



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

Office of Healthcare Inspections

Report No. 15-00154-500

**Review of Community Based
Outpatient Clinics and Other
Outpatient Clinics
of
VA Maine Healthcare System
Augusta, Maine**

September 1, 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
ER	Emergency Room
EOC	environment of care
FY	fiscal year
HIV	human immunodeficiency virus
lab	laboratory
MH	mental health
NA	not applicable
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 Maine Healthcare System and Veterans Integrated Service Network 1 provide safe, consistent, and high-quality health care. The review evaluated the clinics' compliance with selected requirements for alcohol use disorder care, human immunodeficiency virus screening, outpatient documentation, and outpatient lab results management. We also randomly selected the Rumford, ME, Community Based Outpatient Clinic as a representative site and evaluated the environment of care on June 22, 2015.

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

Alcohol Use Disorder Care: Ensure that:

- Clinic staff consistently complete diagnostic assessments for patients with a positive alcohol screen.
- Clinic staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.
- Clinic Registered Nurse Care Managers receive motivational interviewing training within 12 months of appointment to Patient Aligned Care Teams.
- Clinic Registered Nurse Care Managers, providers, and clinical associates receive health coaching training within 12 months of appointment to Patient Aligned Care Teams.

Human Immunodeficiency Virus Screening: Ensure that clinicians:

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

Outpatient Lab 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 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.¹ Details of the targeted study populations for the AUD Care, HIV Screening, Outpatient Documentation, and Outpatient Lab Results Management focused reviews are noted in Table 1.

Table 1. CBOC/OOC Focused Reviews and Study Populations

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

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

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

¹ Each outpatient site selected for physical inspection was randomized from all 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.

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 Rumford, ME, CBOC. The table below shows the areas reviewed for this topic. The facility generally met requirements. We made no recommendations.

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.		
	Personal protective equipment is readily available.		
	Sterile commercial supplies are not expired.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	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.		
	Access to the information technology network room/server closet is restricted to personnel authorized by Office of Information and Technology.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	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, MH 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 40 EHRs. We also validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

Table 3. AUD Care

NM	Areas Reviewed	Findings	Recommendations
X	Diagnostic assessments are completed for patients with a positive alcohol screen.	Staff did not complete diagnostic assessments for 9 of 40 patients (23 percent) who had positive alcohol use screens.	1. 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.		
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 four of eight patients diagnosed with alcohol dependence.	2. We recommended that clinic staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.
	For patients with AUD who decline referral to specialty care, clinic staff monitored them and their alcohol use.		
	Counseling, education, and brief treatments for AUD care are provided within 2 weeks of positive screening.		
X	Clinic RN Care Managers have received motivational interviewing training within 12 months of appointment to PACT.	We found that none of the 27 RN Care Managers received motivational interviewing training within 12 months of appointment to PACT.	3. We recommended that Clinic Registered Nurse Care Managers receive motivational interviewing training within 12 months of appointment to Patient Aligned Care Teams.

NM	Areas Reviewed (continued)	Findings	Recommendations
X	Clinic RN Care Managers have received VHA National Center for Health Promotion and Disease Prevention-approved health coaching training (most likely TEACH for Success) within 12 months of appointment to PACT.	We found that none of the 27 RN Care Managers received health coaching training within 12 months of appointment to PACT.	4. We recommended that Clinic Registered Nurse Care Managers, providers, and clinical associates receive health coaching training within 12 months of appointment to Patient Aligned Care Teams.
X	Providers in the outpatient clinics have received VHA National Center for Health Promotion and Disease Prevention-approved health coaching training (most likely TEACH for Success) within 12 months of appointment to PACT.	We found that none of the 26 providers received health coaching training within 12 months of appointment to PACT.	
X	Clinical associates in the outpatient clinics have received VHA National Center for Health Promotion and Disease Prevention-approved health coaching training (most likely TEACH for Success) within 12 months of appointment to PACT.	We found that none of the 22 clinical associates received 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 37 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 Lead HIV Clinician to carry out responsibilities as required.		
	The facility has policies and procedures to facilitate HIV testing.		
	The facility had developed policies and procedures that include requirements for the communication of HIV test results.		
	Written patient educational materials utilized prior to or at the time of consent for HIV testing include all required elements.		
	Clinicians provided HIV testing as part of routine medical care for patients.		
X	When HIV testing occurred, clinicians consistently documented informed consent.	Clinicians did not document informed consent for HIV testing for 2 of 12 patients.	5. We recommended that clinicians consistently document informed consent for human immunodeficiency virus testing and that compliance is monitored.
	The facility complied with additional elements as required by local policy.		

