



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

Office of Healthcare Inspections

Report No. 15-05155-89

**Review of Community Based
Outpatient Clinics and Other
Outpatient Clinics
of
VA Western New York
Healthcare System
Buffalo, New York**

January 28, 2016

Washington, DC 20420

To Report Suspected Wrongdoing in VA Programs and Operations

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

Glossary

BBP	bloodborne pathogen
CBOC	community based outpatient clinic
EHR	electronic health record
EOC	environment of care
FY	fiscal year
HT	home telehealth
lab	laboratory
NA	not applicable
NM	not met
OIG	Office of Inspector General
OOC	other outpatient clinic
PC	primacy care
PTSD	post-traumatic stress disorder
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 VA Western New York Healthcare System and Veterans Integrated Service Network 2 provide safe, consistent, and high-quality health care. The review evaluated the clinics' compliance with selected requirements for home telehealth enrollment, outpatient lab results management, and post-traumatic stress disorder. We also randomly selected the Buffalo VA Clinic, Buffalo, NY, as a representative site and evaluated the environment of care on November 3, 2015.

Review Results: We conducted four focused reviews and made recommendations for improvement in the following review areas:

Environment of Care: Ensure that managers at the Buffalo VA Clinic:

- Monitor hand hygiene compliance.
- Document their consideration and implementation of safety needle devices.
- Ensure fire drills are conducted at least every 12 months.
- Test the alarm system or panic buttons regularly.
- Maintain a clean environment of care.
- Ensure hand hygiene products are readily accessible to employees.
- Provide feminine hygiene products in women's public restrooms.
- Secure all medications from unauthorized access.
- Maintain the information technology server closet according to information technology safety and security standards.

Home Telehealth Enrollment: Ensure that Clinic Staff:

- Document the Home Telehealth enrollment process prior to the entry of the monthly monitoring notes.

Outpatient Laboratory Results Management: Ensure 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.

Post-Traumatic Stress Disorder Care: Ensure that:

- PTSD patients receive mental health treatment, when applicable.

Comments

The Interim Veterans Integrated Service Network and Facility Directors agreed with the Community Based Outpatient Clinic and other outpatient clinic review findings and recommendations and provided acceptable improvement plans. (See Appendixes C and D, pages 17–22, for the full text of the Directors’ comments.) We consider recommendations 3 and 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 documentation requirements for the enrollment, assessment, and monitoring of HT patients.
- The CBOCs/OOCs are compliant with VHA requirements for the patient notification and follow up of selected outpatient lab results.
- The CBOCs/OOCs are compliant with selected VHA requirements related to PTSD screening, diagnostic evaluation, and treatment.

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 four activities:

- EOC
- HT Enrollment
- Outpatient Lab Results Management
- PTSD Care

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 HT Enrollment, Outpatient Lab Results Management, and PTSD Care focused reviews are noted in Table 1.

Table 1. CBOC/OOC Focused Reviews and Study Populations

Review Topic	Study Population
HT Enrollment	All CBOC and OOC patients screened within the study period of July 1, 2014, through June 30, 2015, who have had at least one “683” Monthly Monitoring Note and did not have Monthly Monitoring Notes documented before July 1, 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 through December 31, 2014.
PTSD Care	All patients who had a positive PTSD screen at the parent facility’s outpatient clinics during July 1, 2014, through June 30, 2015.

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 August 15, 2015.

Results and Recommendations

EOC

The purpose of this review was to assess 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 Buffalo VA Clinic. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement. Any items that did not apply to this facility are marked NA.

Table 2. EOC

NM	Areas Reviewed	Findings	Recommendations
Document and Training Review			
X	Managers monitored hand hygiene compliance.	Managers did not monitor hand hygiene compliance at the Buffalo VA Clinic.	1. We recommended that managers monitor hand hygiene compliance at the Buffalo VA Clinic.
	Managers had an Exposure Control Plan for BBP.		
	Managers reviewed the Exposure Control Plan annually.		
	Managers included an exposure determination for all job classifications in the Exposure Control Plan for BBPs.		
	Managers included the Hepatitis B vaccine in the Exposure Control Plan for BBP.		
	In the Exposure Control Plan for BBPs, managers provide the Hepatitis B vaccine to employees upon exposure to a BBP.		
	In the Exposure Control Plan for BBPs, managers provide the Hepatitis B vaccine to employees within 10 days of job assignment.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	In the Exposure Control Plan for BBPs, managers document employees' declination statements for the Hepatitis B vaccine.		
	In the Exposure Control Plan for BBPs, managers provide post exposure prophylaxis within 72 hours.		
X	Managers documented their consideration and implementation of safety needle devices.	Managers did not document their consideration and implementation of safety needle devices.	2. We recommended that managers document their consideration and implementation of safety needle devices.
	Managers documented their consideration and implementation of safety needle devices annually.		
	Training for CBOC employees on the Exposure Control Plan for BBP has been provided within the past 12 months for those newly hired and annually for others.		
	Managers have a policy/procedure for CBOC life safety elements.		
	Managers have a policy for the management of clinical emergencies.		
	CBOC managers have a policy for the management of mental health emergencies.		
	Managers have a documented Hazard Vulnerability Assessment to identify potential CBOC emergencies.		
	Managers reviewed the Hazard Vulnerability Assessment annually.		
	Managers have a policy that requires CBOC staff to receive regular information on their responsibilities in emergency response operations.		
	CBOC staff participate in regular emergency management training and exercises.		

