



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

**Office of Healthcare Inspections**

**Report No. 15-00157-39**

**Review of Community Based  
Outpatient Clinics and Other  
Outpatient Clinics  
of  
Oklahoma City VA Health Care System  
Oklahoma City, Oklahoma**

**December 3, 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](http://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
HCS	health care system
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
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 Oklahoma City VA Health Care System and Veterans Integrated Service Network 19 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 Stillwater VA Clinic, Stillwater, OK, as a representative site and evaluated the environment of care on September 16, 2015.

**Review Results:** We conducted five focused reviews and had no findings for the Human Immunodeficiency Virus Screening and Outpatient Documentation reviews. However, we made recommendations for improvement in the following three review areas:

*Environment of Care:* Ensure at the Stillwater VA Clinic that:

- Managers review the hazardous materials inventory twice within a 12-month period.
- Signage is installed to clearly identify the location of the fire extinguisher in the lobby area.
- Clinic staff position monitors or use privacy screens to prevent viewing of personally identifiable information on computers in public areas.

*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 and health coaching 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.

*Outpatient Lab Results Management:* Ensure that clinicians:

- Consistently notify patients of their laboratory results within 14 days as required by VHA.
- Consistently document in the electronic health record all attempts to communicate with the patients regarding their laboratory results.

## 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 15–19, for the full text of the Directors' comments.) We will follow up on the planned actions until they are completed.

A handwritten signature in black ink, reading "John D. Daigh, Jr., M.D." in a cursive script.

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.<sup>1</sup> 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; <sup>2</sup> 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.

<sup>1</sup> 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.

<sup>2</sup> 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.<sup>a</sup>

We reviewed relevant documents and conducted a physical inspection of the Stillwater 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.		
X	The CBOC's inventory of hazardous materials was reviewed for accuracy twice within the prior 12 months.	The inventory of hazardous materials and waste at the Stillwater 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 Stillwater VA Clinic.
	The CBOC's safety data sheets for chemicals are readily available to staff.		
	If safety data sheets are in electronic form, the staff can demonstrate ability to access the electronic version without coaching.		
	Employees received training on the new chemical label elements and safety data sheet format.		
	Clinic managers ensure that safety inspections of CBOC medical equipment are performed in accordance with Joint Commission standards.		
	Hand hygiene is monitored for compliance.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	Personal protective equipment is readily available.		
	Sterile commercial supplies are not expired.		
	The CBOC staff members minimize the risk of infection when storing and disposing of medical (infectious) waste.		
	The CBOC has procedures to disinfect non-critical reusable medical equipment between patients.		
	There is evidence of fire drills occurring at least every 12 months.		
	Means of egress from the building are unobstructed.		
	Access to fire extinguishers is unobstructed.		
X	Fire extinguishers are located in large rooms or are obscured from view, and the CBOC has signs identifying the locations of the fire extinguishers.	There was no sign identifying the location of the fire extinguisher located in the lobby area of the Stillwater VA Clinic.	<b>2.</b> We recommended that signage is installed at the Stillwater VA Clinic to clearly identify the location of the fire extinguisher in the lobby area.
	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.		
	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.		
	Access to the information technology network room/server closet is documented.		
	All computer screens are locked when not in use.		
X	Information is not viewable on monitors in public areas.	Personally identifiable information was viewable on monitors in public areas at the Stillwater VA Clinic.	<b>3.</b> We recommended that clinic staff position monitors or use privacy screens to prevent viewing of personally identifiable information on computers in public areas at the Stillwater VA Clinic.
	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.<sup>b</sup>

We reviewed relevant documents and 39 EHRs. We also validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

