



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

Office of Healthcare Inspections

Report No. 15-00176-541

**Review of Community Based
Outpatient Clinics and Other
Outpatient Clinics
of
Central Arkansas Veterans
Healthcare System
Little Rock, Arkansas**

September 30, 2015

Washington, DC 20420

To Report Suspected Wrongdoing in VA Programs and Operations

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

Glossary

AUD	alcohol use disorder
CBOC	community based outpatient clinic
EHR	electronic health record
EOC	environment of care
ER	emergency room
FY	fiscal year
HIV	human immunodeficiency virus
lab	laboratory
NA	not applicable
NM	not met
OIG	Office of Inspector General
OOC	other outpatient clinic
PACT	Patient Aligned Care Teams
PC	primacy 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 Central Arkansas Veterans Healthcare System and Veterans Integrated Service Network 16 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 El Dorado VA Clinic, El Dorado, AR, as a representative site and evaluated the environment of care on August 19, 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:

- Staff protect patient-identifiable information on lab specimens during transport from the El Dorado VA Clinic to the parent facility or contracted processing facility.
- The information technology server closet at the El Dorado VA Clinic is maintained according to information technology safety and security standards.

Alcohol Use Disorder Care: Ensure that:

- Clinic staff consistently complete diagnostic assessments for patients with a positive alcohol screen.
- 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 consistently document the offer of further treatment to patients diagnosed with alcohol dependence.
- Clinic Registered Nurse Care Managers receive motivational interviewing and health coaching training and that 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.

Outpatient Lab Results Management: Ensure that:

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

Comments

The Interim 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 consider recommendations 1 and 2 closed.) We will follow up on the planned actions for the open recommendations until they are completed.



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

Objectives, Scope, and Methodology

Objectives

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

- The selected CBOC is compliant with EOC requirements.
- The CBOCs/OOCs are compliant with selected VHA requirements for AUD care.
- The CBOCs/OOCs are compliant with selected VHA requirements for HIV Screening.
- Healthcare practitioners at the CBOCs/OOCs comply with the requirements for outpatient documentation.
- The CBOCs/OOCs are compliant with VHA requirements for the patient notification and follow up of selected outpatient lab results.

Scope

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

- EOC
- AUD Care
- HIV Screening
- Outpatient Documentation
- Outpatient Lab Results Management

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

Methodology

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

Table 1. CBOC/OOC Focused Reviews and Study Populations

Review Topic	Study Population
AUD Care	All CBOC and OOC patients screened within the study period of July 1, 2013, through June 30, 2014, and who had a positive AUDIT-C score; ² and all licensed independent providers, RN Care Managers, and clinical associates assigned to PACT prior to October 1, 2013.
HIV Screening	All outpatients who had a visit in FY 2012 and had at least one visit at the parent facility's CBOCs and/or OOCs within a 12-month period during April 1, 2013, through March 31, 2014.
Outpatient Documentation	All patients new to VHA who had at least three outpatient encounters (face-to-face visits, telephonic/telehealth care, and telephonic communications) during April 1, 2013, through March 31, 2014.
Outpatient Lab Results Management	All patients who had outpatient (excluding 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 El Dorado 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. Any items that did not apply to this facility are marked NA.

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.		
NA	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.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	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.		
NA	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.		
X	The staff protect patient-identifiable information on lab specimens during transport.	At the EI Dorado VA Clinic, staff did not protect patient-identifiable information on lab specimens during transport.	1. We recommended that staff protect patient-identifiable information on laboratory specimens during transport from the EI Dorado VA Clinic to the parent facility or contracted processing facility.
	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 EI Dorado VA Clinic was not documented.	2. We recommended that the information technology server closet at the EI Dorado 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 37 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 4 of 37 patients (11 percent) who had positive alcohol use screens.	3. We recommended that clinic staff consistently complete diagnostic assessments 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 6 of 21 patients who had positive alcohol use screens.	4. 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.
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 2 of 10 patients diagnosed with alcohol dependence.	5. 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.		

