



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

Office of Healthcare Inspections

Report No. 15-00134-454

**Review of Community Based
Outpatient Clinics and Other
Outpatient Clinics
of
Northport VA Medical Center,
Northport, New York**

August 7, 2015

Washington, DC 20420

To Report Suspected Wrongdoing in VA Programs and Operations

Telephone: 1-800-488-8244

E-Mail: vaoighotline@va.gov

(Hotline Information: www.va.gov/oig/hotline)

Glossary

AUD	alcohol use disorder
CBOC	community based outpatient clinic
EHR	electronic health record
EOC	environment of care
ER	emergency room
FY	fiscal year
HIV	human immunodeficiency virus
lab	laboratory
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 and other outpatient clinics under the oversight of the Northport VA Medical Center and Veterans Integrated Service Network 3 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 laboratory results management. We also randomly selected the East Meadow, NY, Community Based Outpatient Clinic as a representative site and evaluated the environment of care on June 2, 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 at the East Meadow Community Based Outpatient Clinic that the:

- Environment of care is clean and well maintained.
- Hazardous materials inventory occurs twice within a 12-month period.
- Employees receive the required training on hazardous materials.
- Hand hygiene compliance is monitored and reported to the Infection Control Committee.

Alcohol Use Disorder Care:

- Ensure that clinic staff consistently complete diagnostic assessments for patients with a positive alcohol screen.

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.

Outpatient Laboratory Results Management: Ensure that:

- The facility's written policy for the communication of laboratory results includes all required elements.
- Clinicians consistently notify patients of their laboratory results within 14 days, as required by VHA.

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 15-19, for the full text of the Directors' comments.) We will follow up on the planned actions for the open recommendations until they are completed.



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

Objectives, Scope, and Methodology

Objectives

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

- The selected CBOC is compliant with EOC requirements.
- The CBOCs/OOCs are compliant with selected VHA requirements for AUD care.
- The CBOCs/OOCs are compliant with selected VHA requirements for HIV Screening.
- Healthcare practitioners at the CBOCs/OOCs comply with the requirements for outpatient documentation.
- 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 ER, 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 East Meadow 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.		
X	The CBOC is clean and well maintained.	The clinic's rear egress was dirty, and thoroughfare walls and carpet were not well maintained at the East Meadow CBOC.	1. We recommended that managers ensure a clean and well maintained environment of care at the East Meadow CBOC
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 East Meadow CBOC was not reviewed for accuracy twice within the prior 12 months.	2. We recommended that managers ensure review of the hazardous materials inventory occurs twice within a 12-month period at the East Meadow 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.		
X	Employees received training on the new chemical label elements and safety data sheet format.	CBOC employees had not received training on the new chemical label elements and safety data sheet format.	3. We recommended that employees at the East Meadow 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.		

NM	Areas Reviewed (continued)	Findings	Recommendations
X	Hand hygiene is monitored for compliance.	Hand hygiene was not monitored for compliance at the East Meadow CBOC.	4. We recommended that hand hygiene compliance is monitored at the East Meadow CBOC and reported to the Infection Control Committee.
	Personal protective equipment is readily available.		
	Sterile commercial supplies are not expired.		
	The CBOC staff members minimize the risk of infection when storing and disposing of medical (infectious) waste.		
	The CBOC has procedures to disinfect non-critical reusable medical equipment between patients.		
	There is evidence of fire drills occurring at least every 12 months.		
	Means of egress from the building are unobstructed.		
	Access to fire extinguishers is unobstructed.		
	Fire extinguishers are located in large rooms or are obscured from view, and the CBOC has signs identifying the locations of the fire extinguishers.		
	Exit signs are visible from any direction.		
	Multi-dose medication vials are not expired.		
	All medications are secured from unauthorized access.		
	The staff protects patient-identifiable information on lab specimens during transport.		
	Documents containing patient-identifiable information are not visible or unsecured.		
	Adequate privacy is provided at all times.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	The women veterans' exam room is equipped with either an electronic or manual door lock.		
	The information technology network room/server closet is locked.		
	Access to the information technology network room/server closet is restricted to personnel authorized by Office of Information and Technology.		
	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 39 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 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 9 of 39 patients (23 percent) who had positive alcohol use screens.	5. 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
	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 40 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 32 of 40 patients (80 percent).	6. 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 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.^e

