



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

Office of Healthcare Inspections

Report No. 15-00178-56

**Review of Community Based
Outpatient Clinics and Other
Outpatient Clinics
of
Louis A. Johnson VA Medical Center
Clarksburg, West Virginia**

December 16, 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
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 Clarksburg VA Medical Center and Veterans Integrated Service Network 5 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 Monongalia County VA Clinic, Westover, WV, as a representative site and evaluated the environment of care on September 22, 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 at the Monongalia County VA Clinic that the:

- Staff protects patient-identifiable information on laboratory specimens.
- Information technology server closet 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 consistently document the offer of further treatment to patients diagnosed with alcohol dependence.
- Clinic Registered Nurse Care Managers, 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:

- The Facility Director develops policies and procedures that facilitate human immunodeficiency virus testing as part of routine medical care for patients.
- Clinicians provide human immunodeficiency virus testing as part of routine medical care for patients and that compliance is monitored.

Outpatient Lab Results Management: Ensure that:

- The Facility Director ensures that the facility's written policy for the communication of laboratory results includes all required elements.

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

Comments

The Veterans Integrated Service Network and Facility Directors agreed with the Community Based Outpatient Clinic and other outpatient clinic review findings and recommendations and provided acceptable improvement plans. (See Appendixes C and D, pages 15–19, for the full text of the Directors’ comments.) We will follow up on the planned actions until they are completed.



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

Objectives, Scope, and Methodology

Objectives

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

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

Scope

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

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

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

Methodology

The onsite EOC inspection was conducted at a randomly selected outpatient site of care that had not been previously inspected.^a 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; ^b 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 Monongalia County 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.		
	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.		
	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 laboratory specimens during transport.	At the Monongalia County VA Clinic, staff did not protect patient-identifiable information on laboratory specimens during transport.	1. We recommended that staff protect patient-identifiable information on laboratory specimens during transport from the Monongalia County VA Clinic.
	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.		
X	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 at the Monongalia County VA Clinic was not restricted to personnel authorized by Office of Information and Technology.	2. We recommended that the information technology server closet at the Monongalia County VA Clinic is maintained according to information technology safety and security standards.
X	Access to the information technology network room/server closet is documented.	Access to the information technology network room/server closet at the Monongalia County VA Clinic was not consistently 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 receives 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 6 of 40 patients (15 percent) who had positive alcohol use screens.	3. We recommended that clinic staff consistently complete diagnostic assessments for patients with a positive alcohol screen.
	Education and counseling about drinking levels and adverse consequences of heavy drinking are provided for patients with positive alcohol screens and drinking levels above National Institute on Alcohol Abuse and Alcoholism guidelines.		
X	Documentation reflects the offer of further treatment for patients diagnosed with alcohol dependence.	We did not find documentation of the offer of further treatment for 8 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.		
	Clinic RN Care Managers have received motivational interviewing training within 12 months of appointment to PACT.		

NM	Areas Reviewed (continued)	Findings	Recommendations
X	Clinic RN Care Managers have received VHA National Center for Health Promotion and Disease Prevention-approved health coaching training (most likely TEACH for Success) within 12 months of appointment to PACT.	We found that 8 of 15 RN Care Managers did not receive health coaching training within 12 months of appointment to PACT.	5. We recommended that Clinic Registered Nurse Care Managers, providers, and clinical associates in the outpatient clinics receive health coaching training within 12 months of appointment to Patient Aligned Care Teams.
X	Providers in the outpatient clinics have received VHA National Center for Health Promotion and Disease Prevention-approved health coaching training (most likely TEACH for Success) within 12 months of appointment to PACT.	We found that 9 of 21 providers did not receive health coaching training within 12 months of appointment to PACT.	
X	Clinical associates in the outpatient clinics have received VHA National Center for Health Promotion and Disease Prevention-approved health coaching training (most likely TEACH for Success) within 12 months of appointment to PACT.	We found that 3 of 13 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 38 EHRs and 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 4. HIV Screening

NM	Areas Reviewed	Findings	Recommendations
	The facility has a Lead HIV Clinician to carry out responsibilities as required.		
X	The facility has policies and procedures to facilitate HIV testing.	Facility policies did not require HIV testing as part of routine medical care for patients.	6. We recommended that the Facility Director develops policies and procedures that facilitate human immunodeficiency virus testing as part of routine medical care for patients.
	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).	7. We recommended that clinicians provide human immunodeficiency virus testing as part of routine medical care for patients and that compliance is monitored.
	When HIV testing occurred, clinicians consistently documented informed consent.		
	The facility complied with additional elements as required by local policy.		