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 2 of 15 Clinic RN Care Managers did not receive motivational interviewing training within 12 months of appointment to PACT.	6. We recommended that Clinic Registered Nurse Care Managers receive motivational interviewing and health coaching training and that providers and clinical associates in the outpatient clinics receive health coaching training 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 2 of 15 Clinic 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 14 of 29 providers did not receive 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 9 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 26 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.		
X	Clinicians provided HIV testing as part of routine medical care for patients.	Clinicians did not provide HIV testing to 4 of 26 patients.	7. We recommended that clinicians provide human immunodeficiency virus testing as part of routine medical care for patients and that compliance is monitored.
	When HIV testing occurred, clinicians consistently documented informed consent.		
	The facility complied with additional elements as required by local policy.		

Outpatient Documentation

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

We reviewed relevant documents and 41 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 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 no later than 14 days from the date on which the results are available to the ordering practitioner or require the documentation of treatment actions in response to normal or abnormal test results in the patient's EHR.	8. 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 30 of 46 patients (65 percent) of their lab results or within 14 days as required by VHA.	9. 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	
Mountain Home, AR	598GA	Rural	7,055	2,009	8	NA	Diabetes Care Diabetic Retinal Screening	Imaging Services Nutrition Pharmacy
El Dorado, AR	598GB	Rural	3,289	1,540	5	NA	Diabetic Retinal Screening	Imaging Services
Hot Springs, AR	598GC	Urban	9,572	4,779	4	NA	Diabetic Retinal Screening HBPC Imaging Services	Lab Nutrition Pharmacy
Mena, AR	598GD	Rural	2,700	1,339	1	NA	Diabetic Retinal Screening	MOVE! Program ¹⁰
Pine Bluff, AR	598GE	Urban	6,116	2,722	NA	NA	Diabetic Retinal Screening Imaging Services	MOVE! Program Nutrition Pharmacy
Searcy, AR	598GF	Rural	6,465	4,371	4	NA	Diabetic Retinal Screening Imaging Services	Lab Nutrition 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.

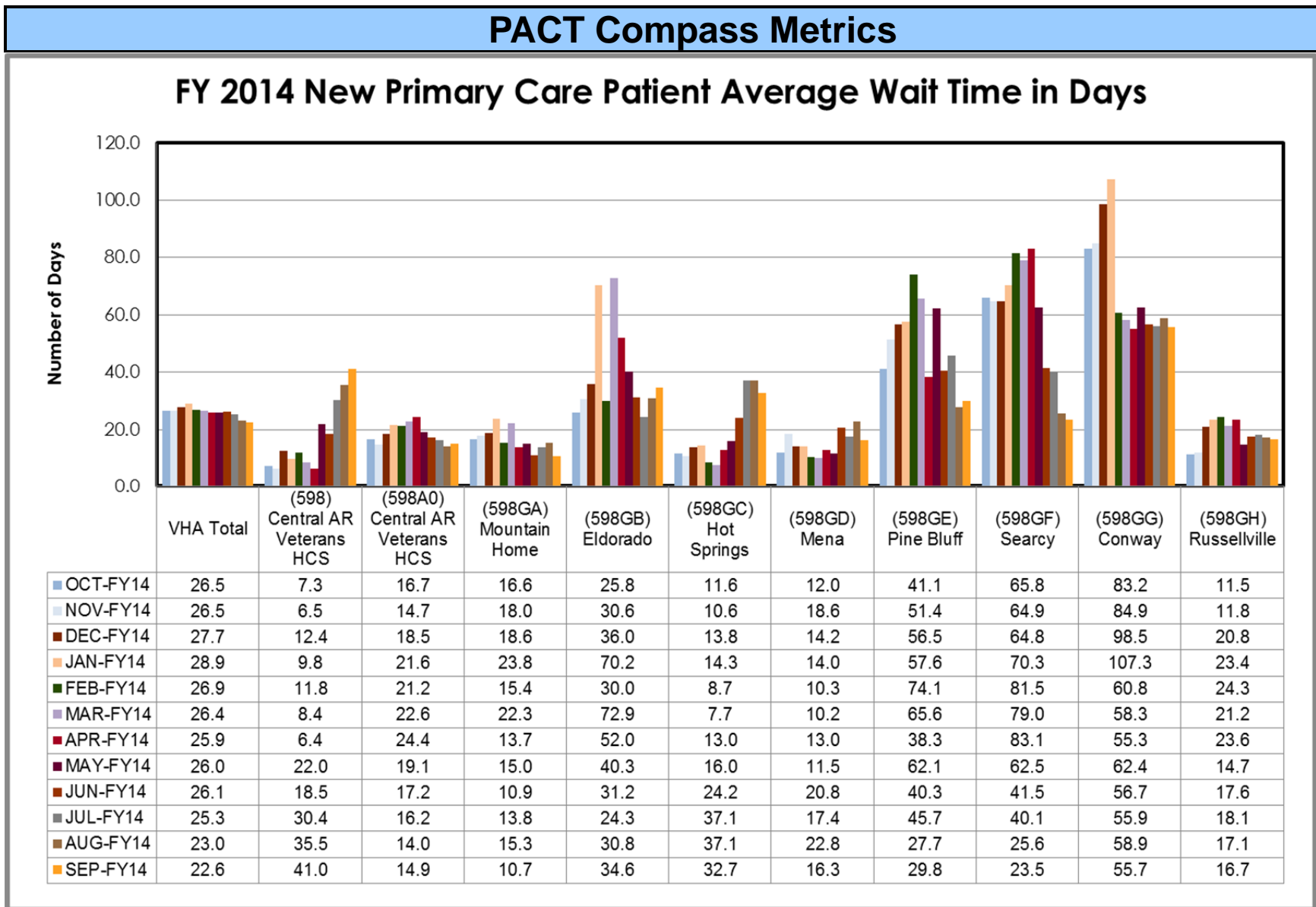
⁸ Specialty Care Services refer to non-PC and non-Mental Health services provided by a physician.

