Department of Veterans Affairs
Office of Inspector General

Report No. 15-00153-508

Review of Community Based Outpatient Clinics and Other Outpatient Clinics of VA Pittsburgh Healthcare System, Pittsburgh, Pennsylvania

September 15, 2015

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
FY	fiscal year
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 VA Pittsburgh Healthcare System and Veterans Integrated Service Network 4 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 Belmont County VA Clinic, St. Clairsville, OH, as a representative site and evaluated the environment of care on June 16, 2015.

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

Environment of Care: Ensure that:

- The information technology server closet is maintained according to information technology safety and security standards at the Belmont County VA Clinic:

Alcohol Use Disorder Care: Ensure that:

- Clinic staff document the offer of further treatment to patients diagnosed with alcohol dependence.

- Clinic staff consistently document a plan to monitor the alcohol use of patients who decline referral to specialty care.

- Clinic Registered Nurse Care Managers receive motivational interviewing and health coaching training within the timeframe specified by VHA policy.

- Providers and clinical associates in the outpatient clinics receive health coaching training within the timeframe specified by VHA policy.

Human Immunodeficiency Virus: Ensure that:

- Clinicians consistently document informed consent for human immunodeficiency virus testing.

Outpatient Lab Results Management: Ensure that:

- Clinicians consistently notify patients of their laboratory test results within the timeframe specified by VHA policy.

Comments

The Veterans Integrated Service Network and Facility Directors concurred with the Community Based Outpatient Clinic and other outpatient clinic review findings and recommendations and provided an acceptable action plan. (See Appendixes C and D, pages 16–20, for the Directors' comments.) We will follow up on the planned actions until they are completed.

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

Objectives, Scope, and Methodology

Objectives

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

- The selected CBOC is compliant with EOC requirements.

- The CBOCs/OOCs are compliant with selected VHA requirements for AUD care.

- The CBOCs/OOCs are compliant with selected VHA requirements for HIV Screening.

- Healthcare practitioners at the CBOCs/OOCs comply with the requirements for outpatient documentation.

- The CBOCs/OOCs are compliant with VHA requirements for the patient notification and follow up of selected outpatient lab results.

Scope

To evaluate for compliance with requirements related to patient care quality and the EOC, we conducted an onsite inspection, reviewed clinical and administrative records, and discussed processes and validated findings with managers and employees. The review covered the following five activities:

- EOC

- AUD Care

- HIV Screening

- Outpatient Documentation

- Outpatient Lab Results Management

The scope of this review is limited to the established objectives. Issues and concerns that come to our attention but are outside the scope of this standardized inspection will be reviewed and referred accordingly.

Methodology

The onsite EOC inspection was conducted at a randomly selected outpatient site of care that had not been previously inspected.[1] Details of the targeted study populations for the AUD Care, HIV Screening, Outpatient Documentation, and Outpatient Lab Results Management focused reviews are noted in Table 1.

Table 1. CBOC/OOC Focused Reviews and Study Populations

Review Topic	Study Population
AUD Care	All CBOC and OOC patients screened within the study period of July 1, 2013, through June 30, 2014, and who had a positive AUDIT-C score;[2] and all licensed independent providers, RN Care Managers, and clinical associates assigned to PACT prior to October 1, 2013.
HIV Screening	All outpatients who had a visit in FY 2012 and had at least one visit at the parent facility's CBOCs and/or OOCs within a 12-month period during April 1, 2013, through March 31, 2014.
Outpatient Documentation	All patients new to VHA who had at least three outpatient encounters (face-to-face visits, telephonic/telehealth care, and telephonic communications) during April 1, 2013, through March 31, 2014.
Outpatient Lab Results Management	All patients who had outpatient (excluding emergency department, urgent care, or same day surgery orders) potassium and sodium serum lab test results during January 1, 2014, through December 31, 2014.

In this report, we make recommendations for improvement. Recommendations pertain to issues that are significant enough to be monitored by the OIG until corrective actions are implemented.

The review was performed in accordance with OIG standard operating procedures for CBOC and OOC reviews.

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[1] Each outpatient site selected for physical inspection was randomized from all PC CBOCs, multi-specialty CBOCs, and heath 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 Belmont County VA Clinic. The table below shows the areas reviewed for this topic. The area marked as NM did not meet applicable requirements and needed improvement.