**Table 3. AUD Care**

NM	Areas Reviewed	Findings	Recommendations
	Diagnostic assessments are completed for patients with a positive alcohol screen.		
	Education and counseling about drinking levels and adverse consequences of heavy drinking are provided for patients with positive alcohol screens and drinking levels above National Institute on Alcohol Abuse and Alcoholism guidelines.		
X	Documentation reflects the offer of further treatment for patients diagnosed with alcohol dependence.	We did not find documentation of the offer of further treatment for 4 of 10 patients diagnosed with alcohol dependence.	4. 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 5 of 25 RN Care Managers did not receive motivational interviewing training within 12 months of appointment to PACT.	5. We recommended that Clinic Registered Nurse Care Managers receive motivational interviewing and 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 5 of 25 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 9 of 29 providers did not receive health coaching training within 12 months of appointment to PACT.	6. 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 19 of 53 clinical associates (36 percent) did not receive health coaching training within 12 months of appointment to PACT.	

## HIV Screening

The purpose of this review was to determine whether CBOCs/OOCs are compliant with selected VHA requirements for HIV Screening.<sup>c</sup>

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 facility generally met requirements. We made no recommendations.

**Table 4. HIV Screening**

NM	Areas Reviewed	Findings	Recommendations
	The facility has a Lead HIV Clinician to carry out responsibilities as required.		
	The facility has policies and procedures to facilitate HIV testing.		
	The facility had developed policies and procedures that include requirements for the communication of HIV test results.		
	Written patient educational materials utilized prior to or at the time of consent for HIV testing include all required elements.		
	Clinicians provided HIV testing as part of routine medical care for patients.		
	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.<sup>d</sup>

We reviewed relevant documents and 44 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.<sup>e</sup>

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 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.		
	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 12 of 41 patients (29 percent) of their lab results within 14 days as required by VHA.	<b>7.</b> We recommended that clinicians consistently notify patients of their laboratory results within 14 days as required by VHA.
X	Clinicians documented in the EHR all attempts to communicate with the patients regarding their lab results.	For the patients who could not be contacted regarding their results, clinicians did not document all communication attempts with any of the ten patients.	<b>8.</b> We recommended that clinicians consistently document in the electronic health record all attempts to communicate with the patients regarding their laboratory 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.<sup>3</sup> 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 <sup>6</sup>	Outpatient Workload / Encounters <sup>4</sup>			Services Provided <sup>5</sup>	
			PC	MH	Specialty Clinics <sup>7</sup>	Specialty Care <sup>8</sup>	Ancillary Services <sup>9</sup>
Fort Sill, OK	635GA	Urban	14,174	8,839	3,596	Dental	Diabetic Retinal Screening HBPC Laboratory MOVE! Program <sup>10</sup> Nutrition Pharmacy PFT Social Work
Wichita Falls, TX	635GB	Urban	7,559	2,495	1	NA	Diabetic Retinal Screening
Blackwell, OK	635GC	Rural	1,606	248	0	NA	NA
Ada, OK	635GD	Rural	2,970	735	7	NA	Diabetic Retinal Screening
Stillwater, OK	635GE	Rural	4,238	819	73	NA	Diabetic Retinal Screening MOVE! Program
Altus, OK	635GF	Rural	1,380	589	0	NA	NA
Enid, OK	635GG	Rural	1,937	418	6	NA	Diabetic Retinal Screening
Ardmore, OK	635HB	Rural	2,173	780	10	NA	Diabetic Retinal Screening

HBPC = Home Based PC; PFT = Pulmonary Function Test

<sup>3</sup> Includes all CBOCs in operation before April 1, 2014.

<sup>4</sup> 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.

