



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

**Office of Healthcare Inspections**

**Report No. 15-00156-490**

**Review of Community Based  
Outpatient Clinics and Other  
Outpatient Clinics  
of  
San Francisco VA Health  
Care System  
San Francisco, California**

**August 27, 2015**

**Washington, DC 20420**

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

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## Glossary

AUD	alcohol use disorder
CBOC	community based outpatient clinic
EHR	electronic health record
EOC	environment of care
HIV	human immunodeficiency virus
lab	laboratory
NM	not met
OIG	Office of Inspector General
OOC	other outpatient clinic
PACT	Patient Aligned Care Teams
PC	primary care
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 San Francisco VA Health Care System and Veterans Integrated Service Network 21 provide safe, consistent, and high-quality health care. The review evaluated the clinics' compliance with selected requirements for alcohol use disorder care, human immunodeficiency virus screening, outpatient documentation and outpatient lab results management. We also randomly selected the San Francisco VA Clinic, San Francisco, CA, as a representative site and evaluated the environment of care on June 23, 2015.

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

Environment of Care: Ensure that:

- Hand hygiene compliance is monitored at the San Francisco VA Clinic and reported to the Infection Control Committee.
- Medical waste is stored in a secure location at the San Francisco VA Clinic.

Alcohol Use Disorder Care: Ensure that:

- Clinic staff provide education and counseling for patients with positive alcohol screens and alcohol consumption above National Institute on Alcohol Abuse and Alcoholism limits.
- Clinic staff ensure that patients with excessive persistent alcohol use receive brief treatment within 2 weeks of the screening.
- Providers and clinical associates in the outpatient clinics receive health coaching training within 12 months of appointment to Patient Aligned Care Teams.

Human Immunodeficiency Virus Screening: Ensure that:

- 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.

## Comments

The Veterans Integrated Service Network 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 16–20, 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 Fiscal Year 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 PC 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 San Francisco VA Clinic. 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.		
	The CBOC's inventory of hazardous materials was reviewed for accuracy twice within the prior 12 months.		
	The CBOC's safety data sheets for chemicals are readily available to staff.		
	If safety data sheets are in electronic form, the staff can demonstrate ability to access the electronic version without coaching.		
	Employees received training on the new chemical label elements and safety data sheet format.		
	Clinic managers ensure that safety inspections of CBOC medical equipment are performed in accordance with Joint Commission standards.		

NM	Areas Reviewed (continued)	Findings	Recommendations
X	Hand hygiene is monitored for compliance.	Hand hygiene was not monitored for compliance at the San Francisco VA Clinic for the past 18 months.	<b>1.</b> We recommended that hand hygiene compliance is monitored at the San Francisco VA Clinic and reported to the Infection Control Committee.
	Personal protective equipment is readily available.		
	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 San Francisco VA Clinic did not store medical waste in a secure location.	<b>2.</b> We recommended that San Francisco VA Clinic staff store medical waste in a secure location.
	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.<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.		
X	Education and counseling about drinking levels and adverse consequences of heavy drinking are provided for patients with positive alcohol screens and drinking levels above National Institute on Alcohol Abuse and Alcoholism guidelines.	Staff did not provide education and counseling for 5 of 33 patients (15 percent) who had positive alcohol use screens.	<b>3.</b> We recommended that clinic staff provide education and counseling for patients with positive alcohol screens and alcohol consumption above National Institute on Alcohol Abuse and Alcoholism limits.
	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.	Staff did not provide brief treatment for 2 of 17 patients with excessive alcohol use.	<b>4.</b> We recommended that clinic staff ensure that patients with excessive persistent alcohol use receive brief treatment within 2 weeks of the screening.
	Clinic RN Care Managers have received motivational interviewing training within 12 months of appointment to PACT.		
	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.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	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 24 of 61 providers (39 percent) and 6 of 27 clinical associates did not receive health coaching training within 12 months of appointment to PACT.	5. We recommended that providers and clinical associates in the outpatient clinics receive health coaching training within 12 months of appointment to Patient Aligned Care Teams.
	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.<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 26 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 3 of 26 patients.	<b>6.</b> 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 5 of 13 patients.	<b>7.</b> 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.<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 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 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.		
	Clinicians notified patients of their lab results.		
	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.<sup>3</sup> In addition to PC 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>
Santa Rosa, CA	662GA	Urban	13,278	16,871	8,518	Dental Dermatology Optometry Podiatry	Audiology Home Based PC Nutrition Pharmacy Rehabilitation Services Social Work
Eureka, CA	662GC	Rural	13,151	5,359	4,270	Cardiology Dermatology Endocrinology Optometry Podiatry Pulmonary Urology	Audiology Home Based PC Nutrition Social Work
Ukiah, CA	662GD	Rural	7,165	8,537	1,211	Dermatology Ophthalmology Podiatry	Audiology Nutrition

