data Definition.<sup>f</sup>** 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. Blank cells indicate the absence of reported data.

## Veterans Integrated Service Network Director Comments

**Department of  
Veterans Affairs**

# Memorandum

**Date:** June 8, 2015

**From:** Director, VA New England Healthcare System (10N1)

**Subject: Review of CBOCs and OOCs of Edith Nourse Rogers Memorial  
Veterans Hospital, Bedford, MA**

**To:** Director, Bedford Office of Healthcare Inspections (54BN)

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

I have reviewed and concur with the action plans included in the attached memorandum regarding the CBOC and Other Outpatient Clinics at Edith Nourse Rogers Memorial Veterans Hospital, Bedford, MA.

Sincerely,



Michael F. Mayo-Smith, MD, MPH  
Network Director

## Facility Director Comments

**Department of  
Veterans Affairs**

# Memorandum

**Date:** June 2, 2015

**From:** Director, Edith Nourse Rogers Memorial Veterans Hospital (518/00)

**Subject: Review of CBOCs and OOCs of the Edith Nourse Rogers  
Memorial Veterans Hospital, Bedford, MA**

**To:** Director, VA Healthcare System (10N1)

I have reviewed and concur with the action plans included in the attached memorandum regarding CBOC and Other Outpatient Clinics at Edith Nourse Rogers Memorial Veterans Hospital, Bedford, MA.

Sincerely,



Christine Croteau  
Facility 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 employees at the Haverhill CBOC receive the required training on hazardous materials.

Concur

Target date for completion: August 1, 2015

Facility response: Bedford Hazard Communication will be added as required education in TMS for Primary Care and CBOC staff by June 15, 2015. Staff will complete this training in TMS by August 1, 2015.

**Recommendation 2.** We recommended that CBOC staff minimize the risk of infection when storing and disposing of medical (infectious waste) at the Haverhill CBOC.

Concur

Target date for completion: August 31, 2015

Facility response: The facility interior designer has measured an area in the CBOC to purchase a locking cabinet to store medical infectious waste until pick-up.

**Recommendation 3.** We recommended that the information technology server closet at the Haverhill CBOC is maintained according to information technology safety and security standards.

Concur

Target date for completion: June 30, 2015

Facility response: Working with the Facility Engineering staff and CBOC personnel, the Office of Information & Technology department will work to have the doors to the Telecom closet at the CBOC re-keyed to match the OIT security needs and have Access Control lists created and added to the inside of the door.

**Recommendation 4.** We recommended that testing of the panic alarm system is conducted at the Haverhill CBOC.

Concur

Target date for completion: June 30, 2015

Facility response: VA Police are testing the panic alarms at the Haverhill CBOC. VA Police are implementing monthly rounds to the CBOC by June 30, 2015.

**Recommendation 5.** 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: Primary Care Providers will be educated on documentation requirements of offering follow up treatment with a positive Audit-C. Training will be completed by June 30, 2015. Monitoring of compliance will begin in July with a goal of 90% compliance sustained for 3 months.

**Recommendation 6.** We recommended that Clinic Registered Nurse Care Managers and clinical associates receive health coaching training within 12 months of appointment to Patient Aligned Care Teams.

Concur

Target date for completion: August 31, 2015

Facility response: As of June 3, 2015, all Clinic Registered Nurse Care Managers have completed health coaching training. The majority of clinical associates (50/53) have completed training. One is scheduled for training and one is pending training in August 2015. This is an all-day face to face training with the next available training in August 2015. There is a designated coordinator in place tracking and scheduling required training PACT training.

**Recommendation 7.** We recommended that clinicians consistently notify patients of their laboratory results within the timeframe set by local policy.

Concur

Target date for completion: September 30, 2015

Facility response: Providers will be educated on notifying veterans of their lab results per HM.11.62.COS Ordering and Reporting Test Results. Providers will document the discussion of test results in CPRS. Training will be completed by June 30, 2015. Monitoring of compliance will begin in July with a goal of 90% compliance sustained for 3 months.

## Office of Inspector General Contact and Staff Acknowledgments

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<b>Contact</b>	For more information about this report, please contact the OIG at (202) 461-4720.
<b>Inspection Team</b>	Elaine Kahigian, Team Leader Francis Keslof, EMT, MHA Jeanne Martin, PharmD Clarissa Reynolds, CNHA, MBA Emorfia Valkanos, RPh Valerie Zaleski, RN, BSN
<b>Other Contributors</b>	Shirley Carlile, BA Roneisha Charles, BS Lin Clegg, PhD Marnette Dhooghe, MS Jennifer Reed, RN, MSHI Patrick Smith, M. Stat Marilyn Stones, BS Mary Toy, RN, MSN Jarvis Yu, MS

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Director, Edith Nourse Rogers Memorial Veterans Hospital (518/00)

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Government Accountability Office  
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U.S. Senate: Edward J. Markey, Elizabeth Warren  
U.S. House of Representatives: Seth Moulton, Niki Tsongas

This report is available at [www.va.gov/oig](http://www.va.gov/oig).

## Endnotes

<sup>a</sup> References used for the EOC review included:

- International Association of Healthcare Central Services Materiel Management, *Central Service Technical Manual*, 7<sup>th</sup> 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.

<sup>b</sup> 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.
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