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.

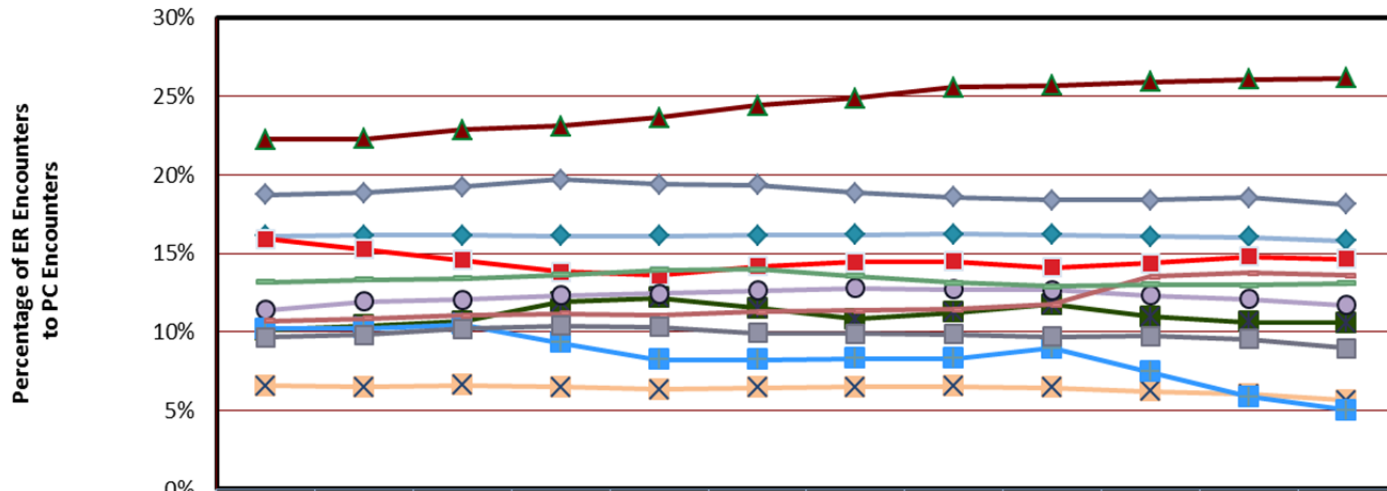
Location (continued)	Station #	Rurality	Outpatient Workload / Encounters			Services Provided		
			PC	MH	Specialty Clinics	Specialty Care	Ancillary Services	
Conway, AR	598GG	Rural	6,311	3,491	2,964	Optometry	Audiology Diabetic Retinal Screening Imaging Services	Lab Nutrition Pharmacy
Russellville, AR	598GH	Rural	4,398	1,964	3	NA	Diabetic Retinal Screening Imaging Services	Lab Nutrition Pharmacy

