



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

Office of Healthcare Inspections

Report No. 15-00177-07

**Review of Community Based
Outpatient Clinics and Other
Outpatient Clinics
of
Marion VA Medical Center
Marion, Illinois**

October 21, 2015

Washington, DC 20420

To Report Suspected Wrongdoing in VA Programs and Operations

Telephone: 1-800-488-8244

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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
HPDP	health promotion and disease prevention
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
VAMC	VA Medical Center
VHA	Veterans Health Administration

Table of Contents

	Page
Executive Summary	i
Objectives, Scope, and Methodology	1
Objectives	1
Scope.....	1
Methodology	2
Results and Recommendations	3
EOC	3
AUD Care	6
HIV Screening.....	8
Outpatient Documentation	9
Outpatient Lab Results Management.....	10
Appendixes	
A. Clinic Profiles.....	11
B. PACT Compass Metrics	13
C. Veterans Integrated Service Network Director Comments	16
D. Facility Director Comments	17
E. Office of Inspector General Contact and Staff Acknowledgments	21
F. Report Distribution	22
G. Endnotes	23

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 Marion VA Medical Center and Veterans Integrated Service Network 15 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 Paducah, KY, VA Clinic as a representative site and evaluated the environment of care on August 25, 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:

- Safety data sheets are current at the Paducah VA Clinic.
- Staff can access the electronic version of safety data sheets at the Paducah VA Clinic.
- All safety inspections are performed on the medical equipment at the Paducah VA Clinic in accordance with Joint Commission standards.
- Staff protect patient-identifiable information on laboratory specimens during transport from the Paducah VA Clinic to the parent facility.

Alcohol Use Disorder Care: Ensure that:

- 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.
- 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:

- 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 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 Paducah VA Clinic. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

Table 2. EOC

NM	Areas Reviewed	Findings	Recommendations
	The furnishings are clean and in good repair.		
	The CBOC is clean.		
	The CBOC's inventory of hazardous materials was reviewed for accuracy twice within the prior 12 months.		
X	The CBOC's safety data sheets for chemicals are readily available to staff.	The Paducah VA Clinic's safety data sheets for chemicals were not current.	1. We recommended that managers ensure that safety data sheets are current at the Paducah VA Clinic.
X	If safety data sheets are in electronic form, the staff can demonstrate ability to access the electronic version without coaching.	The staff at the Paducah VA Clinic could not demonstrate how to access the electronic version without coaching.	2. We recommended that managers ensure staff can access the electronic version of safety data sheets at the Paducah VA Clinic.
	Employees received training on the new chemical label elements and safety data sheet format.		
X	Clinic managers ensure that safety inspections of CBOC medical equipment are performed in accordance with Joint Commission standards.	Safety inspections were not performed on the medical equipment at the Paducah VA Clinic in accordance with Joint Commission standards.	3. We recommended that managers ensure that all safety inspections are performed on the medical equipment at the Paducah VA Clinic in accordance with Joint Commission standards.

NM	Areas Reviewed (continued)	Findings	Recommendations
	Hand hygiene is monitored for compliance.		
	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.		
X	The staff protect patient-identifiable information on lab specimens during transport.	At the Paducah VA Clinic, staff did not protect patient-identifiable information on lab specimens during transport.	4. We recommended that staff protect patient-identifiable information on laboratory specimens during transport from the Paducah VA Clinic to the parent facility.
	Documents containing patient-identifiable information are not visible or unsecured.		
	Adequate privacy is provided at all times.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	The women veterans' exam room is equipped with either an electronic or manual door lock.		
	The information technology network room/server closet is locked.		
	Access to the information technology network room/server closet is restricted to personnel authorized by Office of Information and Technology.		
	Access to the information technology network room/server closet is documented.		
	All computer screens are locked when not in use.		
	Information is not viewable on monitors in public areas.		
	The CBOC has an automated external defibrillator.		
	There is an alarm system and/or panic buttons installed and tested in high-risk areas (for example, mental health clinic), and the testing is documented.		
	CBOC staff receive regular information/updates on their responsibilities in emergency response operations.		
	The staff participates in scheduled emergency management training and exercises.		

AUD Care

The purpose of this review was to determine whether the facility's CBOCs and OOCs complied with selected alcohol use screening and treatment requirements.^b

We reviewed relevant documents and 37 EHRs. We also validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The area marked as NM did not meet applicable requirements and needed improvement.