<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.

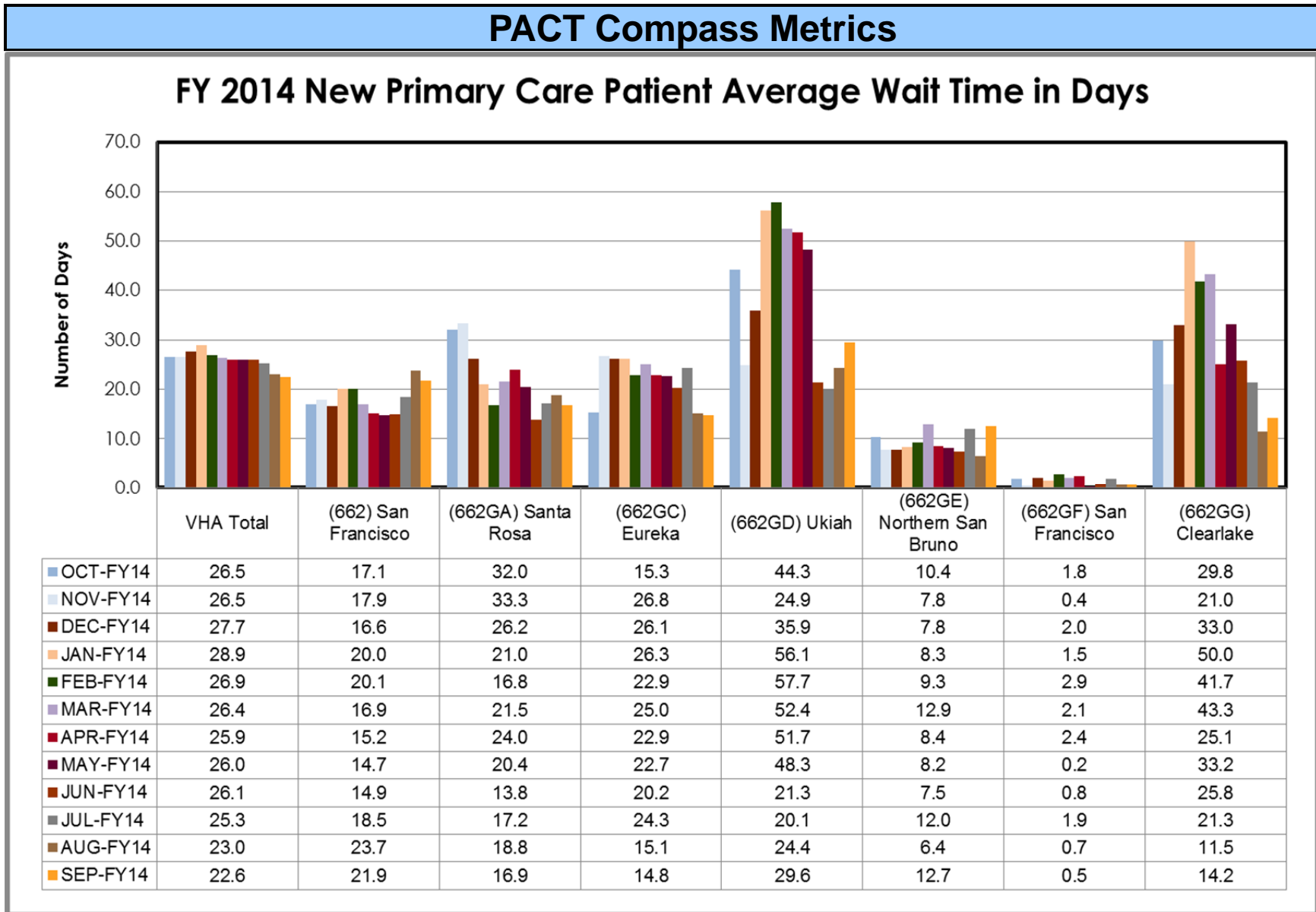
<sup>6</sup> <http://vssc.med.va.gov/>

<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-PC and non-Mental Health services provided by a physician.