Outpatient Documentation

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

We reviewed relevant documents and 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 49 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 14 days from the date on which the results are available to the ordering practitioner or the documentation of treatment actions in response to abnormal test results in the patient's EHR.	6. 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 12 of 49 patients (24 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, MH, 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
Caribou, ME	402GA	Rural	5,853	2,053	20	NA	Pharmacy
Calais, ME	402GB	Rural	2,756	463	57	NA	NA
Rumford, ME	402GC	Rural	3,657	1,527	64	NA	NA
Saco, ME	402GD	Urban	7,390	3,569	63	NA	Diabetic Retinal Screening MOVE! Program ¹⁰ Nutrition
Lewiston, ME	402GE	Urban	7,826	3,421	137	NA	Electrocardiography Imaging Services Pharmacy

³ Includes all CBOCs in operation before April 1, 2014.

⁴ An encounter is a professional contact between a patient and a practitioner vested with responsibility for diagnosing, evaluating, and treating the patient's condition. Encounters occur in both the outpatient and inpatient setting.

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

⁶ <http://vssc.med.va.gov/>

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

⁸ Specialty Care Services refer to non-PC and non-MH services provided by a physician.

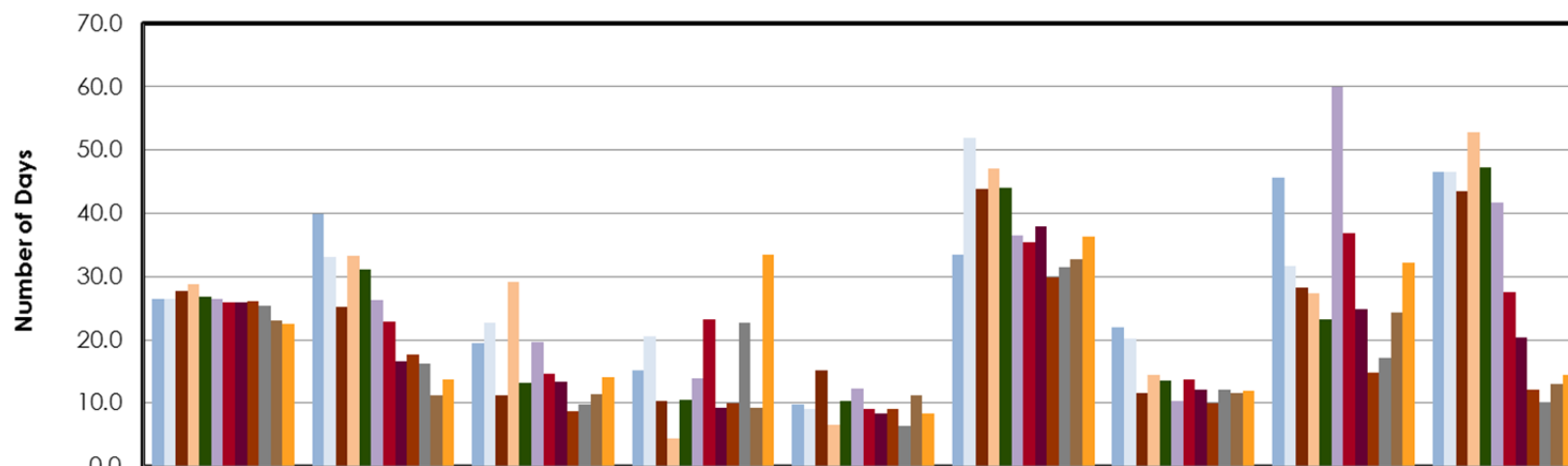
⁹ Ancillary Services refer to non-PC and non-MH services that are not provided by a physician.