NM	Areas Reviewed (continued)	Findings	Recommendations
X	Managers conducted fire drills at the CBOC at least once every 12 months for the past 24 months and documented critiques of the fire drills.	Managers did not conduct fire drills at the Buffalo VA Clinic at least once every 12 months for the past 2 years.	3. We recommended that managers ensure fire drills are conducted at least every 12 months at the Buffalo VA Clinic.
	Managers have a policy/procedure for the identification of individuals entering the CBOC.		
	Managers had a Workplace Behavioral Risk Assessment in place.		
X	Managers tested the alarm system or panic buttons in high-risk areas during the past 12 months.	Managers have not tested the alarm system or panic buttons within the past 12 months at the Buffalo VA Clinic.	4. We recommended that managers test the alarm system or panic buttons regularly at the Buffalo VA Clinic.
	Managers had written procedures to follow in the event of a security incident.		
	CBOC employees received training on the new chemical label elements and safety data sheet format.		
	Managers have a policy/procedure for the cleaning and disinfection of telehealth equipment.		
Physical Inspection			
X	The CBOC is clean.	Areas used by patients at the Buffalo VA Clinic were not clean.	5. We recommended that managers maintain a clean environment of care at the Buffalo VA Clinic.
	The furnishings and equipment are safe and in good repair.		
X	Hand hygiene facilities and product dispensers are working and readily accessible to employees.	Managers did not have hand hygiene products readily accessible to Buffalo VA Clinic employees.	6. We recommended that managers ensure hand hygiene products are readily accessible to employees at the Buffalo VA Clinic.
	Personal protective equipment is available.		
	Sharps containers are closable, easily accessible, and not overfilled.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	Clinic staff do not store food and drinks in refrigerators or freezers or on countertops or other areas where there is blood or other potentially infectious materials.		
	Managers ensured that sterile commercial supplies are not expired.		
	Managers minimize the risk of infection when storing and disposing of medical (infectious) waste.		
	Managers ensured unobstructed access to fire alarms/pull stations.		
	Access to fire extinguishers is unobstructed.		
	For fire extinguishers located in large rooms or are obscured from view, managers identified the locations of the fire extinguishers with signs.		
	Exit signs are visible from any direction.		
	Exit routes from the building are unobstructed.		
	Staff wear VA-issued identification badges.		
	Managers control access to and from areas identified as security sensitive.		
	Managers installed an alarm system or panic buttons in high-risk areas.		
	Managers reviewed the CBOC's inventory of hazardous materials for accuracy twice within the prior 12 months.		
	Managers had the CBOC's safety data sheets for chemicals readily available for the staff.		
	Managers provided visual and auditory privacy for veterans at check-in.		
	Managers provided visual and auditory privacy for patients in the interview areas.		

NM	Areas Reviewed (continued)	Findings	Recommendations
NA	Managers equipped examination room doors with either an electronic or a manual lock.		
NA	Managers ensured the availability and use of a privacy sign to indicate that a telehealth visit is in progress.		
	Documents containing patient-identifiable information are not visible or unsecured.		
	All computer screens are locked when not in use.		
	Information is not viewable on monitors in public areas.		
	Window coverings, if present, provide privacy.		
	Patient-identifiable information is protected on lab specimens during transport so that patient privacy is maintained.		
NA	The examination room(s) for women veterans are located in a space where they do not open into a public waiting room or a high-traffic public corridor.		
NA	Adequate privacy for women veterans is provided in the examination rooms.		
NA	Feminine hygiene products are available in examination rooms where pelvic examinations are performed or in bathrooms within close proximity.		
X	Women's public restrooms have feminine hygiene products and disposal bins available for use.	Managers did not provide feminine hygiene products in women's public restrooms at the Buffalo VA Clinic.	7. We recommended that managers provide feminine hygiene products in women's public restrooms at the Buffalo VA Clinic.
	Multi-dose medication vials are not expired.		
X	All medications are secured from unauthorized access.	All medications were not secured from unauthorized access at the Buffalo VA Clinic.	8. We recommended that managers at the Buffalo VA Clinic ensure all medications are secured from unauthorized access.