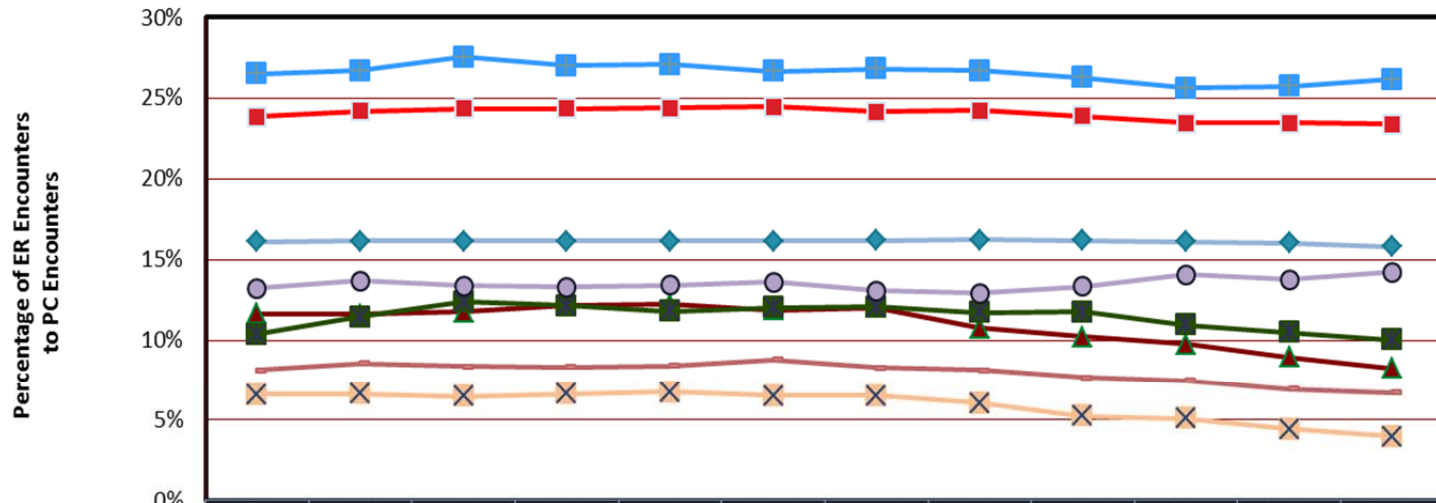
<sup>9</sup> Ancillary Services refer to non-PC and non-Mental Health services that are not provided by a physician.

Location (continued)	Station #	Rurality	Outpatient Workload / Encounters			Services Provided	
			PC	MH	Specialty Clinics	Specialty Care	Ancillary Services
San Bruno, CA	662GE	Urban	5,148	4,071	595	Podiatry	Audiology Nutrition Pharmacy Social Work
San Francisco, CA	662GF	Urban	6,581	31,533	636	Infectious Disease Podiatry	Nutrition Pharmacy Social Work
Clearlake, CA	662GG	Rural	5,707	2,238	642	Podiatry	Audiology Nutrition Social Work



**Data Definition.**<sup>f</sup> The average number of calendar days between a new patient’s PC appointment (clinic stops 322, 323, and 350), excluding compensation and pension appointments, and the earliest creation date.