Table 2. EOC

NM	Areas Reviewed	Findings	Recommendations
	The furnishings are clean and in good repair.		
	The CBOC is clean.		
	The CBOC's inventory of hazardous materials was reviewed for accuracy twice within the prior 12 months.		
	The CBOC's safety data sheets for chemicals are readily available to staff.		
	If safety data sheets are in electronic form, the staff can demonstrate ability to access the electronic version without coaching.		
	Employees received training on the new chemical label elements and safety data sheet format.		
	Clinic managers ensure that safety inspections of CBOC medical equipment are performed in accordance with Joint Commission standards.		
	Hand hygiene is monitored for compliance.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	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.		
	The women veterans' exam room is equipped with either an electronic or manual door lock.		
	The information technology network room/server closet is locked.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	Access to the information technology network room/server closet is restricted to personnel authorized by Office of Information and Technology.		
X	Access to the information technology network room/server closet is documented.	Access to the information technology network room/server closet at the Belmont County VA Clinic was not documented.	**1.** We recommended that the information technology server closet at the Belmont County VA Clinic is maintained according to information technology safety and security standards.
	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 35 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 two of six patients diagnosed with alcohol dependence.	**2.** We recommended that clinic staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.
X	For patients with AUD who decline referral to specialty care, clinic staff monitored them and their alcohol use.	Staff did not monitor the alcohol use of either of the two patients who declined referral to specialty care.	**3.** We recommended that clinic staff document a plan to monitor the alcohol use of patients who decline referral to specialty care.
	Counseling, education, and brief treatments for AUD care are provided within 2 weeks of positive screening.		

NM	Areas Reviewed (continued)	Findings	Recommendations
X	Clinic RN Care Managers have received motivational interviewing training within 12 months of appointment to PACT.	We found that 12 of 17 RN Care Managers did not receive Motivational Interviewing training within 12 months of appointment to PACT.	**4.** We recommended that Clinic Registered Nurse Care Managers receive motivational interviewing and health coaching within 12 months of appointment to Patient Aligned Care Teams.
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 5 of 17 RN Care Managers did not receive health coaching training within 12 months of appointment to PACT.	
X	Providers in the outpatient clinics have received VHA National Center for Health Promotion and Disease Prevention-approved health coaching training (most likely TEACH for Success) within 12 months of appointment to PACT.	We found that 24 of 44 providers (57 percent) 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.
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 14 of 17 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.[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 33 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.		
	Clinicians provided HIV testing as part of routine medical care for patients.		
X	When HIV testing occurred, clinicians consistently documented informed consent.	Clinicians did not document informed consent for HIV testing for two of eight patients.	**6**. We recommended that clinicians consistently document informed consent for human immunodeficiency virus testing and that compliance is monitored.
	The facility complied with additional elements as required by local policy.		

Outpatient Documentation

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

We reviewed relevant documents and 33 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 46 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 16 of 46 patients (34 percent) of their lab results within 14 days as required by VHA.	**7**. 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 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[6]	Outpatient Workload / Encounters[4]			Services Provided[5]		
			PC	MH	Specialty Clinics[7]	Specialty Care[8]	Ancillary Services[9]	
Pittsburgh, PA	646A4	Urban	24,079	33,462	20,146	Dental Dermatology Neurology Ophthalmology Optometry Pain Clinic Podiatry	Adult Day Health Care Audiology Blind Rehabilitation Diabetic Retinal Screening Electromyography Enterostomal Wound/Skin Care	MOVE! Program[10] Polytrama Social Work Speech Pathology Spinal Cord Injury Rehabilitation Services VIST
St. Clairsville, OH	646GA	Urban	8,115	2,001	1,949	Dermatology Podiatry	Anti-Coagulation Clinic Diabetic Retinal Screening	MOVE! Program Nutrition
Greensburg, PA	646GB	Urban	11,772	2,295	2,932	Dermatology Podiatry	Diabetic Retinal Screening	MOVE! Program Nutrition
Monaca, PA	646GC	Urban	8,863	2,444	2,398	Dermatology Podiatry	Diabetic Retinal Screening	MOVE! Program Nutrition

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

[9] Ancillary Services refer to non-PC 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.

