Department of Veterans Affairs
Office of Inspector General

Office of Healthcare Inspections

Report No. 15-00142-35

Review of Community Based Outpatient Clinics and Other Outpatient Clinics of John J. Pershing VA Medical Center Poplar Bluff, Missouri

November 23, 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
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	primary care
RN	registered nurse
VAMC	VA Medical Center
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 John J. Pershing 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 Pocahontas, AR, VA Clinic as a representative site and evaluated the environment of care on September 15, 2015.

Review Results: We conducted five focused reviews and made recommendations for improvement in all five review areas:

Environment of Care: Ensure that:

- Hazardous materials inventory is reviewed twice within a 12-month period at the Pocahontas VA Clinic.
- Safety data sheets are current at the Pocahontas VA Clinic.
- Information technology server closet at the Pocahontas 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 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 Documentation: Ensure that:

- Practitioners document a relevant history of the illness or injury and physical findings when the patients are first admitted for VA outpatient care.

Outpatient Lab Results Management: Ensure that:

- Clinicians consistently notify patients of their laboratory results within 14 days as required by Veterans Health Administration.

Comments

The Veterans Integrated Service Network and Acting 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 15–21, for the full text of the Directors' comments.) We consider Recommendation 8 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 heath care centers reporting to the parent facility and was operational and classified as such in VA's Site Tracking Database by October 1, 2014.
[2] The AUDIT-C is a brief alcohol screen that reliably identifies patients who are hazardous drinkers or have active alcohol use disorders. Scores range from 0–12.

Results and Recommendations

EOC

The purpose of this review was to evaluate whether CBOC managers have established and maintained a safe and clean EOC as required.[a]

We reviewed relevant documents and conducted a physical inspection of the Pocahontas CBOC. 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.		
X	The CBOC's inventory of hazardous materials was reviewed for accuracy twice within the prior 12 months.	The CBOC's inventory of hazardous materials and waste at the Pocahontas VA Clinic was not reviewed for accuracy twice within the prior 12 months.	**1**. We recommended that managers ensure review of the hazardous materials inventory occurs twice within a 12-month period at the Pocahontas VA Clinic.
X	The CBOC's safety data sheets for chemicals are readily available to staff.	The Pocahontas VA Clinic's safety data sheets for chemicals were not current.	**2**. We recommended that managers ensure that safety data sheets are current at the Pocahontas VA Clinic.
	If safety data sheets are in electronic form, the staff can demonstrate ability to access the electronic version without coaching.		
	Employees received training on the new chemical label elements and safety data sheet format.		
	Clinic managers ensure that safety inspections of CBOC medical equipment are performed in accordance with Joint Commission standards.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	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.		
	The staff protect patient-identifiable information on laboratory 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.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	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.		
X	Access to the information technology network room/server closet is documented.	Access to the information technology network room/server closet at the Pocahontas VA Clinic was not documented with all the required information.	**3.** We recommended that the information technology server closet at the Pocahontas 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 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 7 of 40 patients (18 percent) who had positive alcohol use screens.	**4.** 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 4 of 31 patients (13 percent) who had positive alcohol use screens.	**5.** 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 four of nine patients diagnosed with alcohol dependence.	**6**. 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 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 2 of 17 RN Care Managers did not receive motivational interviewing training within 12 months of appointment to PACT.	**7**. 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.		
	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.		
	Clinical associates in the outpatient clinics have received VHA National Center for Health Promotion and Disease Prevention-approved health coaching training (most likely TEACH for Success) within 12 months of appointment to PACT.		
	The facility complied with any additional elements required by VHA or local policy.		

HIV Screening

The purpose of this review was to determine whether CBOCs/OOCs are compliant with selected VHA requirements for HIV Screening.[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 38 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 35 of 38 patients (92 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 42 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 5. Outpatient Documentation

NM	Areas Reviewed	Findings	Recommendations
X	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.	A relevant history of the illness or injury and physical findings were not documented in 9 of 42 EHRs (21 percent) when the patients were first admitted for VA outpatient care.	**9.** We recommended that practitioners document a relevant history of the illness or injury and physical findings when the patients are first admitted for VA outpatient care.
	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 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 23 of 49 patients (47 percent) of their lab results within 14 days as required by VHA.	**10.** 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.