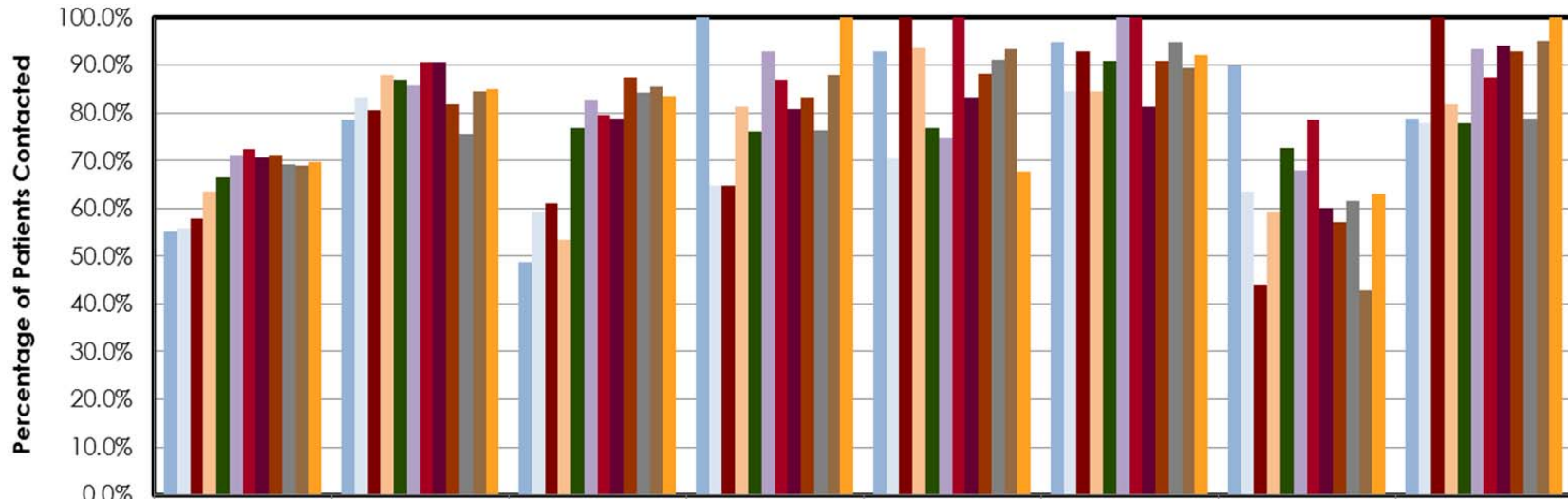
### FY 2014 Ratio of ER Encounters While on Panel to PC Encounters While on Panel (FEE ER Included)



	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%
■ (662) San Francisco	23.8%	24.2%	24.3%	24.4%	24.4%	24.5%	24.1%	24.2%	23.9%	23.5%	23.5%	23.4%
▲ (662GA) Santa Rosa	11.6%	11.6%	11.8%	12.2%	12.2%	11.9%	12.0%	10.7%	10.2%	9.8%	9.0%	8.2%
× (662GC) Eureka	6.6%	6.6%	6.5%	6.6%	6.7%	6.5%	6.5%	6.1%	5.2%	5.1%	4.4%	4.0%
■ (662GD) Ukiah	10.4%	11.4%	12.4%	12.2%	11.8%	12.0%	12.1%	11.7%	11.8%	11.0%	10.5%	10.0%
● (662GE) Northern San Bruno	13.2%	13.7%	13.4%	13.3%	13.4%	13.6%	13.1%	12.9%	13.3%	14.1%	13.8%	14.2%
■ (662GF) San Francisco	26.5%	26.7%	27.6%	27.0%	27.1%	26.7%	26.8%	26.7%	26.3%	25.6%	25.7%	26.2%
— (662GG) Clearlake	8.1%	8.6%	8.4%	8.3%	8.4%	8.8%	8.3%	8.1%	7.7%	7.5%	6.9%	6.7%

**Data Definition.**<sup>e</sup> This is a measure of where the patient receives his PC 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 PC encounters while on panel with the patient’s assigned PC (or associate) provider plus the total VHA ER/Urgent Care/FEE ER encounters (including FEE ER visits) while on panel plus the number of PC encounters while on panel with a provider other than the patient’s PC Provider/Associate Provider.