Table 3. AUD Care

NM	Areas Reviewed	Findings	Recommendations
	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 three of six 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.		
X	Clinic RN Care Managers have received motivational interviewing training within 12 months of appointment to PACT.	We found that 6 of 20 RN Care Managers did not receive MI training within 12 months of appointment to PACT.	6. 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
	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.		
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 7 of 28 providers did not receive health coaching training within 12 months of appointment to PACT.	7. 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 5 of 22 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 34 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 30 of 34 patients (88 percent).	8. 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 43 EHRs. We also validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The facility generally met requirements. We made no recommendations.

Table 5. Outpatient Documentation

NM	Areas Reviewed	Findings	Recommendations
	A relevant history of the illness or injury and physical findings are documented when the patient is first admitted for VA medical care on an outpatient level.		
	Randomly selected progress notes contain the required documentation components in the EHR.		

Outpatient Lab Results Management

The purpose of this review was to determine whether CBOCs/OOCs are compliant with VHA requirements for the patient notification and follow up of selected outpatient lab results.^e

We reviewed relevant documents and 50 EHRs. We also validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The 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 9 of 50 patients (18 percent) of their lab results 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	
Evansville, IN	657GJ	Urban	22,261	18,928	19,866	Cardiology Dental Dermatology ENT GI General Surgery	Nephrology Neurology Optometry Orthopedics Podiatry Pulmonology	Anti-Coagulation Clinic Audiology Diabetes Care EKG HBPC Imaging Services	Lab MOVE! Program ¹⁰ Nutrition Rehabilitation Services Respiratory Therapy Social Work
Mt. Vernon, IL	657GK	Rural	5,563	2,662	NA	NA	NA	MOVE! Program	Nutrition
Paducah, KY	657GL	Rural	9,416	5,693	NA	NA	NA	EKG Lab MOVE! Program	Nutrition Social Work
Effingham, IL	657GM	Rural	5,809	2,071	NA	NA	NA	Diabetic Retinal Screening EKG	HBPC Nutrition

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

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

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

⁶ <http://vssc.med.va.gov/>

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

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

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

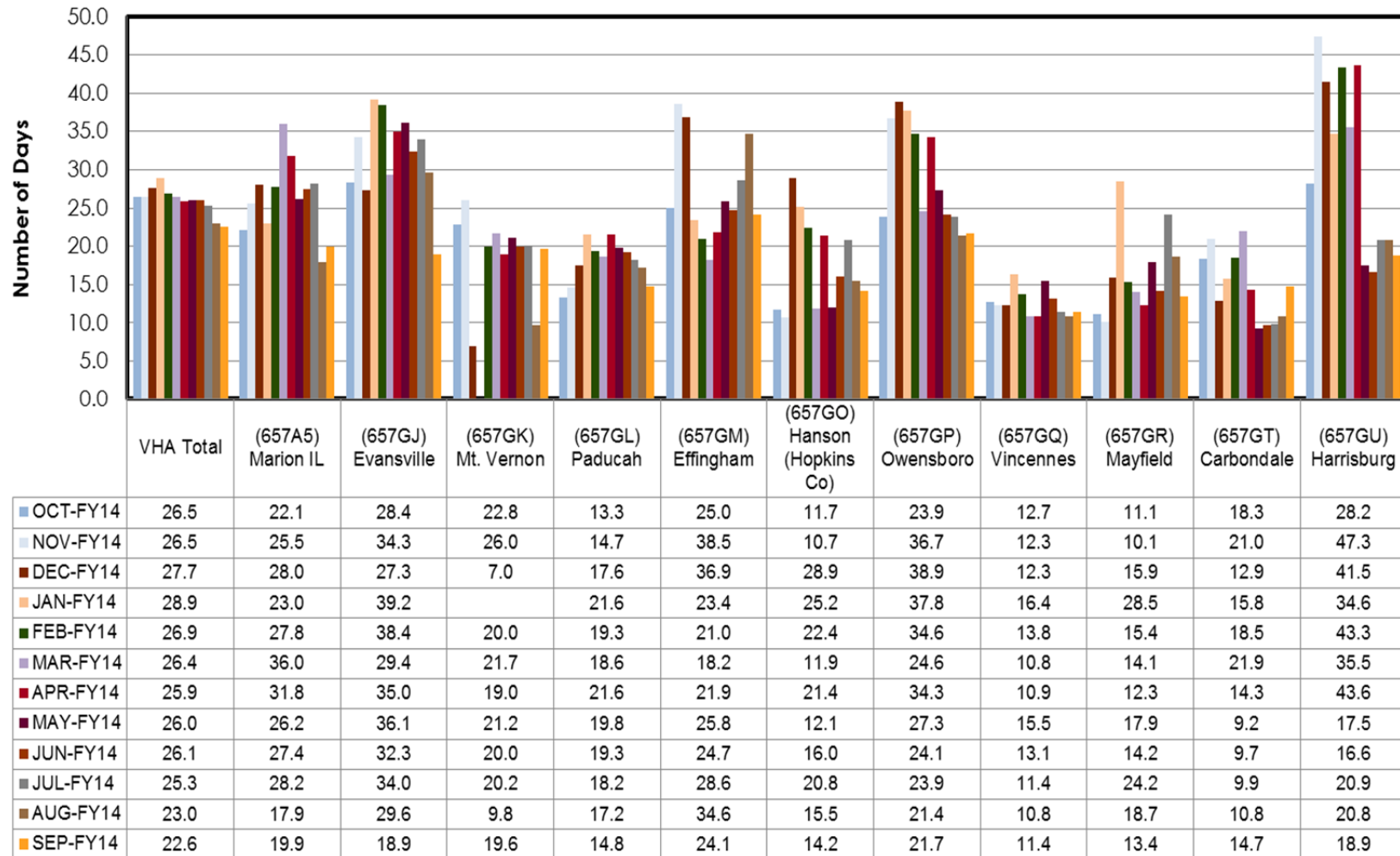
¹⁰ VHA Handbook 1120.01, *MOVE! Weight Management Program for Veterans*, March 31, 2011.