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

<sup>6</sup> <http://vssc.med.va.gov/>

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

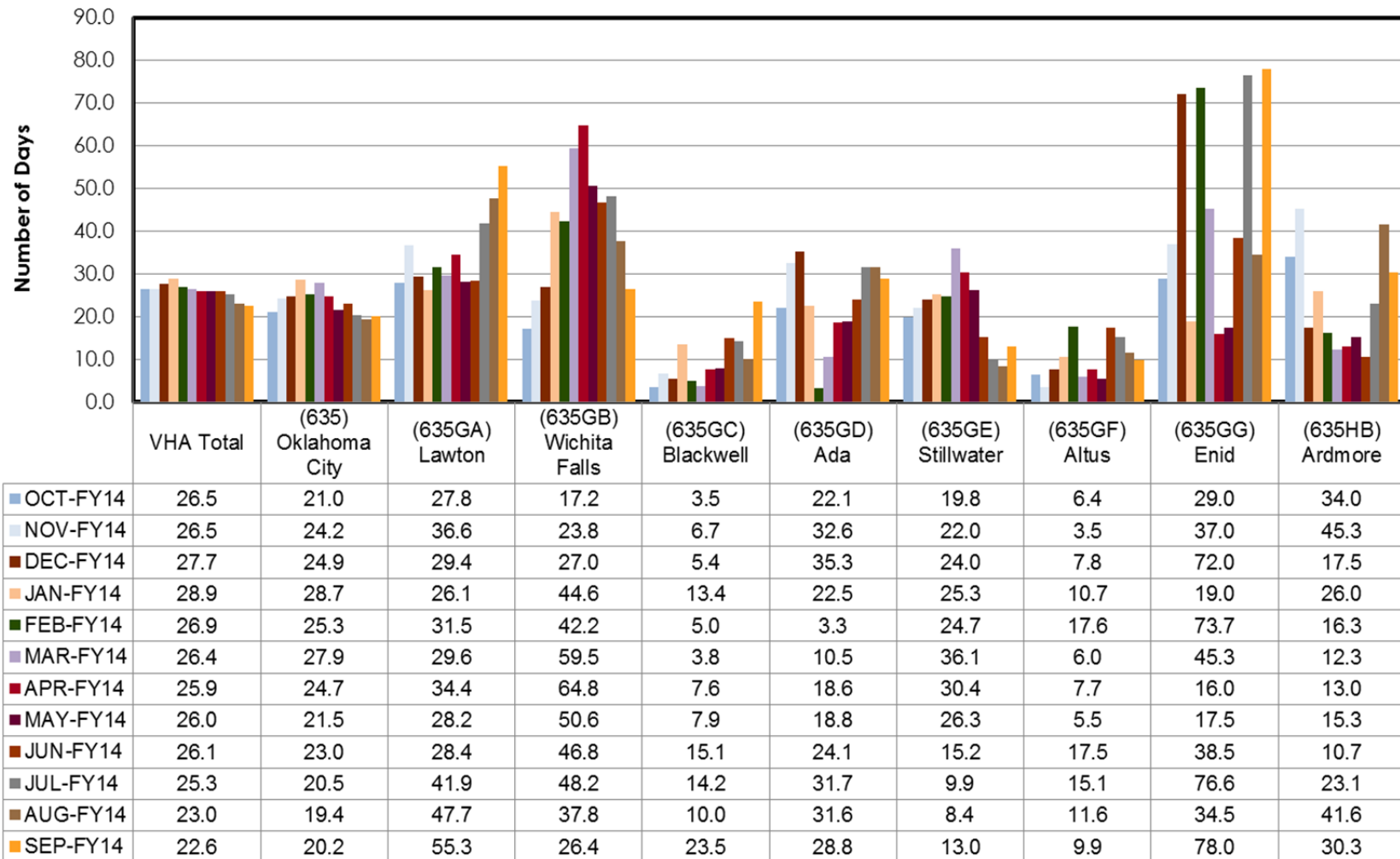
<sup>8</sup> Specialty Care Services refer to non-PC and non-Mental Health services provided by a physician.

<sup>9</sup> Ancillary Services refer to non-PC and non-Mental Health services that are not provided by a physician.