HBPC = Home Based PC



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.

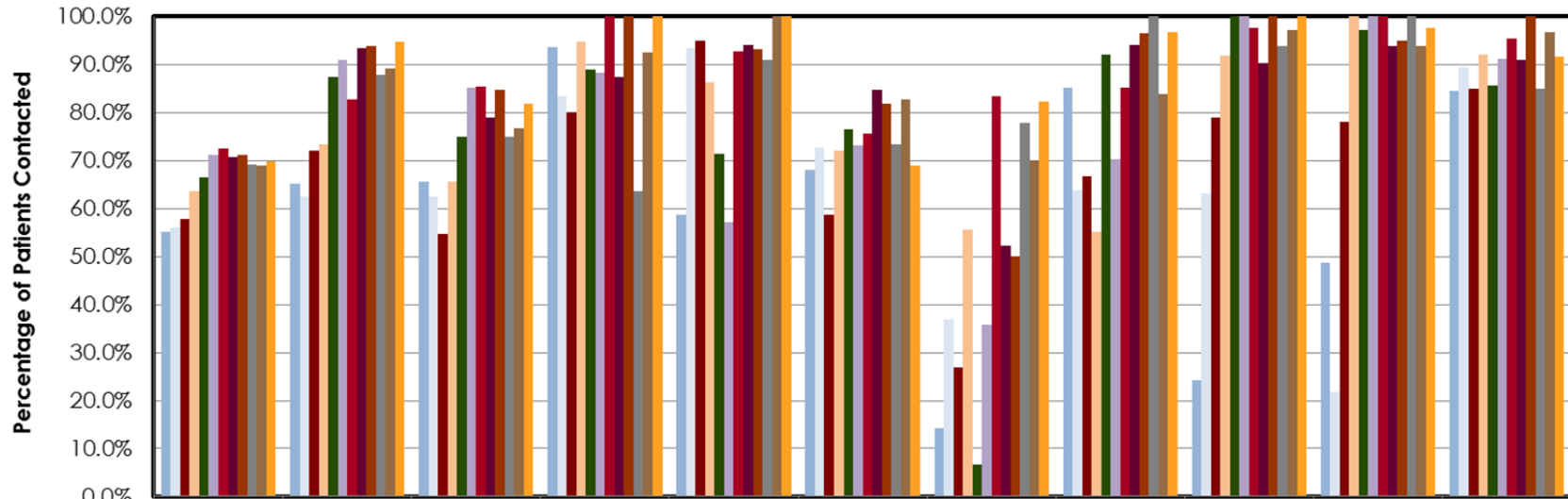
FY 2014 Ratio of ER Encounters While on Panel to PC Encounters While on Panel (FEE ER Included)