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
Bangor, ME	402HB	Urban	18,202	11,011	9,174	Cardiology Dental Dermatology Optometry	Audiology Diabetic Retinal Screening Electrocardiography Imaging Services MOVE! Program Pharmacy Rehabilitation Services
Portland, ME	402HC	Urban	7,013	8,403	1,272	Cardiology Endocrinology Nephrology Pulmonary Rheumatology	Sleep Medicine

PACT Compass Metrics

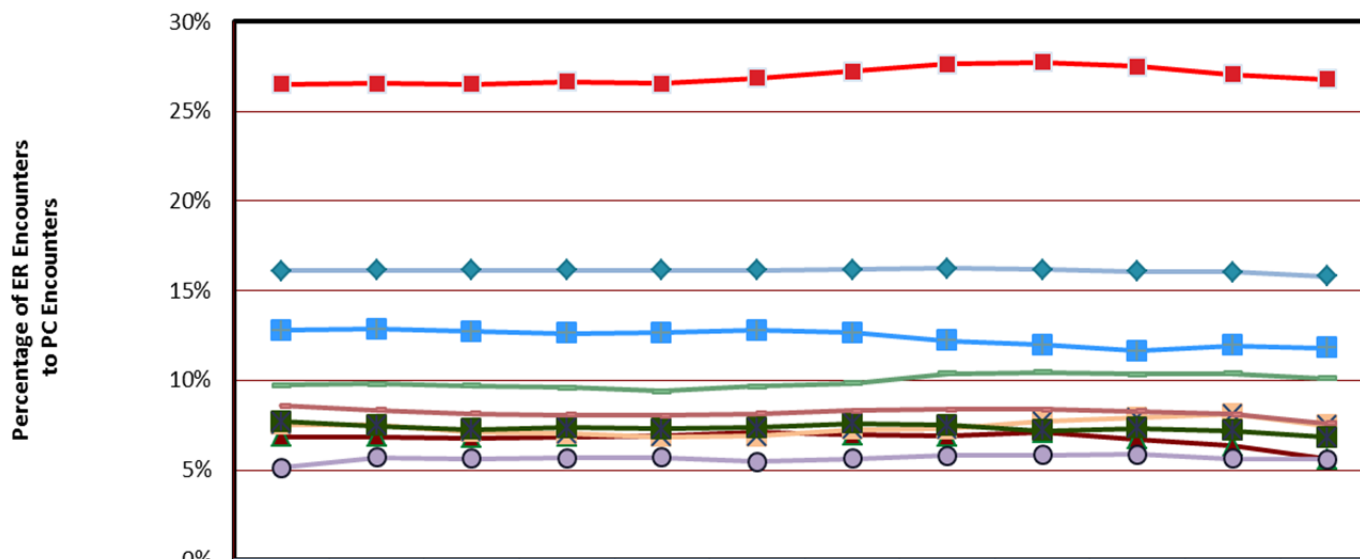
FY 2014 New Primary Care Patient Average Wait Time in Days