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

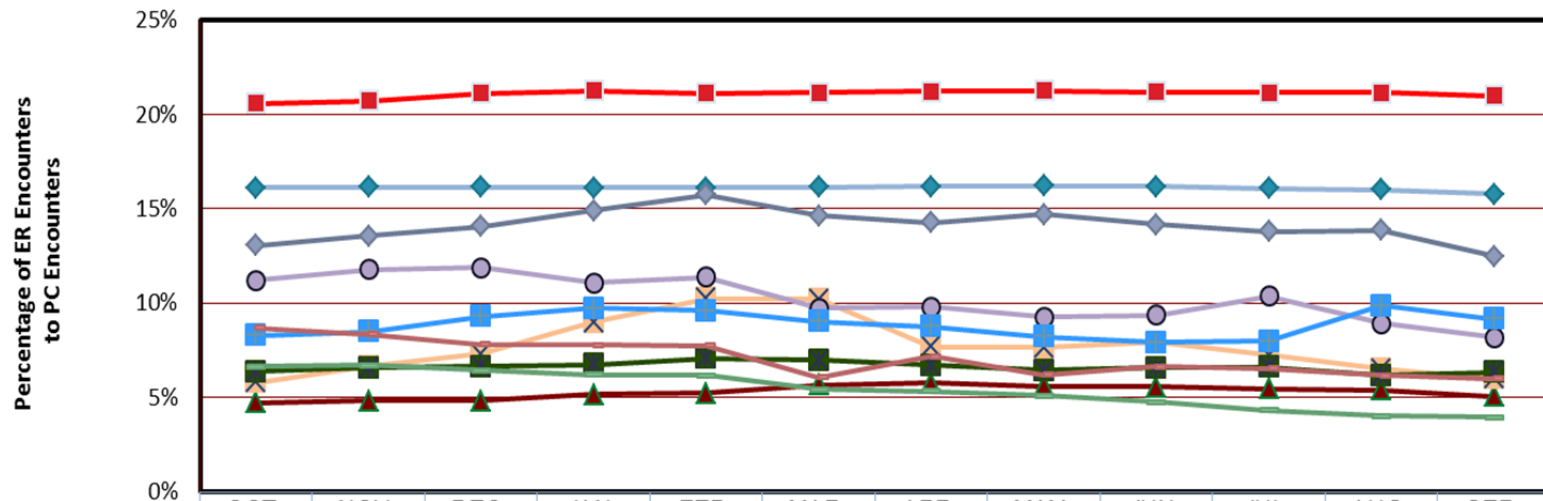
## PACT Compass Metrics

### FY 2014 New Primary Care Patient Average Wait Time in Days



**Data Definition.<sup>f</sup>** 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.

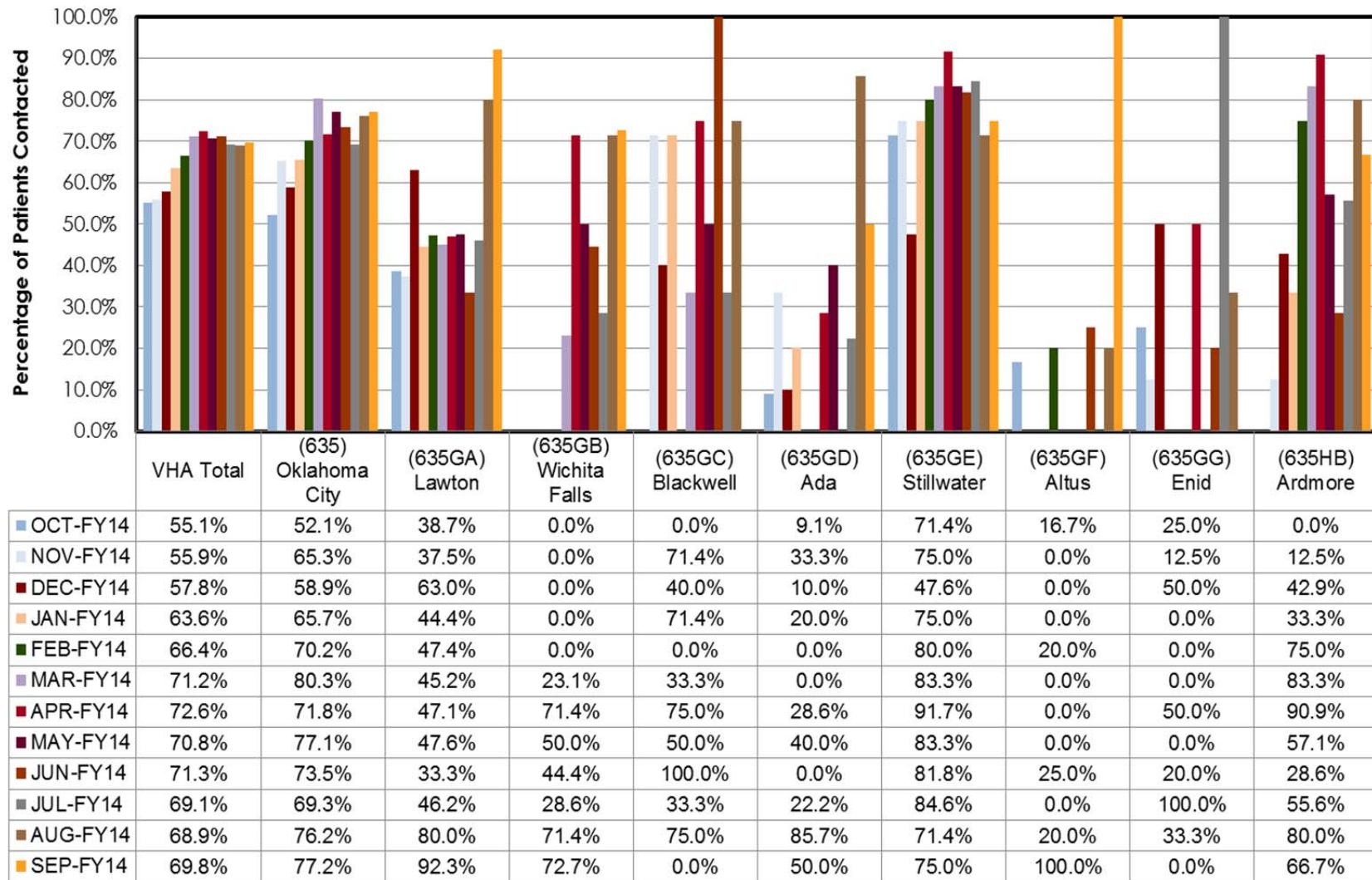
### FY 2014 Ratio of ER Encounters While on Panel to PC Encounters While on Panel (FEE ER Included)



	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%
■ (635) Oklahoma City	20.6%	20.7%	21.1%	21.3%	21.1%	21.2%	21.2%	21.3%	21.2%	21.2%	21.2%	21.0%