Location (continued)	Station #	Rurality	Outpatient Workload / Encounters			Services Provided	
			PC	MH	Specialty Clinics	Specialty Care	Ancillary Services
Washington, PA	646GD	Urban	9,917	2,198	1,762	Dermatology Podiatry	Anti-Coagulation Clinic MOVE! Program Diabetic Retinal Screening
Uniontown, PA	646GE	Urban	8,633	1,917	1,724	Dermatology Podiatry	Diabetic Retinal MOVE! Program Screening

VIST = Visually Impaired Services Team

PACT Compass Metrics

FY 2014 New Primary Care Patient Average Wait Time in Days
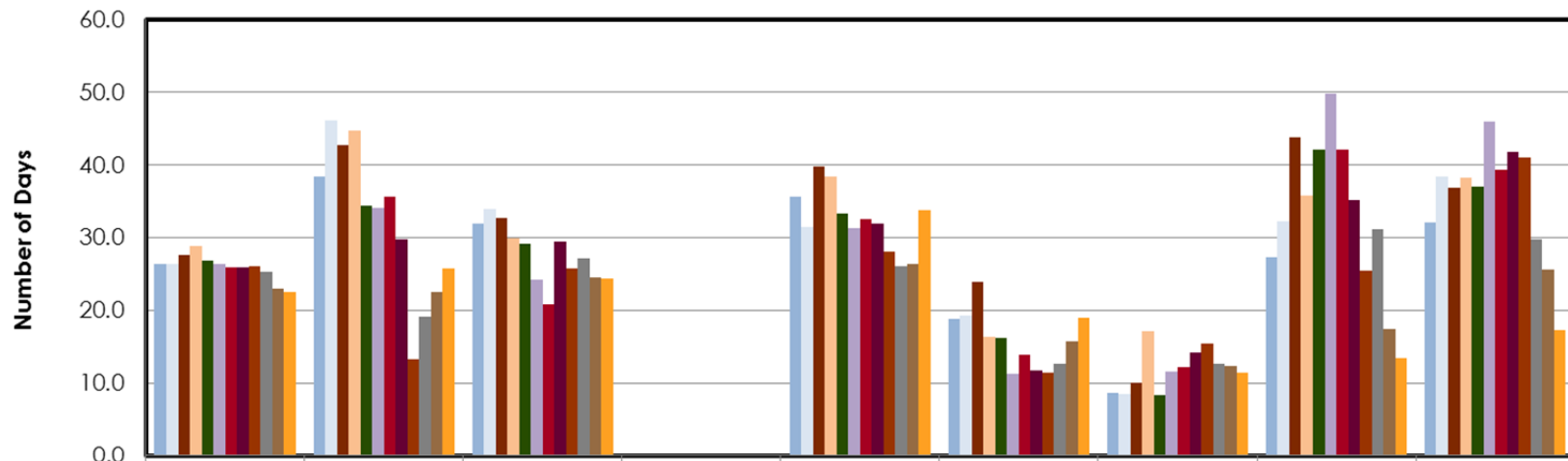
	VHA Total	(646) Pittsburgh HCS-Univ Dr	(646A4) Heinz Division HCS	(646A5) Pittsburgh HCS-Highland Dr	(646GA) Belmont	(646GB) Westmoreland	(646GC) Beaver CBOC	(646GD) Washington County	(646GE) Fayette County
OCT-FY14	26.5	38.4	31.9		35.6	18.9	8.8	27.4	32.1
NOV-FY14	26.5	46.1	34.0		31.5	19.3	8.6	32.3	38.4
DEC-FY14	27.7	42.7	32.8		39.8	23.9	10.1	43.8	36.9
JAN-FY14	28.9	44.7	30.0		38.4	16.5	17.2	35.8	38.4
FEB-FY14	26.9	34.4	29.2		33.4	16.3	8.5	42.1	37.0
MAR-FY14	26.4	34.1	24.3		31.4	11.3	11.7	49.9	46.0
APR-FY14	25.9	35.6	20.8		32.6	14.0	12.2	42.1	39.3
MAY-FY14	26.0	29.9	29.6		32.0	11.7	14.3	35.3	41.9
JUN-FY14	26.1	13.3	25.9		28.2	11.5	15.5	25.5	41.0
JUL-FY14	25.3	19.2	27.2		26.1	12.7	12.7	31.2	29.8
AUG-FY14	23.0	22.7	24.7		26.5	15.8	12.5	17.5	25.7
SEP-FY14	22.6	25.8	24.5		33.8	19.0	11.6	13.5	17.4