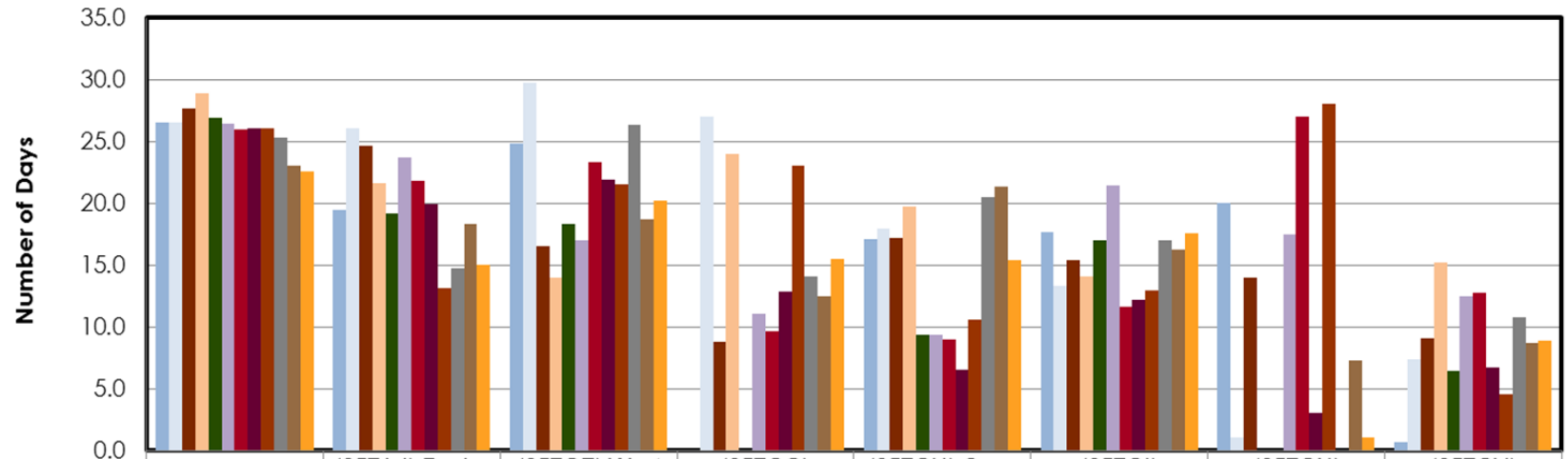
			Outpatient Workload / Encounters[4]			Services Provided[5]		
Location	**Station #**	**Rurality[6]**	**PC**	**MH**	**Specialty Clinics[7]**	**Specialty Care[8]**	**Ancillary Services[9]**	
West Plains, MO	657GF	Rural	7,203	2,784	49	NA	Diabetic Retinal Screening HBPC	MOVE! Program[10] Pharmacy
Paragould, AR	657GG	Rural	5,213	3,029	0	NA	NA	
Cape Girardeau, MO	657GH	Urban	7,723	6,628	294	Dermatology	Diabetic Retinal Screening HBPC	Pharmacy
Farmington, MO	657GI	Rural	6,737	3,239	98	NA	Diabetic Retinal Screening HBPC	MOVE! Program
Salem, MO	657GN	Rural	265	0	0	NA	NA	
Sikeston, MO	657GV	Rural	3,730	2,104	0	NA	Audiology	MOVE! Program

HBPC = Home Based PC

[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 PC 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.