We reviewed relevant documents and 50 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.		
X	The facility has a written policy for the communication of lab results that included all required elements.	The facility's written policy for the communication of lab results did not require the communication of lab results to patients within a specified timeframe or no later than 14 days from the date on which the results are available to the ordering practitioner.	7. We recommended that the facility director ensures that the facility's written policy for the communication of laboratory results includes all required elements.
X	Clinicians notified patients of their lab results.	Clinicians did not consistently notify 36 of 50 patients (72 percent) of their lab results within 14 days, as required by VHA.	8. We recommended that clinicians consistently notify patients of their laboratory results within 14 days, as required by VHA.
	Clinicians documented in the EHR 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.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	
			Primary Care	Mental Health	Specialty Clinics ⁷	Specialty Care ⁸	Ancillary Services ⁹
East Meadow, NY	632GA	Urban	10,514	2,727	124	NA	Diabetic Retinal Screening MOVE! Program ¹⁰ Nutrition Pharmacy
Valley Stream, NY	632HA	Urban	837	1,718	5	NA	NA
Riverhead, NY	632HB	Urban	3,921	1,732	980	Podiatry	Audiology Electrocardiography Home Based Primary Care MOVE! Program Social Work
Bay Shore, NY	632HC	Urban	1,470	2,180	NA	NA	NA
Patchogue, NY	632HD	Urban	4,045	2,015	1,477	Podiatry	Nutrition

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.