### FY 2014 Team 2-Day Contact Post Discharge Ratio



	VHA Total	(662) San Francisco	(662GA) Santa Rosa	(662GC) Eureka	(662GD) Ukiah	(662GE) Northern San Bruno	(662GF) San Francisco	(662GG) Clearlake
■ OCT-FY14	55.1%	78.7%	48.6%	100.0%	92.9%	95.0%	90.0%	78.9%
■ NOV-FY14	55.9%	83.3%	59.5%	64.7%	70.6%	84.6%	63.6%	77.8%
■ DEC-FY14	57.8%	80.6%	61.1%	64.7%	100.0%	92.9%	44.0%	100.0%
■ JAN-FY14	63.6%	87.9%	53.3%	81.3%	93.8%	84.6%	59.4%	81.8%
■ FEB-FY14	66.4%	86.9%	76.9%	76.2%	76.9%	90.9%	72.7%	77.8%
■ MAR-FY14	71.2%	85.8%	82.9%	92.9%	75.0%	100.0%	68.0%	93.3%
■ APR-FY14	72.6%	90.8%	79.5%	87.0%	100.0%	100.0%	78.6%	87.5%
■ MAY-FY14	70.8%	90.8%	78.9%	81.0%	83.3%	81.3%	60.0%	94.1%
■ JUN-FY14	71.3%	81.7%	87.5%	83.3%	88.2%	90.9%	57.1%	92.9%
■ JUL-FY14	69.1%	75.7%	84.4%	76.5%	91.3%	95.0%	61.5%	78.9%
■ AUG-FY14	68.9%	84.6%	85.5%	88.0%	93.3%	89.5%	42.9%	95.2%
■ SEP-FY14	69.8%	84.9%	83.7%	100.0%	67.9%	92.3%	63.0%	100.0%

**Data Definition.**<sup>e</sup> The percent of discharges (VHA inpatient discharges) for the reporting timeframe for assigned PC patients where the patient was contacted by a member of the Patient Aligned Care Team the patient is assigned to within 2 business days post discharge. Discharges resulting in death and discharges where a patient is readmitted within 2 days of discharge are excluded from this metric.

## Veterans Integrated Service Network Director Comments

**Department of  
Veterans Affairs**

# Memorandum

**Date:** July 29, 2015

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

**Subject:** **Review of CBOCs and OOCs of San Francisco VA Health Care System, San Francisco, CA**

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

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

1. Thank you for the opportunity to review the site visit report. I concur with the report as well as the attached action plan submitted by San Francisco Health Care System in response to the findings.

2. Should you have any questions regarding the action plan, please contact Terry Sanders, Associate Quality Manager for V21 at (707) 562-8370.



Sheila M. Cullen

Attachments

## Facility Director Comments

**Department of  
Veterans Affairs**

# Memorandum

**Date:** July 29, 2015

**From:** Director, San Francisco VA Health Care System (662/00)

**Subject: Review of CBOCs and OOCs of San Francisco VA Health Care System, San Francisco, CA**

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

1. We appreciate the opportunity to review the draft report of recommendations for the OIG CBOCs and OOCs Review conducted at the San Francisco VA Health Care System June 22-25, 2015.

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



Bonnie S. Graham, MBA  
Director, San Francisco VA Health Care System

## 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 hand hygiene compliance is monitored at the San Francisco VA Clinic and reported to the Infection Control Committee.

Concur

Target date for completion: September 30, 2015

Facility response: CBOC's hand hygiene observers were trained in June 2015. Hand hygiene observations in all CBOCs took place during our hand hygiene period prevalence June 15-19, 2015. Hand Hygiene observations are now a routine part of our Hand Hygiene tracking which will take place monthly until units reach a 90% compliance rate. Once the 90% compliance rate is reached in a unit, compliance tracking will take place for that unit on a quarterly basis.

**Recommendation 2.** We recommended that San Francisco VA Clinic staff store medical waste in a secure location.

Concur

Target date for completion: September 11, 2015

Facility response: Engineering will be purchasing a lockable cabinet to store the medical waste bin. A secure storage room on site has been identified for the storage of medical waste until the cabinet is in place.

**Recommendation 3.** We recommended that clinic staff provide education and counseling for patients with positive alcohol screens and alcohol consumption above National Institute on Alcohol Abuse and Alcoholism limits.

Concur

Target date for completion: December 31, 2015

Facility response: In September 2014 SFVAHCS had implemented a revised Audit-C reminder dialog box requiring providers to offer education and document it in order to complete the reminder; information about this change was disseminated to staff via primary care leadership which will continue to be reiterated. Ongoing monitoring to ensure compliance will be accomplished as part of the quarterly performance review of the AUDIT-C score to verify if the additional education and counseling was completed



with a target of 90%. Quarterly status reports will be forwarded to QM and reviewed as part of the quarterly performance review.