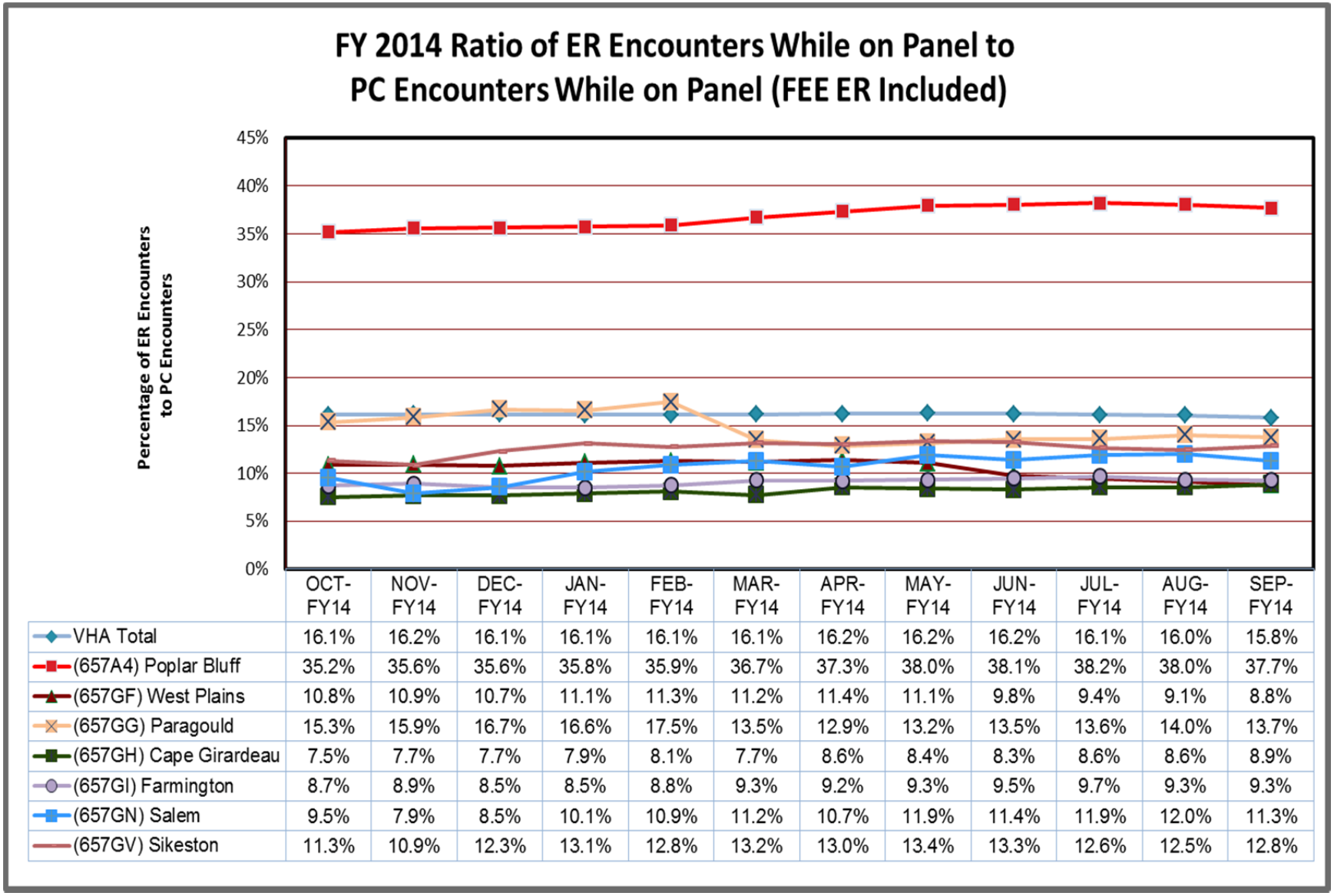
PACT Compass Metrics

FY 2014 New Primary Care Patient Average Wait Time in Days



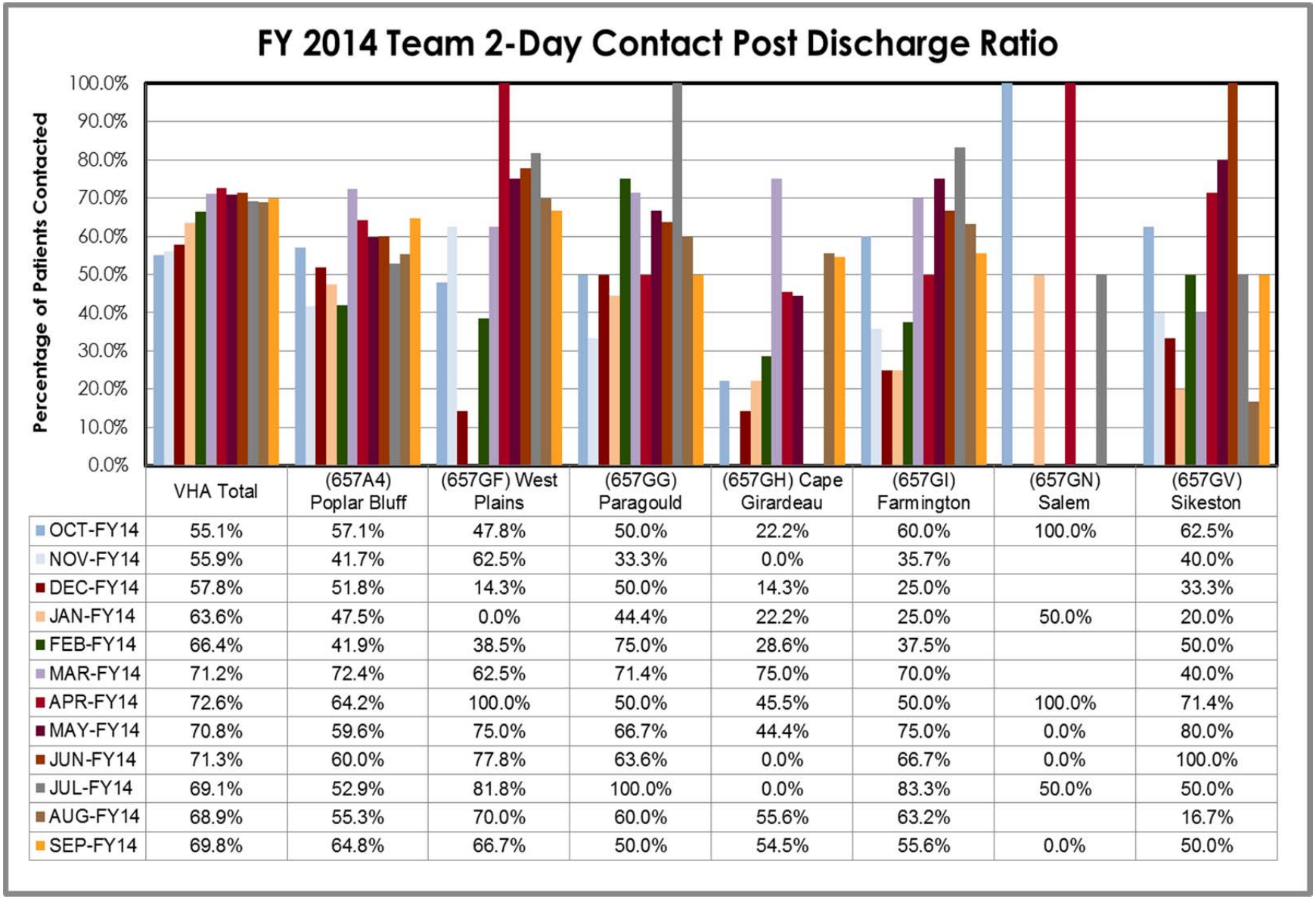
	VHA Total	(657A4) Poplar Bluff	(657GF) West Plains	(657GG) Paragould	(657GH) Cape Girardeau	(657GI) Farmington	(657GN) Salem	(657GV) Sikeston
OCT-FY14	26.5	19.5	24.8	0.0	17.1	17.6	20.0	0.7
NOV-FY14	26.5	26.0	29.7	27.0	18.0	13.4	1.0	7.4
DEC-FY14	27.7	24.6	16.5	8.8	17.1	15.4	14.0	9.1
JAN-FY14	28.9	21.6	14.0	24.0	19.8	14.1		15.2
FEB-FY14	26.9	19.1	18.3		9.3	17.0		6.5
MAR-FY14	26.4	23.7	17.0	11.0	9.3	21.5	17.5	12.5
APR-FY14	25.9	21.8	23.3	9.6	9.0	11.6	27.0	12.8
MAY-FY14	26.0	19.9	21.9	12.8	6.5	12.2	3.0	6.7
JUN-FY14	26.1	13.1	21.5	23.1	10.5	12.9	28.0	4.5
JUL-FY14	25.3	14.7	26.3	14.1	20.5	17.0		10.7
AUG-FY14	23.0	18.3	18.7	12.4	21.3	16.3	7.3	8.7
SEP-FY14	22.6	15.0	20.2	15.5	15.3	17.6	1.0	8.9

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.