Outpatient Documentation

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

We reviewed relevant documents and 42 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 43 EHRs. We also validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

Table 6. Outpatient Lab Results Management

NM	Areas Reviewed	Findings	Recommendations
	The facility has a written policy regarding communication of lab results from diagnostic practitioner to ordering practitioner.		
X	The facility has a written policy for the communication of lab results that included all required elements.	The facility's written policy for the communication of lab results did not require the communication of lab results to patients no later than 14 days from the date on which the results are available to the ordering practitioner.	8. We recommended that the Facility director ensures that the facility's written policy for the communication of laboratory results includes all required elements.
X	Clinicians notified patients of their lab results.	Clinicians did not consistently notify 5 of 43 patients (12 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.^c 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 ^f	Outpatient Workload / Encounters ^d			Services Provided ^e	
			PC	MH	Specialty Clinics ^g	Specialty Care ^h	Ancillary Services ⁱ
Parsons, WV	540GA	Rural	2,730	375	1	NA	Pharmacy
Parkersburg, WV	540GB	Urban	8,965	4,352	36	NA	Diabetic Retinal Screening Electrocardiography Pharmacy Social Work
Sutton, WV	540GC	Rural	4,736	2,200	42	NA	Diabetic Retinal Screening Electrocardiography Pharmacy
Westover, WV	540GD	Urban	5,396	4,198	27	NA	Anti-Coagulation Clinic Diabetic Retinal Screening Electrocardiography Pharmacy

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

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

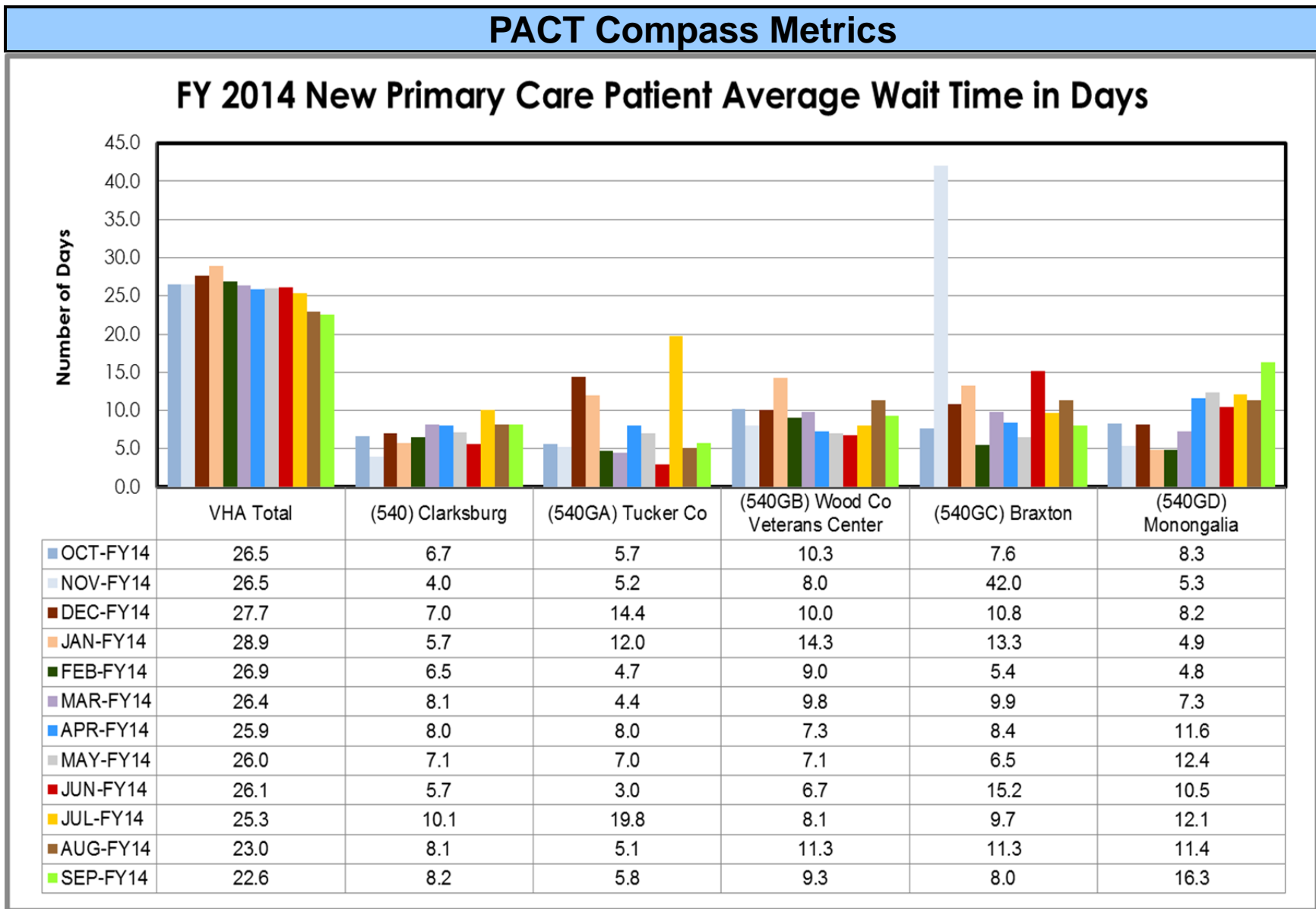
⁵ The denoted Specialty Care and Ancillary Services are limited to Primary Clinic Stops with a count ≥ 100 encounters during the October 1, 2013, through September 30, 2014, timeframe at the specified CBOC.