Data Definition.[f] 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. Blank cells indicate the absence of reported data.
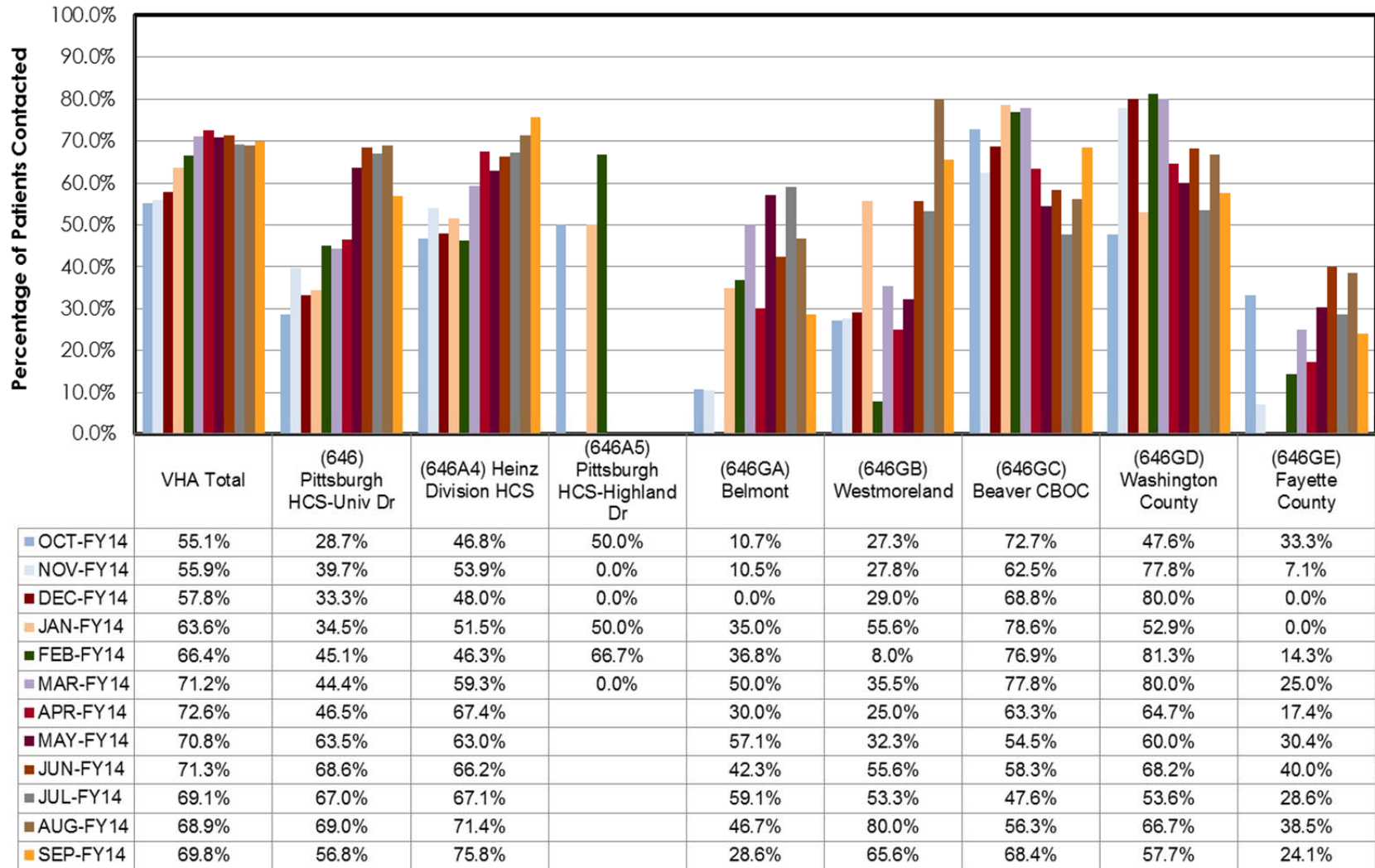
FY 2014 Ratio of ER Encounters While on Panel to PC Encounters While on Panel (FEE ER Included)
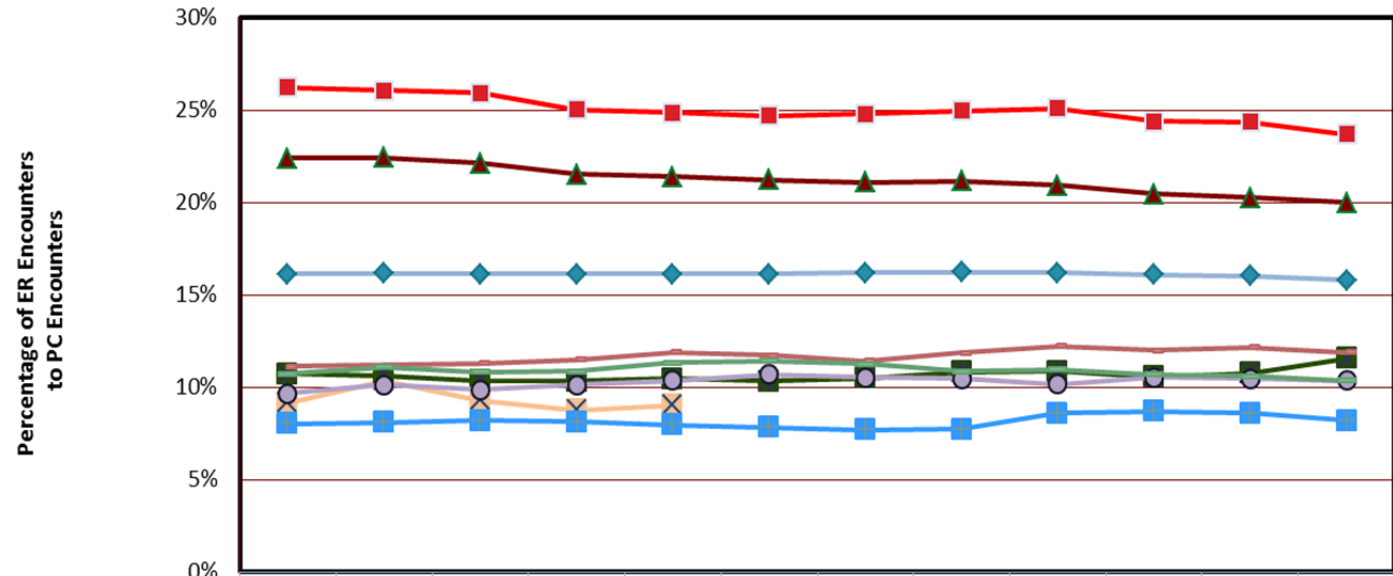
	OCT-FY14	NOV-FY14	DEC-FY14	JAN-FY14	FEB-FY14	MAR-FY14	APR-FY14	MAY-FY14	JUN-FY14	JUL-FY14	AUG-FY14	SEP-FY14
VHA Total	16.1%	16.2%	16.1%	16.1%	16.1%	16.1%	16.2%	16.2%	16.2%	16.1%	16.0%	15.8%
(646) Pittsburgh HCS-Univ Dr	26.2%	26.1%	25.9%	25.0%	24.9%	24.7%	24.8%	25.0%	25.1%	24.4%	24.4%	23.7%
(646A4) Heinz Division HCS	22.4%	22.4%	22.1%	21.5%	21.4%	21.2%	21.1%	21.2%	20.9%	20.5%	20.3%	20.0%
(646A5) Pittsburgh HCS-Highland Dr	9.2%	10.4%	9.3%	8.8%	9.0%							
(646GA) Belmont	10.7%	10.6%	10.4%	10.3%	10.5%	10.3%	10.5%	10.8%	10.9%	10.6%	10.8%	11.6%
(646GB) Westmoreland	9.7%	10.1%	9.9%	10.1%	10.3%	10.7%	10.5%	10.4%	10.2%	10.5%	10.5%	10.3%
(646GC) Beaver CBOC	8.0%	8.1%	8.2%	8.1%	8.0%	7.8%	7.7%	7.7%	8.6%	8.7%	8.6%	8.2%
(646GD) Washington County	11.1%	11.2%	11.3%	11.5%	11.9%	11.7%	11.4%	11.9%	12.2%	12.0%	12.2%	11.9%
(646GE) Fayette County	10.7%	11.1%	10.8%	10.8%	11.3%	11.4%	11.2%	10.9%	11.0%	10.7%	10.6%	10.4%