	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%
(657A4) Poplar Bluff	35.2%	35.6%	35.6%	35.8%	35.9%	36.7%	37.3%	38.0%	38.1%	38.2%	38.0%	37.7%
(657GF) West Plains	10.8%	10.9%	10.7%	11.1%	11.3%	11.2%	11.4%	11.1%	9.8%	9.4%	9.1%	8.8%
(657GG) Paragould	15.3%	15.9%	16.7%	16.6%	17.5%	13.5%	12.9%	13.2%	13.5%	13.6%	14.0%	13.7%
(657GH) Cape Girardeau	7.5%	7.7%	7.7%	7.9%	8.1%	7.7%	8.6%	8.4%	8.3%	8.6%	8.6%	8.9%
(657GI) Farmington	8.7%	8.9%	8.5%	8.5%	8.8%	9.3%	9.2%	9.3%	9.5%	9.7%	9.3%	9.3%
(657GN) Salem	9.5%	7.9%	8.5%	10.1%	10.9%	11.2%	10.7%	11.9%	11.4%	11.9%	12.0%	11.3%
(657GV) Sikeston	11.3%	10.9%	12.3%	13.1%	12.8%	13.2%	13.0%	13.4%	13.3%	12.6%	12.5%	12.8%

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.



	VHA Total	(657A4) Poplar Bluff	(657GF) West Plains	(657GG) Paragould	(657GH) Cape Girardeau	(657GI) Farmington	(657GN) Salem	(657GV) Sikeston
OCT-FY14	55.1%	57.1%	47.8%	50.0%	22.2%	60.0%	100.0%	62.5%
NOV-FY14	55.9%	41.7%	62.5%	33.3%	0.0%	35.7%		40.0%
DEC-FY14	57.8%	51.8%	14.3%	50.0%	14.3%	25.0%		33.3%
JAN-FY14	63.6%	47.5%	0.0%	44.4%	22.2%	25.0%	50.0%	20.0%
FEB-FY14	66.4%	41.9%	38.5%	75.0%	28.6%	37.5%		50.0%
MAR-FY14	71.2%	72.4%	62.5%	71.4%	75.0%	70.0%		40.0%
APR-FY14	72.6%	64.2%	100.0%	50.0%	45.5%	50.0%	100.0%	71.4%
MAY-FY14	70.8%	59.6%	75.0%	66.7%	44.4%	75.0%	0.0%	80.0%
JUN-FY14	71.3%	60.0%	77.8%	63.6%	0.0%	66.7%	0.0%	100.0%
JUL-FY14	69.1%	52.9%	81.8%	100.0%	0.0%	83.3%	50.0%	50.0%
AUG-FY14	68.9%	55.3%	70.0%	60.0%	55.6%	63.2%		16.7%
SEP-FY14	69.8%	64.8%	66.7%	50.0%	54.5%	55.6%	0.0%	50.0%

Data Definition.[f] The percent of discharges (VHA inpatient discharges) for the reporting timeframe for assigned PC patients where the patient was contacted by a member of the Patient Aligned Care Team the patient is assigned to within 2 business days post discharge. Discharges resulting in death and discharges where a patient is readmitted within 2 days of discharge are excluded from this metric. Blank cells indicate the absence of reported data.

Appendix C

Veterans Integrated Service Network Director Comments

Department of Veterans Affairs

Memorandum

Date: October 19, 2015

From: Director, VA Heartland Network (10N15)

Subject: **Review of CBOCs and OOCs of John J. Pershing VA Medical Center, Poplar Bluff, MO**

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

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

I have reviewed the draft report of the John J. Pershing VAMC Pocahontas CBOC and I concur with the findings and recommendations.

WILLIAM P. PATTERSON, MD, MSS
Network Director
VA Heartland Network (VISN 15)

Acting Facility Director Comments

Department of Veterans Affairs

Memorandum

Date: October 15, 2015

From: Interim Director, John J. Pershing VA Medical Center (657A4/00)

Subject: **Review of CBOCs and OOCs of John J. Pershing VA Medical Center, Poplar Bluff, MO**

To: Director, VA Heartland Network (10N15)

1. I have reviewed the draft report of the Office of the Inspector General's (OIG) CBOC review of the John J. Pershing VA Medical Center CBOC in Pocahontas, Arkansas. We concur with the findings and recommendations.

2. If you have questions or require additional information, please do not hesitate to contact Dawna Bader, Director of Performance Improvement, at 573-778-4280 or Dawna.Bader@va.gov.

3. I appreciate the opportunity for this review as a continuing process to improve care to our Veterans.

(*original signed by*:)
Seth W. Barlage
Associate Medical Center Director (Acting Director)

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 review of the hazardous materials inventory occurs twice within a 12-month period at the Pocahontas VA Clinic.