**Recommendation 4.** We recommended that clinic staff ensure that patients with excessive persistent alcohol use receive brief treatment within 2 weeks of the screening.

Concur

Target date for completion: October 31, 2015

Facility response: In September 2014 SFVAHCS implemented a revised Audit-C reminder dialog box requiring providers to conduct a brief Motivational Interviewing (MI) intervention and offer additional treatment for Audit C scores 8 or greater. Providing the intervention and documenting is required in order to complete the reminder; information about this change was disseminated to staff via primary care leadership which will continue to be reiterated. Ongoing monitoring to ensure compliance will be accomplished as part of the quarterly performance review of the AUDIT-C score to verify if the additional education and counseling was completed with a target of 90%. Quarterly status reports will be forwarded to QM and reviewed as part of the quarterly performance review.

**Recommendation 5.** We recommended that providers and clinical associates in the outpatient clinics receive health coaching training within 12 months of appointment to Patient Aligned Care Teams.

Concur

Target date for completion: October 1, 2015

Facility response: The TEACH and Motivational Interviewing (MI) training action plan was sent to all PACT Clinic Directors and Clinical Chiefs on 5/7/15. To meet mandatory training requirements for TEACH and MI training (within one year of PACT appointment), each PACT Clinic Director is responsible for: 1) emailing HPDP Program Manager/Health Behavior Coordinator the names of new PACT staff, credential, PACT hire date, and FTE status 2) scheduling PACT staff into TEACH or MI trainings within one year of hire and 3) informing HPDP staff which TEACH and MI trainings PACT staff will attend. A list of PACT team members delinquent beyond 12 months will be emailed to supervisors/chiefs along with available training dates. Supervisors will be expected to ensure compliance with 3 months. Non-compliant lists will be sent each month throughout the year to maintain a 95% or greater compliance rate. Non-compliance numbers will be reported to the Medical Executive Committee (MEC) quarterly.

**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

Target date for completion: October 31, 2015

Facility response: PACT teams have been reminded to include HIV testing as part of routine medical care. The HIV Testing Task Group will continue to monitor this quarterly with an emphasis on patients who receive primary care at our medical center and CBOCs with results presented at the quarterly Infection Control meeting and recorded in the minutes. The HIV testing task group will pilot a new primary care tool in CPRS (dashboard) for each clinician and develop an HIV testing “report card” for each primary care clinician to determine whether this is an effective way to increase compliance. The new program will be evaluated by October 1, 2015.

**Recommendation 7.** We recommended that clinicians consistently document informed consent for human immunodeficiency virus testing and that compliance is monitored.

Concur

Target date for completion: October 31, 2015

Facility response: The HIV Testing task group has met to discuss the process of informed consent documentation. Data reviewed from November 2014-March 2015 documented sustained increases to over 95%. The HIV task group will continue to review data on a monthly basis to ensure that compliance of 95% or greater is maintained, with results presented at the quarterly Infection Control meeting and recorded in the minutes.

## Office of Inspector General Contact and Staff Acknowledgments

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## 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 Mark included:

- VHA Handbook 1101.10, *Patient Aligned Care Teams (PACT)*, February 5, 2014.
- VHA Handbook 1120.02, *Health Promotion Disease Prevention (HPDP) Program*, July 5, 2012.
- VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics*, September 11, 2008.
- VHA National Center for Health Promotion and Disease Prevention (NCP), *HealthPOWER Prevention News, Motivational Interviewing*, Summer 2011. Accessed from:
- [http://www.prevention.va.gov/Publications/Newsletters/2011/HealthPOWER\\_Prevention\\_News\\_Summer\\_2011.asp](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](http://vaww.infoshare.va.gov/sites/prevention/NCP_Training_Resources/Shared%20Documents/Forms/AllItems.aspx)

<sup>c</sup> 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](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.

<sup>d</sup> 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.

<sup>e</sup> 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.

<sup>f</sup> Reference used for PACT Compass data graphs:

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