	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%
(598) Central AR Veterans HCS	15.9%	15.3%	14.6%	13.8%	13.6%	14.2%	14.5%	14.5%	14.1%	14.4%	14.8%	14.6%
(598A0) Central AR Veterans HCS	22.3%	22.3%	22.9%	23.1%	23.7%	24.4%	24.9%	25.6%	25.7%	25.9%	26.1%	26.2%
(598GA) Mountain Home	6.6%	6.5%	6.6%	6.5%	6.3%	6.5%	6.5%	6.6%	6.5%	6.2%	6.0%	5.7%
(598GB) Eldorado	10.2%	10.4%	10.7%	11.9%	12.2%	11.5%	10.8%	11.3%	11.7%	11.0%	10.6%	10.6%
(598GC) Hot Springs	11.4%	12.0%	12.1%	12.3%	12.5%	12.6%	12.8%	12.7%	12.7%	12.3%	12.1%	11.7%
(598GD) Mena	10.2%	10.3%	10.5%	9.3%	8.2%	8.2%	8.3%	8.3%	9.0%	7.5%	5.9%	5.0%
(598GE) Pine Bluff	10.7%	10.9%	11.0%	11.2%	11.1%	11.3%	11.4%	11.5%	11.8%	13.5%	13.8%	13.6%
(598GF) Searcy	13.2%	13.3%	13.4%	13.6%	14.0%	14.0%	13.6%	13.1%	12.9%	13.0%	13.0%	13.1%
(598GG) Conway	18.7%	18.9%	19.3%	19.7%	19.4%	19.4%	18.8%	18.6%	18.4%	18.4%	18.5%	18.1%
(598GH) Russellville	9.7%	9.8%	10.2%	10.4%	10.3%	9.9%	9.9%	9.9%	9.7%	9.7%	9.6%	9.0%

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



	VHA Total	(598) Central AR Veterans HCS	(598A0) Central AR Veterans HCS	(598GA) Mountain Home	(598GB) Eldorado	(598GC) Hot Springs	(598GD) Mena	(598GE) Pine Bluff	(598GF) Searcy	(598GG) Conway	(598GH) Russellville
■ OCT-FY14	55.1%	65.2%	65.5%	93.8%	58.8%	68.1%	14.3%	85.3%	24.3%	48.6%	84.6%
■ NOV-FY14	55.9%	62.5%	62.6%	83.3%	93.3%	72.7%	36.8%	63.9%	63.2%	21.9%	89.5%
■ DEC-FY14	57.8%	72.1%	54.8%	80.0%	95.0%	58.6%	26.9%	66.7%	78.9%	78.1%	85.0%
■ JAN-FY14	63.6%	73.3%	65.5%	94.7%	86.4%	72.1%	55.6%	55.2%	91.9%	100.0%	92.0%
■ FEB-FY14	66.4%	87.5%	75.1%	88.9%	71.4%	76.5%	6.7%	92.0%	100.0%	97.3%	85.7%
■ MAR-FY14	71.2%	90.9%	85.1%	88.2%	57.1%	73.1%	35.7%	70.4%	100.0%	100.0%	91.3%
■ APR-FY14	72.6%	82.8%	85.5%	100.0%	92.9%	75.6%	83.3%	85.2%	97.7%	100.0%	95.5%
■ MAY-FY14	70.8%	93.3%	79.0%	87.5%	94.1%	84.8%	52.2%	94.1%	90.3%	93.9%	90.9%
■ JUN-FY14	71.3%	93.9%	84.7%	100.0%	93.1%	81.8%	50.0%	96.6%	100.0%	95.0%	100.0%
■ JUL-FY14	69.1%	87.9%	74.9%	63.6%	90.9%	73.3%	77.8%	100.0%	93.9%	100.0%	85.0%
■ AUG-FY14	68.9%	89.2%	76.8%	92.6%	100.0%	82.8%	70.0%	83.8%	97.1%	93.9%	96.8%
■ SEP-FY14	69.8%	94.9%	81.8%	100.0%	100.0%	68.9%	82.4%	96.9%	100.0%	97.6%	91.7%

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.

Interim Veterans Integrated Service Network Director Comments

Department of
Veterans Affairs

Memorandum

Date: September 11, 2015

From: Interim Director, South Central VA Health Care Network (10N16)

Subject: **Review of CBOCs and OOCs of Central Arkansas Veterans Healthcare System , Little Rock, AR**

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

1. The South Central VA Health Care Network (VISN 16) has reviewed and concur with the findings, recommendations and corrective actions included in the draft report submitted by the Central Arkansas Veterans Healthcare System, Little Rock, AR.
2. If you have any questions regarding the information submitted, please contact Reba T. Moore, VISN16 Accreditation Specialist at 601-206-7022.