⁶ <http://vssc.med.va.gov/>

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

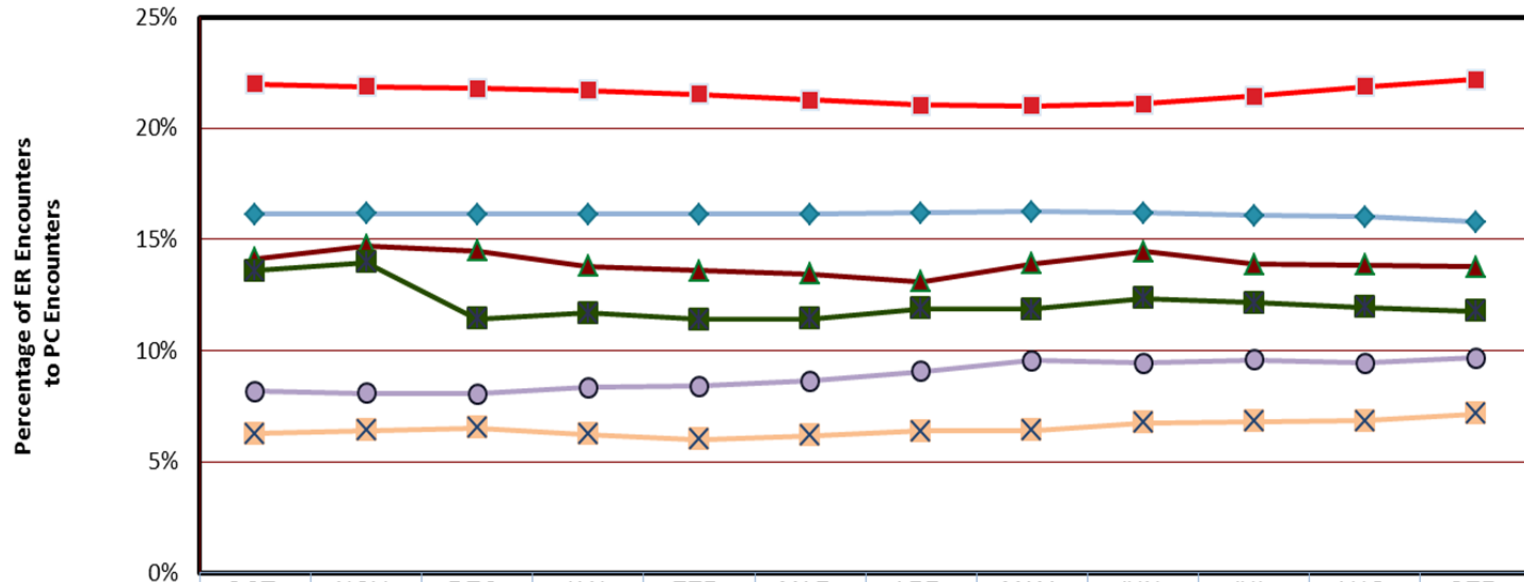
⁸ Specialty Care Services refer to non-PC and non-Mental Health services provided by a physician.