	VHA Total	(402) Togus	(402GA) Aroostook County (Caribou)	(402GB) Calais	(402GC) Rumford	(402GD) Saco	(402GE) Lewiston Auburn	(402HB) Bangor	(402HC) Portland Outreach Clinic
■ OCT-FY14	26.5	40.0	19.5	15.2	9.9	33.5	22.0	45.7	46.6
■ NOV-FY14	26.5	33.1	22.8	20.6	9.0	52.0	20.2	31.7	46.5
■ DEC-FY14	27.7	25.2	11.2	10.3	15.1	43.9	11.6	28.2	43.5
■ JAN-FY14	28.9	33.3	29.2	4.4	6.5	47.0	14.5	27.4	52.7
■ FEB-FY14	26.9	31.1	13.3	10.4	10.3	44.0	13.6	23.2	47.2
■ MAR-FY14	26.4	26.3	19.6	13.9	12.3	36.5	10.3	60.0	41.7
■ APR-FY14	25.9	22.8	14.6	23.3	9.2	35.4	13.8	36.8	27.5
■ MAY-FY14	26.0	16.6	13.5	9.3	8.4	38.0	12.1	24.9	20.4
■ JUN-FY14	26.1	17.7	8.7	10.0	9.0	29.8	9.9	14.7	12.2
■ JUL-FY14	25.3	16.2	9.8	22.8	6.5	31.5	12.2	17.1	9.9
■ AUG-FY14	23.0	11.2	11.4	9.3	11.2	32.7	11.6	24.3	13.0
■ SEP-FY14	22.6	13.8	14.1	33.4	8.4	36.3	11.9	32.2	14.4

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.

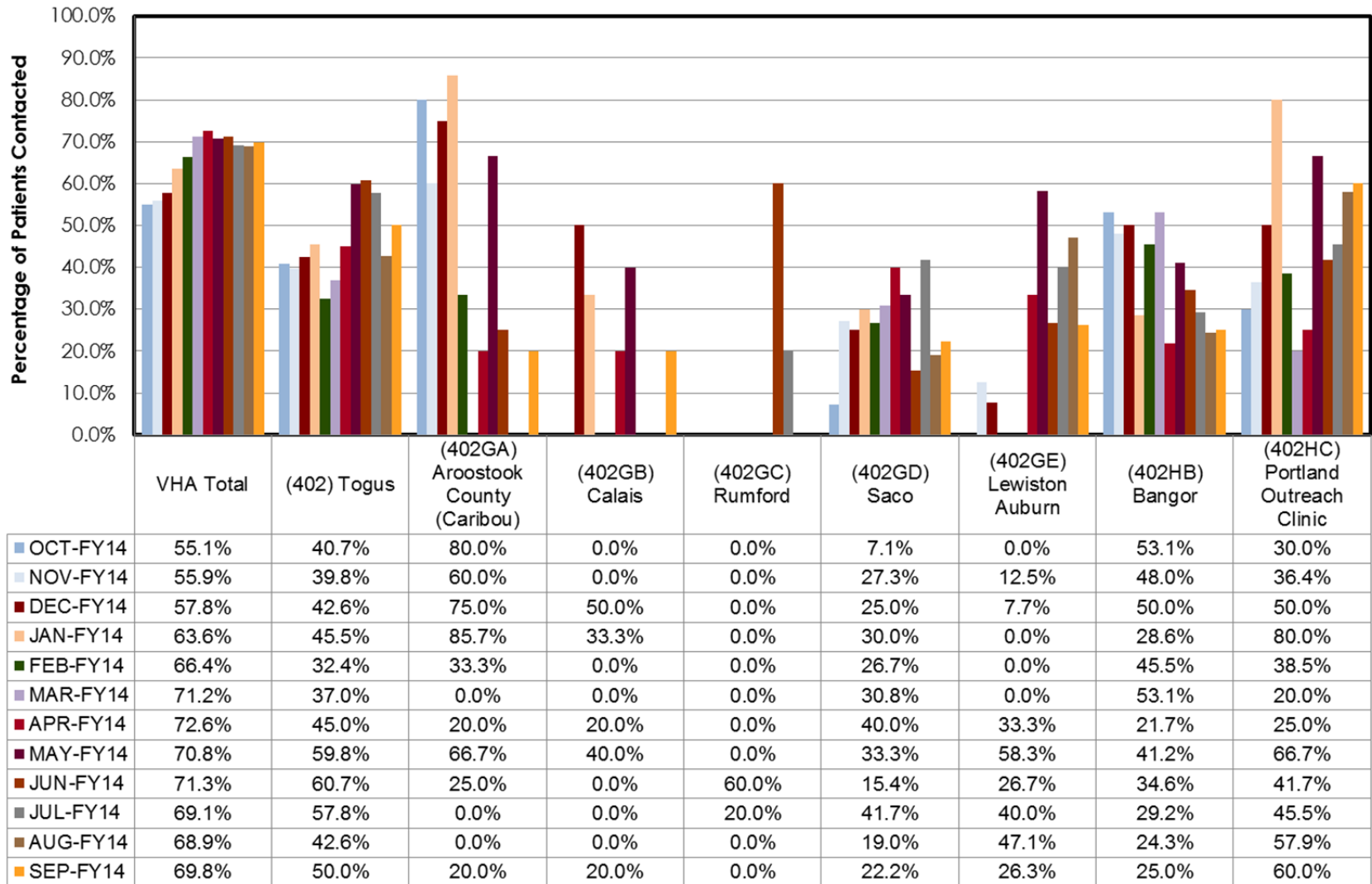
FY 2014 Ratio of ER Encounters While on Panel to PC Encounters While on Panel (FEE ER Included)