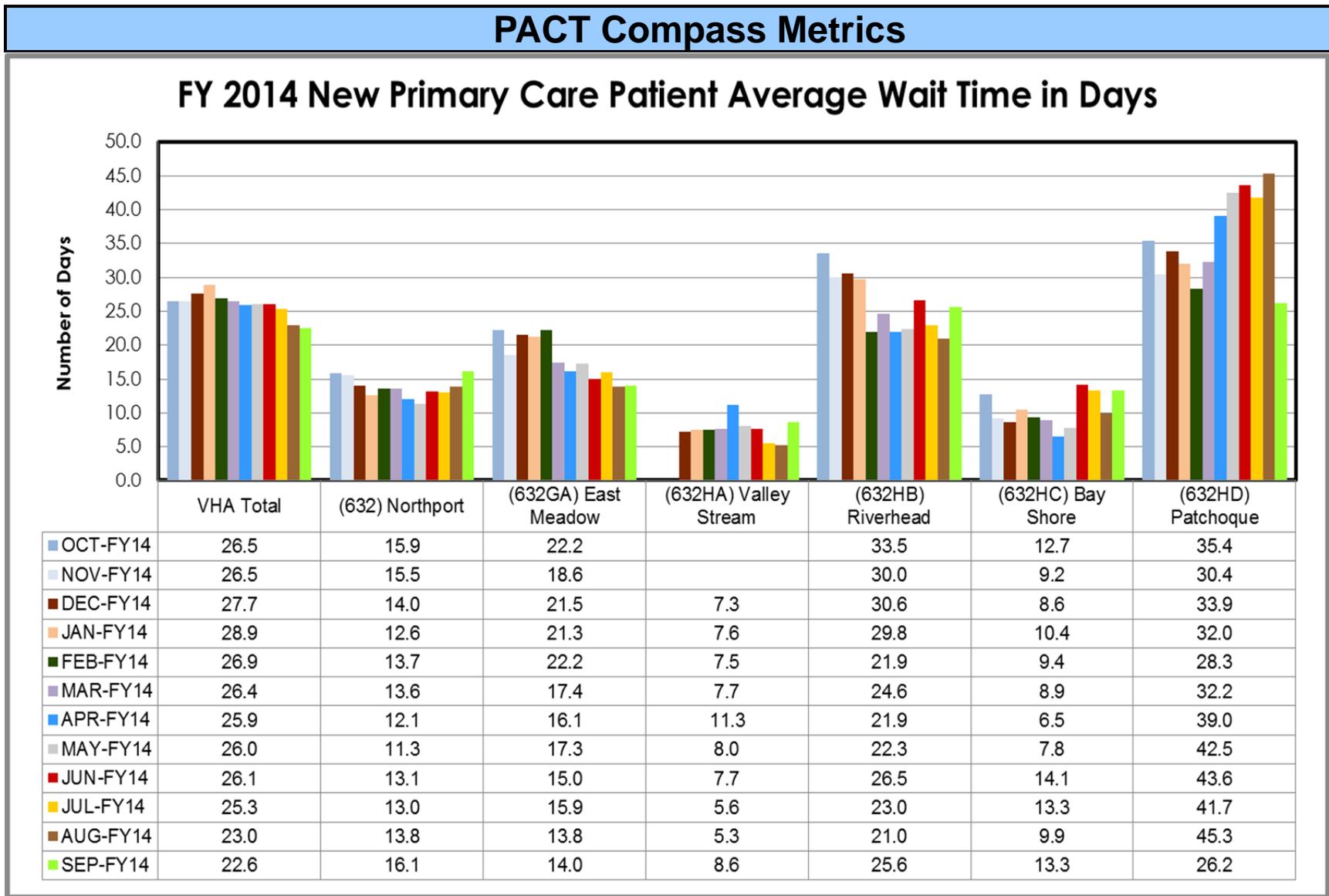
⁶ <http://vssc.med.va.gov/>

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.

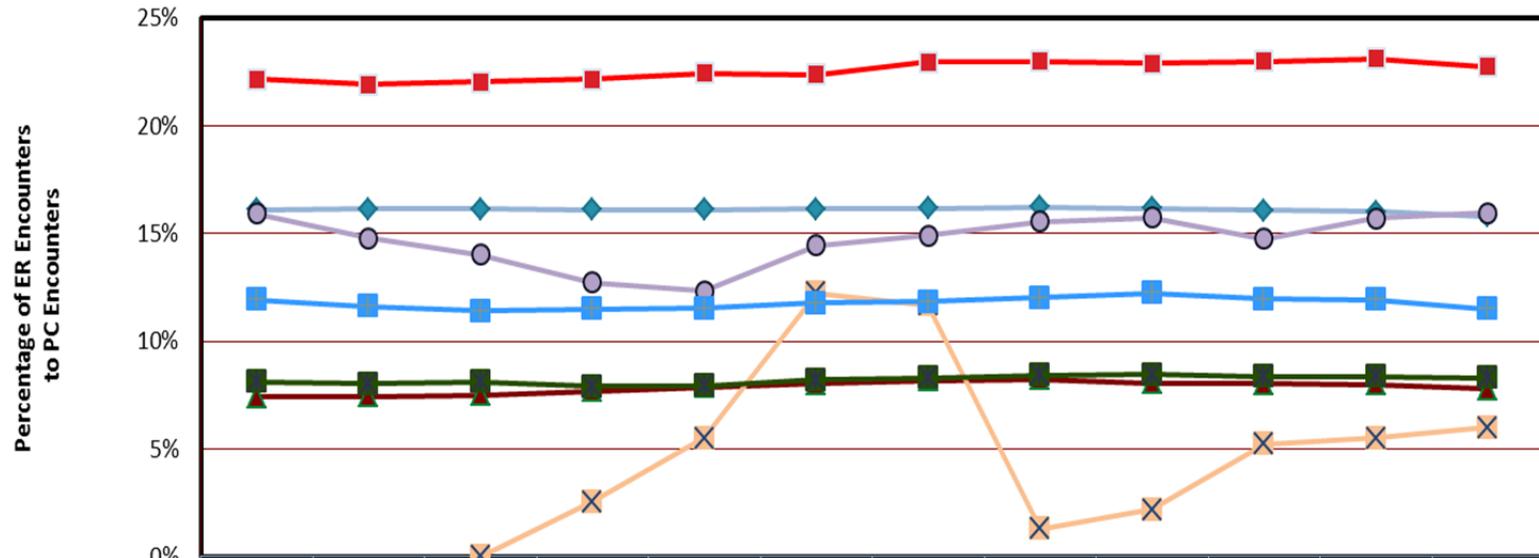
⁹ Ancillary Services refer to non-Primary Care and non-Mental Health services that are not provided by a physician.