Location (continued)	Station #	Rurality	Outpatient Workload / Encounters			Services Provided		
			PC	MH	Specialty Clinics	Specialty Care	Ancillary Services	
Hanson, KY	657GO	Rural	2,149	NA	NA	NA	HBPC Nutrition	
Owensboro, KY	657GP	Urban	5,706	4,758	NA	NA	EKG MOVE! Program Nutrition	
Vincennes, IN	657GQ	Rural	3,606	1,396	NA	NA	HBPC MOVE! Program Nutrition	
Mayfield, KY	657GR	Rural	4,620	2,422	NA	NA	Diabetic Retinal Screening MOVE! Program EKG Nutrition HBPC Social Work	
Carbondale, IL	657GT	Urban	5,263	862	NA	NA	MOVE! Program Nutrition	
Harrisburg, IL	657GU	Rural	2,886	359	NA	NA	Nutrition	

EKG = Electrocardiography; ENT = Ear, Nose, & Throat; GI = Gastroenterology; HBPC = Home Based Primary Care

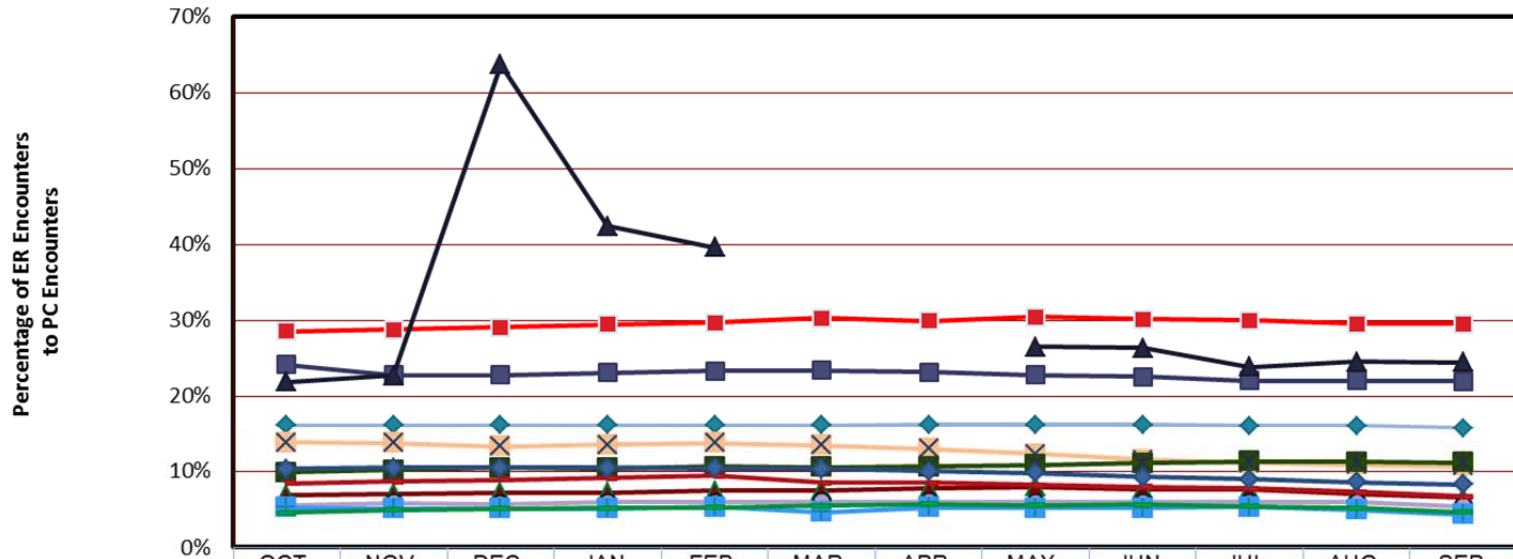
PACT Compass Metrics

FY 2014 New Primary Care Patient Average Wait Time in Days



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.

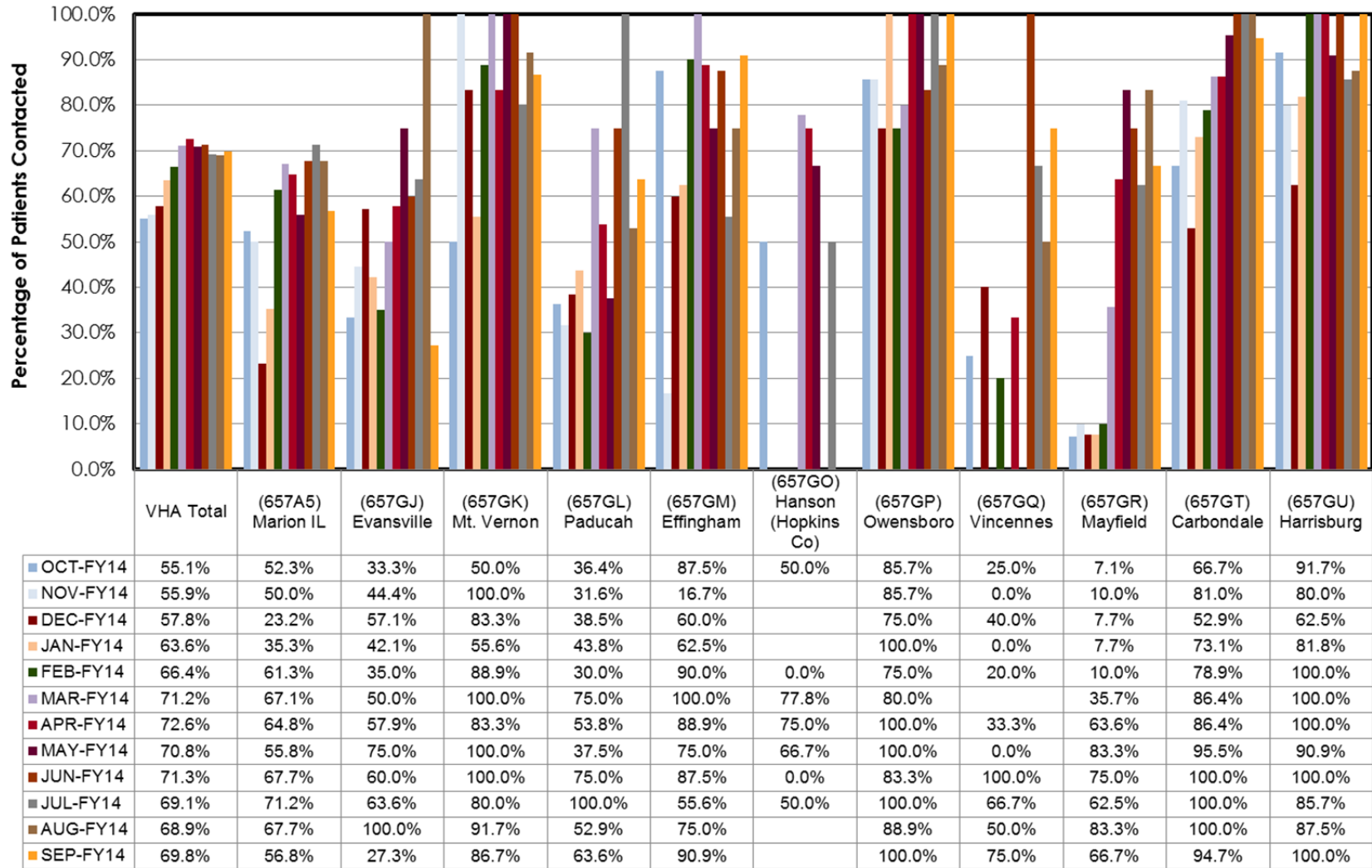
FY 2014 Ratio of ER Encounters While on Panel to PC Encounters While on Panel (FEE ER Included)