▲ (635GA) Lawton	4.7%	4.8%	4.8%	5.2%	5.2%	5.7%	5.8%	5.6%	5.6%	5.5%	5.4%	5.1%
✕ (635GB) Wichita Falls	5.8%	6.7%	7.3%	9.0%	10.2%	10.2%	7.7%	7.6%	7.9%	7.2%	6.5%	6.0%
■ (635GC) Blackwell	6.4%	6.6%	6.6%	6.7%	7.1%	7.0%	6.7%	6.4%	6.6%	6.6%	6.2%	6.3%
● (635GD) Ada	11.2%	11.8%	11.9%	11.1%	11.4%	9.7%	9.8%	9.2%	9.4%	10.4%	8.9%	8.2%
■ (635GE) Stillwater	8.3%	8.5%	9.3%	9.7%	9.6%	9.0%	8.8%	8.2%	7.9%	8.0%	9.9%	9.2%
— (635GF) Altus	8.7%	8.4%	7.8%	7.8%	7.7%	6.1%	7.2%	6.2%	6.6%	6.6%	6.2%	6.0%
— (635GG) Enid	6.6%	6.7%	6.4%	6.2%	6.2%	5.4%	5.3%	5.1%	4.8%	4.3%	4.0%	4.0%
◆ (635HB) Ardmore	13.1%	13.6%	14.1%	14.9%	15.8%	14.6%	14.3%	14.7%	14.2%	13.8%	13.9%	12.5%