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



Data Definition.^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. Blank cells indicate the absence of reported data.

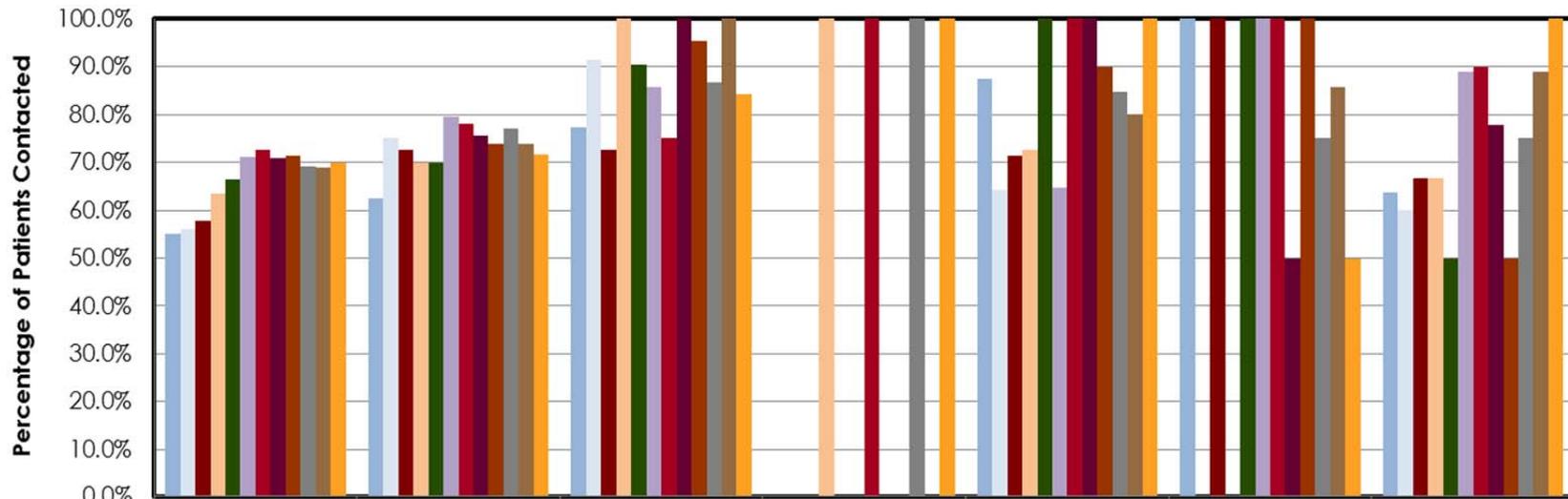
FY 2014 Ratio of ER Encounters While on Panel to PC Encounters While on Panel (FEE ER Included)



	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%
■ (632) Northport	22.2%	21.9%	22.1%	22.2%	22.4%	22.4%	23.0%	23.0%	22.9%	23.0%	23.1%	22.8%
▲ (632GA) East Meadow	7.4%	7.4%	7.5%	7.7%	7.9%	8.0%	8.2%	8.3%	8.1%	8.0%	8.0%	7.8%
× (632HA) Valley Stream			0.0%	2.6%	5.5%	12.2%	11.7%	1.3%	2.2%	5.2%	5.5%	6.0%
■ (632HB) Riverhead	8.1%	8.0%	8.1%	7.9%	8.0%	8.2%	8.3%	8.4%	8.5%	8.4%	8.4%	8.3%
● (632HC) Bay Shore	15.9%	14.8%	14.0%	12.7%	12.3%	14.4%	14.9%	15.6%	15.8%	14.8%	15.7%	16.0%
■ (632HD) Patchoque	12.0%	11.6%	11.4%	11.5%	11.5%	11.8%	11.8%	12.0%	12.2%	12.0%	12.0%	11.5%

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. Blank cells indicate the absence of reported data.