Concur

Target date for completion: February 1, 2016

Facility response:

The Nurse Manager of the Pocahontas VA Clinic will update chemical inventories twice per year when the facility conducts its bi-annual Safety Data Sheet (SDS) review in January and June. This will be tracked by the Industrial Hygienist and reported to the Environment of Care Committee (EOC) to ensure compliance.

Recommendation 2. We recommended that managers ensure that safety data sheets are current at the Pocahontas VA Clinic.

Concur

Target date for completion: October 15, 2015

Facility response:

An out-of-cycle inventory of all chemicals at the Pocahontas VA Clinic was conducted by the Nurse Manager in October 2015. All Safety Data Sheets (SDS) were updated, as indicated, and staffs at the clinic notified of the updates. This special, out-of-cycle inventory was documented in the SDS manual and a report of completion sent to the facility's Industrial Hygienist.

Recommendation 3. We recommended that the information technology server closet at the Pocahontas VA Clinic is maintained according to information technology safety and security standards.

Concur

Target date for completion: September 18, 2015

Facility response:

In September 2015, the access log for the information technology server closet was updated to include all required elements according to information technology safety and security standards.

Recommendation 4. We recommended that clinic staff consistently complete diagnostic assessments for patients with a positive alcohol screen.

Concur

Target date for completion: February 29, 2016

Facility response:

The Positive Audit C clinical reminder in CPRS is utilized to document various aspects of problem drinking, including assessment, education and counseling and further treatment for patients with positive alcohol screens. In order to improve compliance with completing the Positive Audit C clinical reminder, the Primary Care Nurse Manager or designee will run a daily report which will be distributed to Primary Care PACT teams. PACT teams will be responsible for completing the Positive Audit C clinical reminder within 14 days of a Veteran's initial screen. Beginning in November 2015, a monthly chart review will be conducted on 100 percent of Primary Care patients with a positive Audit C Screen to determine if there is documentation of an assessment. The chart review will continue until 90 percent compliance is achieved for three months.

Recommendation 5. 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: February 29, 2016

Facility response:

In order to improve compliance with completing the Positive Audit C clinical reminder, the Primary Care Nurse Manager or designee will run a daily report which will be distributed to Primary Care PACT teams. PACT teams will be responsible for completing the Positive Audit C clinical reminder within 14 days of a Veteran's initial screen. Beginning in November 2015, a monthly chart review will be conducted on 100 percent of Primary Care patients with a positive Audit C Screen to determine if there is documentation of education and counseling. The chart review will continue until 90 percent compliance is achieved for three months.

Recommendation 6. We recommended that clinic staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.

Concur

Target date for completion: February 29, 2016

Facility response:

In order to improve compliance with completing the Positive Audit C clinical reminder, the Primary Care Nurse Manager or designee will run a daily report which will be distributed to Primary Care PACT teams. PACT teams will be responsible for completing the Positive Audit C clinical reminder within 14 days of a Veteran's initial screen. Beginning in November 2015, a monthly chart review will be conducted on 100 percent of Primary Care patients with a positive Audit C Screen to determine if there is documentation of offer of further treatment. The chart review will continue until 90 percent compliance is achieved for three months.

Recommendation 7. 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: September 21, 2015

Facility response:

Previously, Motivational Interviewing (MI) training was only offered once per year. To ensure the training is able to be provided to PACT Registered Nurse Care Coordinators (RNCC) within required timeframes, the facility's MI training schedule was modified so that it is now routinely offered twice per year beginning in November 2015. Additionally, when new PACT RNCCs are hired, MI training is added to their TMS learning plans, thus allowing both their supervisors and the Workforce Development Council to monitor MI training as part of the facility's overall compliance with mandatory training.

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: April 11, 2014

Facility response:

During the spring of 2014, the facility's Integrated Ethics Committee discovered that the clinical reminder for HIV testing had been inactivated and patients were not being

offered the HIV test. The facility reactivated the HIV clinical reminder on April 11, 2014 and it has been used regularly by staff since that time. During the OIG CBOC review, the surveyor commented that she found that almost all of the patients in their random study had been tested for HIV, but the tests were completed after their cut-off date of March 31, 2014. These results were confirmed by the facility whereby 92 percent (n=33/36) of patients in the OIG's random study had been tested for HIV since reactivating the reminder in April 2014. Additionally, the facility's Integrated Ethics Committee who monitors compliance with HIV testing reported in October 2015 that 97 percent (34/35) of patients consented to HIV testing compared to 0 percent in FY14. Additionally, 93.55 percent of staff used the facility's clinical reminder to offer and document consent for the test. Therefore, since the facility now has a reliable method for ensuring that HIV testing is offered and performed, and that results are monitored, we recommend this finding be closed.