Data Definition.[f] 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. Blank cells indicate the absence of reported data.

FY 2014 Team 2-Day Contact Post Discharge Ratio

	VHA Total	(646) Pittsburgh HCS-Univ Dr	(646A4) Heinz Division HCS	(646A5) Pittsburgh HCS-Highland Dr	(646GA) Belmont	(646GB) Westmoreland	(646GC) Beaver CBOC	(646GD) Washington County	(646GE) Fayette County
OCT-FY14	55.1%	28.7%	46.8%	50.0%	10.7%	27.3%	72.7%	47.6%	33.3%
NOV-FY14	55.9%	39.7%	53.9%	0.0%	10.5%	27.8%	62.5%	77.8%	7.1%
DEC-FY14	57.8%	33.3%	48.0%	0.0%	0.0%	29.0%	68.8%	80.0%	0.0%
JAN-FY14	63.6%	34.5%	51.5%	50.0%	35.0%	55.6%	78.6%	52.9%	0.0%
FEB-FY14	66.4%	45.1%	46.3%	66.7%	36.8%	8.0%	76.9%	81.3%	14.3%
MAR-FY14	71.2%	44.4%	59.3%	0.0%	50.0%	35.5%	77.8%	80.0%	25.0%
APR-FY14	72.6%	46.5%	67.4%		30.0%	25.0%	63.3%	64.7%	17.4%
MAY-FY14	70.8%	63.5%	63.0%		57.1%	32.3%	54.5%	60.0%	30.4%
JUN-FY14	71.3%	68.6%	66.2%		42.3%	55.6%	58.3%	68.2%	40.0%
JUL-FY14	69.1%	67.0%	67.1%		59.1%	53.3%	47.6%	53.6%	28.6%
AUG-FY14	68.9%	69.0%	71.4%		46.7%	80.0%	56.3%	66.7%	38.5%
SEP-FY14	69.8%	56.8%	75.8%		28.6%	65.6%	68.4%	57.7%	24.1%

Data Definition.[f] 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. Blank cells indicate the absence of reported data.

Veterans Integrated Service Network Director Comments

Department of Veterans Affairs	**Memorandum**

Date: August 19, 2015

From: Interim Network Director, VA Healthcare – VISN 4 (10N4)

Subject: **Draft Report: Review of Community Based Outpatient Clinics and Other Outpatient Clinics of VA Pittsburgh Healthcare System, Pittsburgh, Pennsylvania**

To: Director, Washington DC Regional Office of Healthcare Inspections (54DC)

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

OIG Follow-Up Staff (53B)

1. I have reviewed the response provided by the VA Pittsburgh HCS and I am submitting to your office as requested. I concur with all responses.

2. If you have any questions or require additional information, please contact Moira Hughes, VISN 4 Quality Management Officer at 412-822-3294.

(original signed by:)

William H. Mills

Facility Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: August 5, 2015

From: Acting Director, VA Pittsburgh Healthcare System (646/00)

Subject: **Review of CBOCs and OOCs of VA Pittsburgh Healthcare System, Pittsburgh, Pennsylvania**

To: Interim Network Director, VA Healthcare – VISN 4 (10N4)

1. The findings from the Office of Inspector General (OIG) review of CBOCs and other Outpatient Clinics conducted June 15 through June 19, 2015, at VA Pittsburgh Healthcare System have been reviewed.

2. Attached are the actions which are in progress.

(original signed by:)
BARBARA FORSHA, MSN, RN, CPPS, ET
Acting Director

Attachments

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 the information technology server closet at the Belmont County VA Clinic is maintained according to information technology safety and security standards.

Concur

Target date for completion March 31, 2016

Facility response: The staff at the Belmont CBOC posted a signature log in the IT network room/server closet effective June 18, 2015. Compliance for this new process will be incorporated into the scheduled Environment of Care Rounds as well as randomly when medical center staff review clinic operations.

Recommendation 2. We recommended that clinic staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.

Concur

Target date for completion: January 31, 2016

Facility response: By August 1, 2015, the alcohol counseling reminder will be revised to direct providers to offer further treatment to Veterans considered to have alcohol dependence. The documentation of the offer for further treatment will be required within the reminder. Administrative staff within Primary Care will use the VISN 4 data warehouse mental health report to determine if the reminder is used consistently. The mental health report is updated on a weekly basis and contains all positive alcohol screens and displays whether or not the counseling reminder was completed. A compliance rate will be calculated. Providers will be notified of their variation cases so that contact can be made with those Veterans with a positive screen. Compliance rates will be reported each month during the Primary Care Performance Improvement Meeting. Discussion will be captured in the minutes.