	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%
(402) Togus	26.5%	26.5%	26.5%	26.6%	26.5%	26.8%	27.2%	27.6%	27.7%	27.5%	27.1%	26.8%
(402GA) Aroostook County (Caribou)	6.9%	6.9%	6.8%	6.8%	6.9%	7.1%	7.0%	6.9%	7.1%	6.7%	6.4%	5.6%
(402GB) Calais	7.5%	7.5%	7.1%	7.0%	6.8%	6.9%	7.3%	7.3%	7.7%	7.9%	8.1%	7.5%
(402GC) Rumford	7.7%	7.5%	7.3%	7.4%	7.3%	7.3%	7.6%	7.5%	7.2%	7.3%	7.2%	6.8%
(402GD) Saco	5.1%	5.7%	5.6%	5.7%	5.7%	5.5%	5.6%	5.8%	5.8%	5.8%	5.6%	5.6%
(402GE) Lewiston Auburn	12.8%	12.8%	12.7%	12.6%	12.7%	12.8%	12.6%	12.2%	12.0%	11.6%	11.9%	11.8%
(402HB) Bangor	8.6%	8.4%	8.1%	8.1%	8.0%	8.1%	8.3%	8.4%	8.4%	8.3%	8.1%	7.6%
(402HC) Portland Outreach Clinic	9.7%	9.8%	9.7%	9.6%	9.4%	9.6%	9.8%	10.4%	10.4%	10.3%	10.4%	10.1%

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.

FY 2014 Team 2-Day Contact Post Discharge Ratio



Data Definition.^f The percent of discharges (VHA inpatient discharges) for the reporting timeframe for assigned PC 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.

Veterans Integrated Service Network Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: August 10, 2015

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

Subject: **Review of CBOCs and OOCs of VA Maine Healthcare System,
Augusta, ME**

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

I have reviewed and concur with the action plans regarding the Community Based Outpatient Clinic (CBOC) and other Outpatient Clinics Review conducted at the VA Maine Healthcare System.

Sincerely,



Michael F. Mayo-Smith, MD, MPH
Director, VA New England Healthcare System (10N1)

Facility Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: August 7, 2015

From: Director, VA Maine Healthcare System (402/00)

Subject: **Review of CBOCs and OOCs of VA Maine Healthcare System,
Augusta, ME**

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

I have reviewed and concur with the action plan regarding the Community Based Outpatient Clinic (CBOC) and other Outpatient Clinics Review conducted at the VA Maine Healthcare System.