**Data Definition.<sup>f</sup>** This is a measure of where the patient receives his PC and by whom. A low percentage is better. The formula is the total VHA ER/Urgent Care/FEE ER encounters while on panel (including FEE ER visits) divided by the number of PC encounters while on panel with the patient's assigned PC (or associate) provider plus the total VHA ER/Urgent Care/FEE ER encounters (including FEE ER visits) while on panel plus the number of PC encounters while on panel with a provider other than the patient's PC Provider/Associate Provider.

## FY 2014 Team 2-Day Contact Post Discharge Ratio



**Data Definition.<sup>f</sup>** 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.

## Veterans Integrated Service Network Director Comments

**Department of  
Veterans Affairs**

# Memorandum

**Date:** November 5, 2015

**From:** Director, VA Rocky Mountain Network (10N19)

**Subject:** **Review of CBOCs and OOCs of Oklahoma City VA Health Care System, Oklahoma City, OK**

**To:** Director, San Diego Office of Healthcare Inspections (54SD)

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

1. I have reviewed the response from the Oklahoma City VA Health Care System and concur with the response.
2. If you have any questions or concerns, please contact Susan Curtis, VISN 19, HSS, 303-639-6995.



Ralph T. Gigliotti, FACHE  
Director, VA Rocky Mountain Network

## Acting Facility Director Comments

**Department of  
Veterans Affairs**

# Memorandum

**Date:** November 3, 2015

**From:** Acting Director, Oklahoma City VA Health Care System (635/00)

**Subject:** **Review of CBOCs and OOCs of Oklahoma City VA Health Care System, Oklahoma City, OK**

**To:** Director, VA Rocky Mountain Network (10N19)

1. We appreciate the opportunity to work with the Office of Inspector General as we continuously strive to improve the quality of healthcare for America's Veterans.
2. I concur with the findings and recommendations of the OIG CBOC Survey Team. The importance of this review is acknowledged as we continually strive to provide the best possible care.
3. If you have any questions, please contact Adrienne Riesenbeck, Director, Office of Quality, Safety, and Value, Oklahoma City VA Health Care System, at 405-456-3146.



Gerald K. Damell, Psy.D.  
Acting Medical Center Director

## Comments to OIG's Report

The following Acting 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 Stillwater VA Clinic.

Concur

Target date for completion: Complete

Facility response: Processes were enhanced to ensure the hazardous materials inventory is reviewed twice within a 12-month period. Stillwater's inventory of hazardous materials was reviewed by the Environment of Care section on October 8, 2015. Reports of hazardous material inventories will be submitted during the annual service report to the Environment of Care Committee and to the Industrial Hygienist 6 months later. The Industrial Hygienist tracks all hazardous material inventories to ensure reviews are completed twice in a 12-month period.

**Recommendation 2.** We recommended that signage is installed at the Stillwater VA Clinic to clearly identify the location of the fire extinguisher in the lobby area.

Concur

Target date for completion: November 30, 2015

Facility response: Appropriate signage for the fire extinguisher was identified and will be installed no later than November 30, 2015.

**Recommendation 3.** We recommended that clinic staff position monitors or use privacy screens to prevent viewing of personally identifiable information on computers in public areas at the Stillwater VA Clinic.