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



Data Definition.^f The average number of calendar days between a new patient’s PC appointment (clinic stops 322, 323, and 350), excluding compensation and pension appointments, and the earliest creation date.

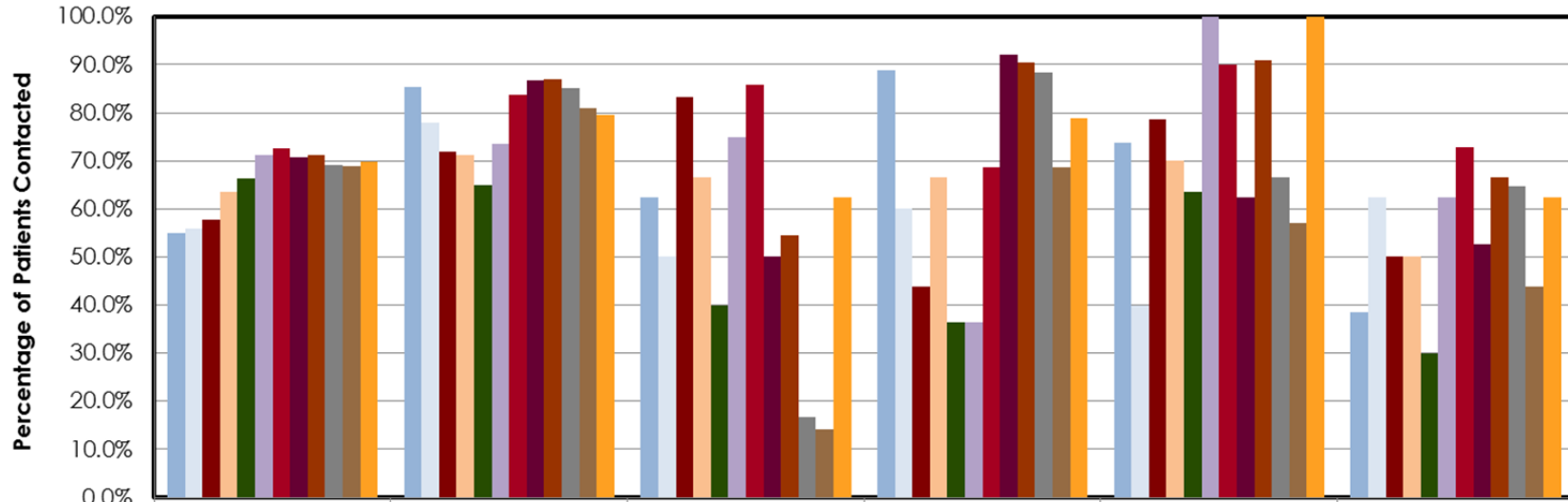
FY 2014 Ratio of ER Encounters While on Panel to PC Encounters While on Panel (FEE ER Included)