Fernando O. Rivera, FACHE
Interim Network Director
South Central VA Health Care Network (10N16)

Interim Facility Director Comments

**Department of
Veterans Affairs**

Memorandum

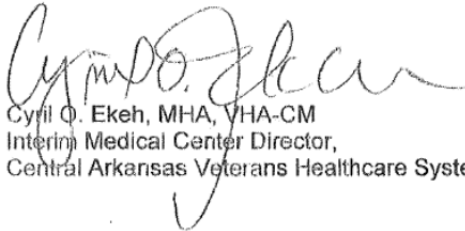
Date: September 3, 2015

From: Interim Director, Central Arkansas Veterans Healthcare System
(598/00)

Subject: **Review of CBOCs and OOCs of Central Arkansas Veterans
Healthcare System, Little Rock, AR**

To: Director, South Central VA Health Care Network (10N16)

I have reviewed and concur with the action plan regarding the Community Based Outpatient Clinic (CBOC) and Other Outpatient Clinics Review conducted at the Central Arkansas Veterans Healthcare System.



Cyril Q. Ekeh, MHA, VHA-CM
Interim Medical Center Director,
Central Arkansas Veterans Healthcare System (598/00)

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 staff protect patient-identifiable information on laboratory specimens during transport from the El Dorado VA Clinic to the parent facility or contracted processing facility.

Concur

Target date for completion: August 27, 2015

Facility response: The locked transport totes were ordered and arrived on 08/27/2015 and were placed in service that day to transport laboratory specimens between the El Dorado CBOC and the Little Rock clinical laboratory. The contracted courier service is picking up the locked tote bags containing the laboratory samples and all documentation during the normal business hours of the El Dorado CBOC. At no time does the courier have access to the laboratory samples or patient documentation.

Recommendation 2. We recommended that the information technology server closet at the El Dorado VA Clinic is maintained according to information technology safety and security standards.

Concur

Target date for completion: August 20, 2015

Facility response: A log was developed for documentation of access to the information technology network room/server closet at the El Dorado VA Clinic.

Recommendation 3. We recommended that clinic staff consistently complete diagnostic assessments for patients with a positive alcohol screen.

Concur

Target date for completion: December 30, 2015

Facility response: Nurse Manager/Assistant Nurse Managers in PC Clinics will run the Clinical Reminder report daily and provide to PACT staff to ensure completion within 14 days. Clinical Reminder report will be generated until a 90% compliance is achieved for three (3) consecutive months. Results will be reported monthly to the Quality Management Department.

Recommendation 4. 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 30, 2015

Facility response: Nurse Manager/Assistant Nurse Managers in PC Clinics will run the Clinical Reminder report daily and provide to PACT staff to ensure completion within 14 days. Clinical Reminder report will be generated until a 90% compliance is achieved for three (3) consecutive months. Results will be reported monthly to the Quality Management Department.

Recommendation 5. We recommended that clinic staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.

Concur

Target date for completion: December 30, 2015

Facility response: Nurse Manager/Assistant Nurse Managers in PC Clinics will run the Clinical Reminder report daily and provide to PACT staff to ensure completion within 14 days. Clinical Reminder report will be generated until a 90% compliance is achieved for three (3) consecutive months. Results will be reported monthly to the Quality Management Department.

Recommendation 6. We recommended that Clinic Registered Nurse Care Managers receive motivational interviewing and health coaching training and 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: December 30, 2015

Facility response: ACOS/PC has implemented a monitoring and tracking process to ensure all Primary Care and Community Based Outpatient Clinics (CBOC) Staff complete both Motivational Interviewing and Health Coaching (TEACH) within 12 months of appointment to a Patient Aligned Care Team. Mandatory training sessions for motivational interviewing and health coaching training for staff hired prior to the OIG/CBOC visit will have been scheduled for September, October, and November. 100% of these staff will be offered training by December 31, 2015. Training sessions for both motivational interviewing and health coaching will now be scheduled on a quarterly basis to ensure newly hired staff receive the required training within 12 months of appointment to PACT. Compliance rates will be reported to the Office of Quality Management on a monthly basis. Numerator will be number of staff that has completed the required training within 12 month of appointment to a

Patient Aligned Care Team. Denominator will be the number of staff appointed to a Patient Aligned Care Team.