Recommendation 9. We recommended that practitioners document a relevant history of the illness or injury and physical findings when the patients are first admitted for VA outpatient care.

Concur

Target date for completion: February 29, 2016

Facility response:

Providers will be educated on the requirement that a history and physical (H&P) must be completed at the first encounter of care and must include all required elements. Thereafter the Associate Chief of Staff for Primary Care or designee will complete a monthly medical record review on a random selection of patients that are new to Primary Care to determine if an H&P was completed at the first encounter. The monthly review will be continued until 90 percent compliance is achieved for three months. Results of the review will be reported to the Quality, Safety, and Value Council.

Recommendation 10. We recommended that clinicians consistently notify patients of their laboratory results within 14 days as required by VHA.

Concur

Target date for completion: February 29, 2016

Facility response:

Clinical staff were re-educated on the requirement to notify patients of lab results within 14 days, and to include documentation of communication in the medical record. Additionally, a field was added to the CPRS Outpatient Instruction Sheet (OIS) for documenting communication of test results for use during scheduled appointments. A monthly medical record review will be conducted on 30 randomly selected primary care visits where testing was done to determine if test results were communicated to patients

within 14 days. The monthly review will continue until 90 percent compliance is achieved for 3 months. Results will be reported Quality, Safety, and Value Council.

Office of Inspector General
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Endnotes

[a] References used for the EOC review included:
- International Association of Healthcare Central Services Materiel Management, *Central Service Technical Manual*, 7th ed.
- Joint Commission, *Joint Commission Comprehensive Accreditation and Certification Manua*l, July 1, 2014.
- US Department of Health and Human Services, Health Insurance Portability and Accountability Act, *The Privacy Rule*, February 16, 2006.
- US Department of Labor, Occupational Safety and Health Administration, *Laws and Regulations*, *1910 General Industry Standards*.
- US Department of Labor, Occupational Safety and Health Administration, *Guidelines for Preventing Workplace Violence*, 2004.
- VA Directive 0059, *VA Chemicals Management and Pollution Prevention,* May 25, 2012.
- VA Handbook 6500, *Risk Management Framework for VA Information System,* September 20, 2012.
- VHA Center for Engineering, Occupational Safety, and Health, *Online National Fire Protection Association Codes, Standards, Handbooks, and Annotated Editions of Select Codes and Standards*, July 9, 2013.
- VHA Directive 2011-007, *Required Hand Hygiene Practices,* February 16, 2011.
- VHA Directive 2012-026, *Sexual Assaults & Other Defined Public Safety Incidents in VHA Facilities,* September 27, 2012.
- VHA Handbook 1006.1, *Planning and Activating Community-Based Outpatient Clinics,* May 19, 2004.
- VHA Handbook 1330.01, *Health Care Services for Women Veterans,* May 21, 2010.

[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.
- VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics,* September 11, 2008.
- VHA National Center for Health Promotion and Disease Prevention (NCP), HealthPOWER Prevention News, *Motivational Interviewing,* Summer 2011. Accessed from:
- http://www.prevention.va.gov/Publications/Newsletters/2011/HealthPOWER_Prevention_News_Summer_2011.asp
- 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:
- Centers for Disease Control and Prevention, *Testing in Clinical Settings*, June 25, 2014. http://www.cdc.gov/hiv/testing/clinical/ Accessed July 18, 2014.
- VHA Assistant Deputy Under Secretary for Health for Clinical Operations Memorandum, *VAIQ #741734 – Documentation of Oral Consent for Human Immunodeficiency Virus (HIV) Testing*, January 10, 2014.
- VHA Directive 2008-082, *National HIV Program,* December 5, 2008.
- VHA Directive 2009-019, *Ordering and Reporting Test Results,* March 24, 2009.
- VHA Directive 2009-036, *Testing for Human Immunodeficiency Virus in Veterans Health Administration Facilities*, August 14, 2009.
- VHA Handbook 1004.01, *Informed Consent for Clinical Treatments and Procedures*, August 14, 2009.
- VHA National Center for Health Promotion and Disease Prevention (NCP), *Screening for HIV*, June 23, 2014. http://vaww.prevention.va.gov/Screening_for_HIV.asp 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.