	OCT-FY14	NOV-FY14	DEC-FY14	JAN-FY14	FEB-FY14	MAR-FY14	APR-FY14	MAY-FY14	JUN-FY14	JUL-FY14	AUG-FY14	SEP-FY14
◆ VHA Total	16.1%	16.2%	16.1%	16.1%	16.1%	16.1%	16.2%	16.2%	16.2%	16.1%	16.0%	15.8%
■ (540) Clarksburg	22.0%	21.9%	21.8%	21.7%	21.5%	21.3%	21.0%	21.0%	21.1%	21.4%	21.9%	22.2%
▲ (540GA) Tucker Co	14.1%	14.7%	14.5%	13.8%	13.6%	13.5%	13.1%	13.9%	14.5%	13.9%	13.8%	13.8%
× (540GB) Wood Co Veterans Center	6.3%	6.4%	6.5%	6.2%	6.0%	6.2%	6.4%	6.4%	6.8%	6.8%	6.9%	7.2%
■ (540GC) Braxton	13.6%	14.0%	11.4%	11.7%	11.4%	11.4%	11.9%	11.9%	12.4%	12.2%	11.9%	11.8%
● (540GD) Monongalia	8.2%	8.1%	8.1%	8.3%	8.4%	8.6%	9.1%	9.6%	9.5%	9.6%	9.4%	9.7%

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

FY 2014 Team 2-Day Contact Post Discharge Ratio



	VHA Total	(540) Clarksburg	(540GA) Tucker County	(540GB) Wood Co Veterans Center	(540GC) Braxton	(540GD) Monongalia
■ OCT-FY14	55.1%	85.4%	62.5%	88.9%	73.7%	38.5%
■ NOV-FY14	55.9%	77.8%	50.0%	60.0%	40.0%	62.5%
■ DEC-FY14	57.8%	71.9%	83.3%	43.8%	78.6%	50.0%
■ JAN-FY14	63.6%	71.1%	66.7%	66.7%	70.0%	50.0%
■ FEB-FY14	66.4%	64.9%	40.0%	36.4%	63.6%	30.0%
■ MAR-FY14	71.2%	73.5%	75.0%	36.4%	100.0%	62.5%
■ APR-FY14	72.6%	83.8%	85.7%	68.8%	90.0%	72.7%
■ MAY-FY14	70.8%	86.7%	50.0%	92.0%	62.5%	52.6%
■ JUN-FY14	71.3%	86.9%	54.5%	90.5%	90.9%	66.7%
■ JUL-FY14	69.1%	85.2%	16.7%	88.2%	66.7%	64.7%
■ AUG-FY14	68.9%	80.9%	14.3%	68.8%	57.1%	43.8%
■ SEP-FY14	69.8%	79.5%	62.5%	78.9%	100.0%	62.5%

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.

Veterans Integrated Service Network Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: November 24, 2015

From: Acting Director, VA Capitol Health Care Network (10N5)

**Subject: Draft Report: Community Based Outpatient Clinics and Other
Outpatient Clinics at Louis A. Johnson VA Medical Center,
Clarksburg, WV**

To: Washington, DC Office of Healthcare Inspections (54DC)

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

1. I have reviewed and concur with the Medical Center Director's response to the Draft Office of Inspector General report concerning the Community Based Outpatient Clinic review at the Louis A. Johnson VA Medical Center, Clarksburg, West Virginia.
2. Should you require any additional information, please contact Jeffrey Lee, Quality Management Officer, VA Capitol Health Care Network, VISN 5, at 410-691-0607.

(original signed by:)

Joseph A. Williams, Jr.

Facility Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: November 18, 2015

From: Director, Louis A. Johnson VA Medical Center (540/00)

Subject: Review of CBOCs and OOCs of Louis A. Johnson VA Medical Center, Clarksburg, WV

To: Director, VA Capitol Health Care Network (10N05)

1. I have reviewed the report entitled, "Review of Community Based Outpatient Clinics and Other Outpatient Clinics" of Louis A. Johnson VA Medical Center, Clarksburg, West Virginia.
2. Actions are underway to resolve each of the nine findings outlined in this report. No barriers to timely resolution are anticipated.
3. The courteous and professional manner that was displayed by the OIG staff during this review is appreciated.

(original signed by:)

GLENN R. SNIDER, M.D., FACP
Interim 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 staff protect patient-identifiable information on laboratory specimens at the Monongalia County VA Clinic.

Concur-Yes

Target date for completion: [March 31, 2016.]