	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%
■ (657A5) Marion IL	28.5%	28.8%	29.1%	29.4%	29.7%	30.3%	29.9%	30.5%	30.1%	30.0%	29.5%	29.5%
▲ (657GJ) Evansville	6.9%	7.0%	7.2%	7.2%	7.4%	7.5%	7.7%	7.9%	7.7%	7.6%	7.1%	6.5%
× (657GK) Mt. Vernon	13.8%	13.7%	13.3%	13.5%	13.7%	13.4%	12.9%	12.3%	11.5%	11.1%	10.8%	10.7%
■ (657GL) Paducah	9.8%	10.2%	10.5%	10.4%	10.6%	10.6%	10.6%	10.9%	11.1%	11.3%	11.2%	11.1%
○ (657GM) Effingham	5.5%	5.8%	5.7%	5.9%	6.0%	6.0%	6.0%	5.9%	5.9%	5.9%	5.9%	5.4%
■ (657GO) Hanson (Hopkins Co)	5.2%	5.1%	5.1%	5.1%	5.3%	4.6%	5.2%	5.2%	5.2%	5.3%	4.9%	4.3%
■ (657GP) Owensboro	8.4%	8.7%	8.9%	9.1%	9.4%	8.5%	8.5%	8.2%	8.0%	7.7%	7.3%	6.6%
■ (657GQ) Vincennes	4.5%	4.9%	5.1%	5.2%	5.3%	5.5%	5.7%	5.5%	5.6%	5.4%	5.2%	4.6%
■ (657GR) Mayfield	10.3%	10.5%	10.5%	10.5%	10.4%	10.3%	10.0%	9.8%	9.3%	8.9%	8.6%	8.3%
■ (657GT) Carbondale	24.2%	22.8%	22.8%	23.1%	23.3%	23.4%	23.2%	22.8%	22.6%	22.1%	22.1%	22.0%
▲ (657GU) Harrisburg	21.9%	22.7%	63.7%	42.4%	39.6%			26.5%	26.3%	23.9%	24.6%	24.5%

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



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. Blank cells indicate the absence of reported data.

Veterans Integrated Service Network Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: September 29, 2015

From: Director, VA Heartland Network (10N15)

Subject: **Review of CBOCs and OOCs of Marion VA Medical Center,
Marion, IL**

To: Director, Kansas City Office of Healthcare Inspections (54KC)

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

Attached is the response from Marion VA Medical Center, Marion, IL. I have reviewed and concur with the Acting Medical Center Director responses. Thank you for the review and its focus on continuous improvement.

For additional questions, please feel free to contact Mary O'Shea, VISN 15 Quality Management Officer.

(original signed by:)

Kevin Arnhold
Acting Network Director
VA Heartland Network (VISN 15)

Facility Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: September 29, 2015

From: Director, Marion VA Medical Center (657A5/00)

Subject: **Review of CBOCs and OOCs of Marion VA Medical Center,
Marion, IL**

To: Director, VA Heartland Network (10N15)

I have reviewed the report; we appreciate the feedback from the OIG CBOC review conducted at the VA Marion, IL Health Care System. Please find the attached response for each recommendation. I am in agreement with the findings presented in this review.