Recommendation 7. 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: December 30, 2015

Facility response: PACT providers will offer HIV testing to all Veterans, using the clinical reminder, at least once in a lifetime for low risk patients and annually for patients with high risk behaviors. Clinical Reminder report will be generated until a 90% compliance is achieved for three (3) consecutive months. Results will be reported monthly to the Quality Management Department.

Recommendation 8. 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 30, 2015

Facility response: A draft MCM that will contain information from the related directive is being developed. The Chief of Staff memorandum will define policy for the communication of laboratory results.

Recommendation 9. We recommended that clinicians consistently notify patients of their laboratory results within 14 days as required by VHA.

Concur

Target date for completion: December 30, 2015

Facility response: A memo from the Chief of Staff was sent September 9, 2015, and discussed in the September 8, 2015 Medical Executive Committee meeting, to facility clinicians re-educating them on the requirement for notifying Veterans of their laboratory results within 14 days. Clinical staff will notify patients of lab results to be completed within 14 days and provide appropriate documentation in EHR. Monitoring will be performed on 50 outpatient charts until 90% compliance is achieved for three (3) consecutive months. The denominator will be the number of outpatient charts that had laboratory tests performed. The numerator will be the number of outpatient charts where the Veteran was notified of their laboratory results within 14 days.

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Endnotes

^a References used for the EOC review included:

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- Joint Commission, *Joint Commission Comprehensive Accreditation and Certification Manual*, July 1, 2014.
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- VHA Directive 2011-007, *Required Hand Hygiene Practices*, February 16, 2011.
- VHA Directive 2012-026, *Sexual Assaults & Other Defined Public Safety Incidents in VHA Facilities*, September 27, 2012.
- VHA Handbook 1006.1, *Planning and Activating Community-Based Outpatient Clinics*, May 19, 2004.
- VHA Handbook 1330.01, *Health Care Services for Women Veterans*, May 21, 2010.

^b References used for the AUD Care review included:

- VHA Handbook 1101.10, *Patient Aligned Care Teams (PACT)*, February 5, 2014.
- VHA Handbook 1120.02, *Health Promotion Disease Prevention (HPDP) Program*, July 5, 2012.
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- http://www.prevention.va.gov/Publications/Newsletters/2011/HealthPOWER_Prevention_News_Summer_2011.asp
- VHA National Center for Prevention (NCP). *NCP Training Resources*. Accessed from: http://vaww.infoshare.va.gov/sites/prevention/NCP_Training_Resources/Shared%20Documents/Forms/AllItems.aspx

^c References used for the HIV Screening review included:

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- VHA Directive 2008-082, *National HIV Program*, December 5, 2008.
- VHA Directive 2009-019, *Ordering and Reporting Test Results*, March 24, 2009.
- VHA Directive 2009-036, *Testing for Human Immunodeficiency Virus in Veterans Health Administration Facilities*, August 14, 2009.
- VHA Handbook 1004.01, *Informed Consent for Clinical Treatments and Procedures*, August 14, 2009.
- VHA National Center for Health Promotion and Disease Prevention (NCP), *Screening for HIV*, June 23, 2014. http://vaww.prevention.va.gov/Screening_for_HIV.asp Accessed July 18, 2014.
- VHA Under Secretary for Health Information, *Letter IL 10-2010-006, Use of Rapid Tests for Routine Human Immunodeficiency Virus Screening*, February 16, 2010.

^d References used for the Outpatient Documentation review included:

- VHA Handbook 1907.01, *Health Information Management and Health Records*, September 19, 2012.
- VHA Handbook 1907.01, *Health Information Management and Health Records*, July 22, 2014.

^e References used for the Outpatient Lab Results Management review included:

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

^f Reference used for PACT Compass data graphs:

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