Facility response: Monongalia County VA Clinic will disable the urine turntable and is planning to purchase a secure specimen box for patients to place urine specimens into. This will allow privacy and confidentiality with all specimens. If there is a delay in this process the turntable will be disabled and patients instructed to hand deliver specimens directly to clinic staff who will appropriately secure and store the specimens.

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

Concur-Yes

Target date for completion: [January 29, 2016.]

Facility response: The current CBOC information technology server closet access memorandum will be updated to include a list of specific personnel authorized by Office of Information and Technology to access the network room/server closet. Education will be provided by the Information Security Officer to clarify documentation requirements and monitoring and re-education will be completed by the ISO on a biannual basis utilizing Environment of Care rounds.

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

Concur-Yes

Target date for completion: [March 31, 2016.]

Facility response: The full diagnostic assessment portion of the provider clinical reminder for positive alcohol screens will be updated as a mandatory field. Updates will be reviewed with clinical staff.

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

Concur-Yes

Target date for completion: [March 31, 2016.]

Facility response: The counseling portion of the AUDIT-C clinical reminder will be updated to become a required mandatory field thus reminding staff to offer further treatment when required.

Recommendation 5. We recommended that Clinic Registered Nurse Care Managers, providers, and clinical associates in the outpatient clinics receive health coaching training within 12 months of appointment to Patient Aligned Care Teams.

Concur-Yes

Target date for completion: [July 29, 2016.]

Facility response: Health coach training will be added to orientation plans for all newly hired clinic registered nurse care managers, providers, and clinical associates with a goal of completion within twelve months of onboarding. Existing clinic RN care managers, Providers, and clinical associates who have not completed health coaching training will be registered and scheduled into the earliest classes available with a goal of completing class by 7/29/2016. By July 29, 2016 90% of Clinic Registered Nurse Care Managers, Providers and clinical associates will have received Health Coaching Training.

Recommendation 6. We recommended that the Facility Director develops policies and procedures that facilitate human immunodeficiency virus testing as part of routine medical care for patients.

Concur-Yes

Target date for completion: [March 29, 2016.]

Facility response: Facility will update HIV policy to include the requirement of HIV testing be included as part of our routine medical care.

Recommendation 7. We recommended that clinicians provide human immunodeficiency virus testing as part of routine medical care for patients and that compliance is monitored.

Concur-Yes

Target date for completion: [June 30, 2016.]

Facility response: Chief of PCCM to educate all CBOC providers to offer HIV screening to all patients and document if the patient declines. Create a clinical reminder and add to all patient charts regardless of risk factors. This clinical reminder will assure that HIV screening will be offered as part of routine medical care.

Recommendation 8. We recommended that the Facility director ensures that the facility's written policy for the communication of laboratory results includes all required elements.

Concur-Yes

Target date for completion: [March 29, 2016.]

Facility response: The facility will update our current written policy to include the requirement of patients to be communicated their lab results within 14 days. Education/notification will be provided to staff involved in communicating test results.

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

Concur-Yes

Target date for completion: [July 29, 2016.]

Facility response: By January 15, 2016, Chief, Primary Care will have notified all clinicians on the importance of notifying Veterans of their laboratory results within 14 days. By February 29, 2016, Chief, Primary Care will evaluate the merit and the possibility of automatically mailing all laboratory letters. A randomly selected sample of 30 Veteran records will be reviewed monthly for compliance with the new directive and continue until we reach 3 consecutive months of 90% or greater. Providers and or PACT team members will be notified of records not meeting the requirement so that proper notifications can be made. Reports will be provided monthly to the Chief, Primary Care so that additional education can be provided.

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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Report Distribution

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Director, Clarksburg VA Medical Center (540/00)

Non-VA Distribution

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Related Agencies
Senate Committee on Homeland Security and Governmental Affairs
National Veterans Service Organizations
Government Accountability Office
Office of Management and Budget
U.S. Senate: Shelley Moore Capito, Joe Manchin III
U.S. House of Representatives: Evan Jenkins, David McKinley, Alex Mooney

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

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 Manual*, July 1, 2014.
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