Recommendation 3. We recommended that clinic staff document a plan to monitor the alcohol use of patients who decline referral to specialty care.

Concur

Target date for completion: January 31, 2016

Facility response: By August 1, 2015, the alcohol counseling reminder will be revised to direct providers to monitor alcohol use of patients who decline referral to specialty care. The documentation of the plan will be required within the reminder. Administrative staff within Primary Care will use the VISN 4 data warehouse mental health report to determine if the reminder is used consistently. The mental health report is updated on a weekly basis and contains all positive alcohol screens and displays whether or not the counseling reminder was completed. A compliance rate will be calculated. Providers will be notified of their variation cases so that contact can be made with those Veterans with a positive screen. Compliance rates will be reported each month during the Primary Care Performance Improvement Meeting. Discussion will be captured in the minutes.

Recommendation 4. We recommended that Clinic Registered Nurse Care Managers receive motivational interviewing and health coaching within 12 months of appointment to Patient Aligned Care Teams.

Concur

Target date for completion: April 30, 2016

Facility response: All Registered Nurse Care Manager's Primary Care start dates will be tracked. Those individuals will be registered for motivational interviewing and health coaching class within 12 months of their appointment to Patient Aligned Care Teams. Four classes are scheduled within the next fiscal year. Current staff who missed the previous training will be schedule for the next scheduled classes. The Primary Care Clinical Nurse Specialist will track all staff appointments and dates of completed training. This will be done with the use of the OIG Excel tracking tool and the education sign-in sheets. Compliance will be reported each quarter during the Primary Care Performance Improvement Meeting.

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 April 30, 2016

Facility response: All provider and clinical associates Primary Care start dates will be tracked. Those individuals will be registered for health coaching training class within 12 months of their appointment to Patient Aligned Care teams. Four classes are scheduled within the next fiscal year. Current staff who missed the previous training will be schedule for the next scheduled classes. The Primary Care Clinical Nurse Specialist will track all staff appointments and dates of completed training. This will be done with the use of the OIG Excel tracking tool and the education sign-in sheets. Compliance will be reported each quarter during the Primary Care Performance Improvement Meeting.

Recommendation 6. We recommended that clinicians consistently document informed consent for human immunodeficiency virus testing and that compliance is monitored.

Concur

Target date for completion: January 31, 2016

Facility response: By August 1, 2015, the clinical reminder will be revised to document that verbal consent was obtained for HIV testing. The verbal consent documentation will be required within the clinical reminder.

 Recommendation 7. We recommended that clinicians consistently notify patients of their laboratory results within 14 days as required by VHA.

Concur

Target date for completion: January 31, 2016

Facility response: By August 14, 2015, Primary Care Administration will have notified all clinicians on the importance of notifying Veterans of their laboratory results within 14 days. By October 30, 2015, Primary Care Administration will evaluate the merit and the possibility of automatically mailing all laboratory letters. Primary Care Clinical Nurse Specialist will randomly select a sample of 70 Veteran records each month for the months of August, September, October, November, December and January. Each case will be reviewed to determine if the Veteran was notified of laboratory results within 14 days using an Excel tracking tool. Providers will be notified of their respective variation cases so that notifications can be made. Compliance will be reported each month during the Primary Care Performance Improvement Meeting.

Office of Inspector General
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  Bill Shuster

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Endnotes

[a] References used for the EOC review included:
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- VHA Handbook 1330.01, *Health Care Services for Women Veterans,* May 21, 2010.

[b] References used for the AUD Care review included:
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- http://www.prevention.va.gov/Publications/Newsletters/2011/HealthPOWER_Prevention_News_Summer_2011.asp
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[c] References used for the HIV Screening review included:
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- VHA Directive 2009-036, *Testing for Human Immunodeficiency Virus in Veterans Health Administration Facilities*, August 14, 2009.
- VHA Handbook 1004.01, *Informed Consent for Clinical Treatments and Procedures*, August 14, 2009.
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- 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.
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[f] Reference used for PACT Compass data graphs:
- Department of Veterans' Affairs, *Patient Aligned Care Teams Compass Data Definitions*, June 24, 2014.