Concur

Target date for completion: Complete

Facility response: The Privacy Officer ensured that all computer screens have screen protectors and were repositioned, as needed, to prevent incidental viewing of personally identifiable information and protected health information. The Privacy Officer also provided training to employees on the importance of leaving screen protectors in place and on proper positioning of monitors to ensure personally identifiable information is not viewable in public areas. The Privacy Officer conducts weekly rounds, throughout the hospital, to identify and address concerns as part of the Environment of Care team.

**Recommendation 4.** We recommended that clinic staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.

Concur

Target date for completion: December 31, 2015

Facility response: A local CPRS clinical reminder was created to ensure compliance of the requirement to offer further treatment to patients diagnosed with alcohol dependence. The clinical reminder requires providers to document the offering or refusal of referral to further treatment. The clinical reminder is triggered for all Veterans scoring an 8 or greater on the AUD C screening. The new clinical reminder will resolve only when the reminder is processed and the following is documented in CPRS: placement of a referral to SAC, refusal of further treatment, or current participation in an alcohol treatment program. Random medical record reviews will be conducted to assess compliance.

**Recommendation 5.** We recommended that Clinic Registered Nurse Care Managers receive motivational interviewing and health coaching training within 12 months of appointment to Patient Aligned Care Teams.

Concur

Target date for completion: Complete

Facility response: Motivational Interviewing was added to Nurse Orientation checklist for all newly hired PACT Registered Nurse Care Manager. The Nurse will remain in orientation until motivational interviewing education is complete. Compliance is monitored through TMS and sign-in sheets.

**Recommendation 6.** 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: Complete

Facility response: The Health Promotion and Disease Prevention (HDPD) Coordinator reviews and provides health coach training to those staff that have not completed training. The HPDP coordinator provides health coach training for any new clinical staff within 12 months of appointment. Health coach training was added to the orientation checklist for all nursing staff. Nursing orientation will not be complete without completion of health coach training. Health coach training was added to the Focused Professional Practice Evaluation (FPPE) for all providers assigned to PACT and, required to be completed prior to completion of the FPPE period. Compliance is monitored through TMS and sign-in sheets.



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

Concur

Target date for completion: December 31, 2015

Facility response: Providers were re-educated on the requirement to communicate lab results to Veterans within 14 days of the test results being available. Random medical record reviews will be conducted to assess compliance.

**Recommendation 8.** We recommended that clinicians consistently document in the electronic health record all attempts to communicate with the patients regarding their laboratory results.

Concur

Target date for completion: December 31, 2015

Facility response: Providers were re-educated on the requirement to document all attempts to communicate lab results to Veterans. Random medical record reviews will be conducted to assess compliance.

## Office of Inspector General Contact and Staff Acknowledgments

<b>Contact</b>	For more information about this report, please contact the OIG at (202) 461-4720.
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## **Report Distribution**

### **VA Distribution**

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Acting Director, Oklahoma City VA Health Care System (635/00)

### **Non-VA Distribution**

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Senate Committee on Homeland Security and Governmental Affairs  
National Veterans Service Organizations  
Government Accountability Office  
Office of Management and Budget  
U.S. Senate: John Cornyn, Ted Cruz, James M. Inhofe, James Lankford  
U.S. House of Representatives: Jim Bridenstine, Tom Cole, Frank Lucas,  
Markwayne Mullin, Steve Russell, Mac Thornberry

This report is available at [www.va.gov/oig](http://www.va.gov/oig).

## Endnotes

<sup>a</sup> References used for the EOC review included:

- International Association of Healthcare Central Services Materiel Management, *Central Service Technical Manual*, 7<sup>th</sup> ed.
- Joint Commission, *Joint Commission Comprehensive Accreditation and Certification Manual*, 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.

<sup>b</sup> 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](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](http://vaww.infoshare.va.gov/sites/prevention/NCP_Training_Resources/Shared%20Documents/Forms/AllItems.aspx)

<sup>c</sup> 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](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.

<sup>d</sup> 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.

<sup>e</sup> 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.

<sup>f</sup> Reference used for PACT Compass data graphs:

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