FY 2014 Team 2-Day Contact Post Discharge Ratio



	VHA Total	(632) Northport	(632GA) East Meadow	(632HA) Valley Stream	(632HB) Riverhead	(632HC) Bay Shore	(632HD) Patchogue
■ OCT-FY14	55.1%	62.4%	77.3%		87.5%	100.0%	63.6%
■ NOV-FY14	55.9%	75.0%	91.3%		64.3%		60.0%
■ DEC-FY14	57.8%	72.6%	72.7%		71.4%	100.0%	66.7%
■ JAN-FY14	63.6%	69.8%	100.0%	100.0%	72.7%		66.7%
■ FEB-FY14	66.4%	70.0%	90.5%		100.0%	100.0%	50.0%
■ MAR-FY14	71.2%	79.5%	85.7%	0.0%	64.7%	100.0%	88.9%
■ APR-FY14	72.6%	78.2%	75.0%	100.0%	100.0%	100.0%	90.0%
■ MAY-FY14	70.8%	75.5%	100.0%		100.0%	50.0%	77.8%
■ JUN-FY14	71.3%	73.9%	95.5%	0.0%	90.0%	100.0%	50.0%
■ JUL-FY14	69.1%	77.0%	86.7%	100.0%	84.6%	75.0%	75.0%
■ AUG-FY14	68.9%	73.9%	100.0%		80.0%	85.7%	88.9%
■ SEP-FY14	69.8%	71.7%	84.2%	100.0%	100.0%	50.0%	100.0%

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 PACT 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.

**Interim Veterans Integrated Service Network
Director Comments**

**Department of
Veterans Affairs**

Memorandum

Date: July 23, 2015

From: Interim Director, VA NY/NJ Veterans Healthcare Network (10N3)

Subject: Review of CBOCs and OOCs of Northport VA Medical Center,
Northport, NY

To: Director, Baltimore Office of Healthcare Inspections (54BA)
Director, Management Review Service (VHA 10AR MRS OIG CAP
CBOC)

Attached please find the facility response to the Review of CBOC's & OOC's of Northport VA Medical Center, Northport, NY. I have reviewed the draft report and concur with the findings and recommendations. I appreciate the Office of the Inspector General's efforts to ensure high quality care to Veteran's at the Northport VA Medical Center.

Should you have any questions, please do not hesitate to contact Pam Wright, RN MSN, VISN 3 QMO at telephone #718-741-4125



Dr. Joan McInerney, MD, MBA, MA, FACEP
Acting VISN3 Director

Facility Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: July 22, 2015

From: Director, Northport VA Medical Center (632/00)

**Subject: Review of CBOCs and OOCs of Northport VA Medical Center,
Northport, NY**

To: Interim Director, VA NY/NJ Veterans Healthcare Network (10N3)

1. I want to express my appreciation to the Office of the Inspector General (OIG) survey team for their professional and comprehensive review of Northport VAMC CBOCs and OOCs conducted on June 2, 2015.
2. I have reviewed the report for the Northport VAMC and I concur with the findings and recommendations.
3. Should you have any questions, please do not hesitate to contact Jennifer Newburger, Chief Quality management at 631-261-4400 extension 2768.



PHILIP C. MOSCHITTA
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 managers ensure a clean and well-maintained environment of care at the East Meadow CBOC.

Concur: Yes

Target date for completion: Oct 31, 2015

Facility response: Supervisory Med Admin Assistant will ensure a clean and well-maintained environment of care at the East Meadow CBOC. A daily Log to check clinic area for cleanliness and neatness will be completed by staff/designee. All issues will be forwarded to the chief of engineering for follow up to the contractor. Log will be monitored for sustained compliance of > 90% for 3 consecutive months.

Recommendation 2. We recommended that managers ensure review of the hazardous materials inventory occurs twice within a 12-month period at the East Meadow CBOC.