Stephen D. Sears, MD
Chief of Staff

For
Ryan S. Lilly
Director, VA Maine Healthcare System (402/00)

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

Concur

Target date for completion: January 27, 2016

Facility response: Education was provided at Primary Care (PC) provider meeting followed with an email to all PC providers outlining the requirement for diagnostic assessments following a positive alcohol screen. The Administrative Officer for PC will audit records daily for clinical reminder completion. Clinic managers will follow up with specific providers for non-compliance. Daily audits will continue until compliance is sustained for 3 consecutive months.

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 27, 2016

Facility response: Education was provided at PC provider meeting followed with an email to all PC providers outlining the requirement to document the offer of further treatment following a positive alcohol screen. The Administrative Officer for PC will audit records daily for clinical reminder completion. Clinic managers will follow up with specific providers for non-compliance. Daily audits will continue until compliance is sustained for three consecutive months.

Recommendation 3. We recommended that Clinic Registered Nurse Care Managers receive motivational interviewing training within 12 months of appointment to Patient Aligned Care Teams.

Concur

Target date for completion: January 27, 2016

Facility response: All current clinic RN managers will take/re-take motivational interviewing training. All new RN clinic managers will receive motivational interviewing training in new employee orientation. Evidence of training will be retained electronically in Talent Management System.

Recommendation 4. We recommended that Clinic Registered Nurse Care Managers, providers, and clinical associates receive health coaching training within 12 months of appointment to Patient Aligned Care Teams.

Concur

Target date for completion: January 27, 2016

Facility response: All current clinic Registered Nurse Care Managers, providers, and clinical associates will take/re-take health coaching training. All new Clinic Registered Nurse Care Managers, providers, and clinical associates will receive health coaching training in new employee orientation. Evidence of training will be retained electronically in Talent Management System. Training will be offered monthly at the facility and at select CBOCs until all required personnel have evidence of completion.

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

Concur

Target date for completion: December 1, 2015

Facility response: VA Maine approached the consent for HIV testing by implementing changes in which the tests are ordered. To make the process uniform, changes were made on April 6, 2015 in the computerized ordering system to insert documentation for consent into the computer program which orders the HIV test itself. Ordering the HIV screening test allows for documentation of the consent within the order set. Follow-up auditing reported June 11, 2015 demonstrated improvement of compliance to 91.4%. Two quarterly follow-up audits will be conducted to ensure compliance.

Recommendation 6. We recommended that the facility director ensures that the facility's written policy for the communication of laboratory results includes all required elements.

Concur

Target date for completion: October 2, 2015

Facility response: Facility circular revised to include communication of lab results to patients within 14 days from date on which the results are available to the ordering practitioner and the documentation of treatment actions in response to abnormal test results in the patient's electronic health record. Revised facility circular will be forwarded for consideration to the Clinical Executive Board scheduled for September 3, 2015.

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 27, 2016

Facility response: Education was provided at PC provider meeting followed with an email to all PC providers outlining the VHA requirement to notify patients of their laboratory results within 14 days. The RN Manager for PC will coordinate the auditing of 100 records per month among all outpatient pharmacy for clinical reminder completion. Findings of non-compliance will be followed up with specific providers as soon as possible. Clinic manager will report quarterly compliance data to Health Information Management System meeting as a point of care audit required by The Joint Commission. Audits will continue until compliance is sustained for three 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.
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VA Distribution

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Director, VA Maine Healthcare System (402/00)

Non-VA Distribution

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Related Agencies
Senate Committee on Homeland Security and Governmental Affairs
National Veterans Service Organizations
Government Accountability Office
Office of Management and Budget
U.S. Senate: Susan M. Collins, Angus S. King, Jr.
U.S. House of Representatives: Chellie Pingree, Bruce Poliquin

This report is available at www.va.gov/oig.

Endnotes

^a References used for the EOC review included:

- International Association of Healthcare Central Services Material Management, *Central Service Technical Manual*, 7th ed.
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