Corrective action plans have been established with completion dates as outlined in this report.

(original signed by:)

Frank Kehus
Acting Medical Center Director
VA Marion, IL Health Care System

Comments to OIG's Report

The following Director's comments are submitted in response to the recommendations in the OIG report:

OIG Recommendations

Recommendation 1. We recommended that managers ensure that safety data sheets are current at the Paducah VA Clinic.

Concur

Target date for completion: 9/25/15

Facility response: Safety Data Sheets will no longer be kept as paper copies. The Nurse Manager at the Paducah VA Clinic removed the paper version on 8/31/15.

Recommendation 2. We recommended that managers ensure staff can access the electronic version of safety data sheets at the Paducah VA Clinic.

Concur

Target date for completion: 9/25/15

Facility response: 100% of the Paducah CBOC staff have received training on accessing the electronic version of the safety data sheets. New staff members will receive this information during orientation at the Paducah VA Clinic.

Recommendation 3. We recommended that managers ensure that all safety inspections are performed on the medical equipment at the Paducah VA Clinic in accordance with Joint Commission standards.

Concur

Target date for completion: 9/30/15

Facility response: 100% of the safety inspections at the Paducah CBOC have been completed in accordance with Joint Commission. A new process has been implemented with Engineering and Logistics to ensure that all new equipment is checked by BioMed prior to utilization. Monitoring will be performed by Engineering to ensure compliance with all medical equipment. Results will be reported to Environment of Care on a quarterly basis.

Recommendation 4. We recommended that staff protect patient-identifiable information on laboratory specimens during transport from the Paducah VA Clinic to the parent facility.

Concur

Target date for completion: 11/30/15

Facility response: A policy is being developed to address this issue. Once developed, the policy will be approved by the VHAMRN policy group. After approval, education will be provided to the appropriate laboratory and logistics staff. 90% or greater of the appropriate laboratory and logistics staff will be provided education on the policy by 11/30/15.

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: 11/30/15

Facility response: A weekly report will be generated from CPRS for all patients having a diagnosis with alcohol dependence, scoring greater than 7. PACT Team RNs will provide follow up with a phone call or face to face visits with the required 14 days. Automatic triggers will be developed in a template and automatically generate a referral to Behavioral Quality Assurance Committee. The template will be completed by October 30, 2015. Education to reinforce Audit C requirements will be provided to all PACT staff members by November 28, 2015. Chart audits will be completed monthly to validate that patients are receiving further treatment if they are diagnosed with alcohol dependence. The target will be a 90% completion rate starting September 2015 and continue until three months of targets are reached. Data will be reported to both Behavioral Health Quality Assurance Committee and Primary Care Quality Assurance Committee with a target of 90%.

Recommendation 6. 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: 11/30/15

Facility response: Three motivational Interviewing classes are scheduled in November 2015; appropriate staff will be scheduled to attend. Ongoing classes will be scheduled on a quarterly basis as needed for new staff.

Recommendation 7. 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: 12/30/15

Facility response: TEACH classes are scheduled in November and December 2015; appropriate providers and clinical associates will be scheduled to attend. Ongoing classes will be scheduled on a quarterly basis as needed for new providers and clinical associates.

Recommendation 8. 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: 11/30/15

Facility response: A monthly report will be generated from CPRS to monitor for HIV testing offered as part of routine medical care for patients. A national clinical reminder has been put in place. Education for HIV testing will be reinforced to all PACT providers by November 28, 2015. Chart audits will be completed monthly, by the HPDP coordinator, to validate that patients are being offered HIV testing. Data will be reported to Primary Care Quality Assurance Committee monthly by the HPDP coordinator with a target of 90% of patients having been offered the option for testing.

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: 11/30/15

Facility response: A monthly report will be generated from CPRS to monitor clinicians for notification of lab results to patients within 14 days as required by VHA. Education to reinforce lab result notification within 14 days will be reinforced to all PACT clinicians by November 28, 2015. Chart audits will be completed monthly, by the HPDP coordinator, to validate that patients are being notified of lab results within 14 days. Data will be reported to Primary Care Quality Assurance Committee by the HPDP coordinator with a target of 90% of patients having been notified of test results within 14 days.

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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Endnotes

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