Concur: Yes

Target date for completion: Dec 31, 2015

Facility response: The Occupational and Safety Specialist will ensure that the chemical inventories are obtained from the East Meadow CBOC twice a year and updated in the Northport facility Chemical Inventory. This will include chemical inventories supplied by the contracted cleaning service for East Meadow.

Recommendation 3. We recommended that employees at the East Meadow CBOC receive the required training on hazardous materials.

Concur: Yes

Target date for completion: Sept 30, 2015

Facility response: The TMS Training module "Environmental of Care: E Safety" which contains the Global Harmonized System/Waste Management Communication incorporates hazardous material information. All staff in the East Meadow CBOC will receive this TMS training.

Recommendation 4. We recommended that hand hygiene compliance is monitored at the East Meadow CBOC and reported to the Infection Control Committee.

Concur: Yes

Target date for completion: Nov 1, 2015

Facility response: Staff at the East Meadow CBOC will be educated on Northport CM 11-132 hand hygiene policy, completion date 7/2/15. Hand Hygiene will be monitored by utilizing a secret shopper process and the patient survey tool. Hand hygiene compliance will be observed and documented by secret shopper staff. The patient survey tool will be completed by the patient. Both the secret shopper and patient survey will be ongoing and reported monthly at the Infection Control Meeting until a goal of 100% compliance for three consecutive months is achieved.

Recommendation 5. We recommended that clinic staff consistently complete diagnostic assessments for patients with a positive alcohol screen.

Concur: Yes

Target date for completion: Dec 1, 2015

Facility response: Chief of Primary Care will educate the providers by 7/27/15 in all 5 CBOC's to consistently complete diagnostic assessment, provide counseling and refer patients to the substance abuse clinic if positive for audit C score. This will be monitored for sustained compliance of > 90% for 3 consecutive months.

Recommendation 6. We recommended that clinicians provide human immunodeficiency virus testing as part of routine medical care for patients and that compliance is monitored.

Concur: Yes

Target date for completion: Dec 1, 2015

Facility response: Chief of Primary Care will educate the providers by 7/27/15 in all 5 CBOC's to offer HIV screening to all patients and document if the patient declines. This will be monitored for sustained compliance of > 90% for 3 consecutive months.

Recommendation 7. We recommended that the facility director ensures that the facility's written policy for the communication of laboratory results includes all required elements.

Concur: Yes

Target date for completion: Sept 1, 2015

Facility response: A draft CM that will contain information from the related directives and SOPs on this issue is being developed. This Chief of Staff CM (11-) will define policy for the communication of laboratory results.

Recommendation 8. We recommended that for clinicians consistently notify patients of their laboratory results within 14 days, as required by VHA.

Concur: Yes

Target date for completion: Dec 1, 2015

Facility response: Chief of Primary Care will educate the providers by 7/27/15 in all 5 CBOCs to notify the patients of their lab results, normal or abnormal, within 14 days. This can be done as a face-to-face visit, telephone notification or notification by letter. This will be monitored for sustained compliance of > 90% for 3 consecutive months.

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	Sonia Whig, MS, LDN, Team Leader Jennifer Reed, RN, MSHI
Other Contributors	Shirley Carlile, BA Lin Clegg, PhD Nick Ditondo, BA Marnette Dhooghe, MS Terri Julian, Ph.D. Melanie Oppat, M.Ed., LDN Patrick Smith, M. Stat Marilyn Stones, BS Mary Toy, RN, MSN Jarvis Yu, MS

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National Veterans Service Organizations
Government Accountability Office
Office of Management and Budget
U.S. Senate: Kirsten E. Gillibrand, Charles E. Schumer
U.S. House of Representatives: Steve Israel, Pete King, Kathleen M. Rice, Lee Zeldin

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.
- 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 References used for the Outpatient Lab Results Management review included:

- VHA Handbook 2009-019, *Ordering and Reporting Test Results*, March 24, 2009.
- VHA, *Communication of Test Results Toolkit*, April 2012.

^f Reference used for PACT Compass data graphs:

- Department of Veterans' Affairs, *Patient Aligned Care Teams Compass Data Definitions*, June 24, 2014.