NM	Areas Reviewed (continued)	Findings	Recommendations
	The information technology network room/server closet is secured/locked.		
X	Access to the information technology network room/server closet is restricted to personnel authorized by Office of Information and Technology, as evidenced by a list of authorized individuals.	Access to the information technology network room/server closet at the Buffalo VA Clinic was not restricted to personnel authorized by Office of Information and Technology.	9. We recommended that managers at the Buffalo VA Clinic ensure the information technology server closet is maintained according to information technology safety and security standards.
	Access to the information technology network room/server closet is documented, as evidenced by the presence of a sign-in/sign-out log.		

HT Enrollment

The purpose of this review was to determine whether the facility’s CBOCs and OOCs are compliant with selected VHA documentation requirements for the enrollment, assessment, and monitoring of HT patients.^b

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 3. HT Enrollment

NM	Areas Reviewed	Findings	Recommendations
	Clinicians entered a consult for HT services.		
	Clinicians completed the HT enrollment requests or “consults.”		
	Clinicians documented contact with the patient to evaluate suitability for HT services.		
	Clinicians documented the patient or caregiver’s verbal informed consent for HT services.		
	Clinicians documented assessments and treatment plans for HT patients.		
	Providers signed HT assessments and treatment plans.		
	Monthly monitoring notes were documented for each month of HT program participation.		
X	Documentation of HT enrollment (consult, screening, and/or initial assessment notes) was completed prior to the entry of monthly monitoring notes.	Clinicians did not document the enrollment process prior to the entry of monthly monitoring notes in 17 of 49 EHRs (34 percent).	10. We recommended that clinicians document the Home Telehealth enrollment process prior to the entry of monthly monitoring notes.

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.^c

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 4. 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.	11. 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 notify 16 of 43 patients (37 percent) of their lab results within 14 days as required by VHA.	12. 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.		

PTSD Care

The purpose of this review was to assess whether CBOCs/OOCs are compliant with selected VHA requirements for PTSD follow up in the outpatient setting.^d

We reviewed relevant documents and 48 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 5. PTSD Care

NM	Areas Reviewed	Findings	Recommendations
	Each patient with a positive PTSD screen received a suicide risk assessment.		
	Suicide risk assessments for patients with positive PTSD screens are completed by acceptable providers.		
	Acceptable providers established plans of care and disposition for patients with positive PTSD screens.		
	Acceptable providers offered further diagnostic evaluations to patients with positive PTSD screens.		
	Providers completed diagnostic evaluations for patients with positive PTSD screens.		
X	Patients, when applicable, received mental health treatment.	Patients did not receive mental health treatment in 2 of 14 applicable EHRs reviewed.	13. We recommended that providers ensure that PTSD patients receive mental health treatment, when applicable.

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.² 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 ⁵	Outpatient Classification ⁶	Outpatient Workload / Encounters ³			Services Provided ⁴	
				PC	MH	Specialty Clinics ⁷	Specialty Care ⁸	Ancillary Services ⁹
Jamestown, NY	528GB	Rural	Primary Care CBOC	4,568	2,616	108	NA	Diabetic Retinal Screening Home Based Primary Care Pharmacy Rehabilitation Services
Dunkirk, NY	528GC	Rural	Primary Care CBOC	4,939	1,700	26	NA	NA
Niagara Falls, NY	528GD	Urban	Primary Care CBOC	3,733	1,874	44	NA	MOVE! Program ¹⁰ Pharmacy
Lockport, NY	528GK	Rural	Primary Care CBOC	2,956	1,715	32	NA	MOVE! Program
Lackawanna, NY	528GQ	Urban	Primary Care CBOC	7,455	2,031	121	Dermatology	Pharmacy
Olean, NY	528GR	Rural	Primary Care CBOC	4,459	2,534	205	NA	Pharmacy Rehabilitation Services Sleep Medicine

² Includes all CBOCs in operation before August 15, 2015. We have omitted 528QA (Buffalo) and 528QB (Buffalo), as no workload/encounters or services were reported.

³ 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.

⁴ The denoted Specialty Care and Ancillary Services are limited to Primary Clinic Stops with a count ≥ 100 encounters during the October 1, 2014, through September 30, 2015, timeframe at the specified CBOC.

⁵ <http://vssc.med.va.gov/>

⁶ VHA Handbook 1006.02, *VHA Site Classifications and Definitions*, December 30, 2013.

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

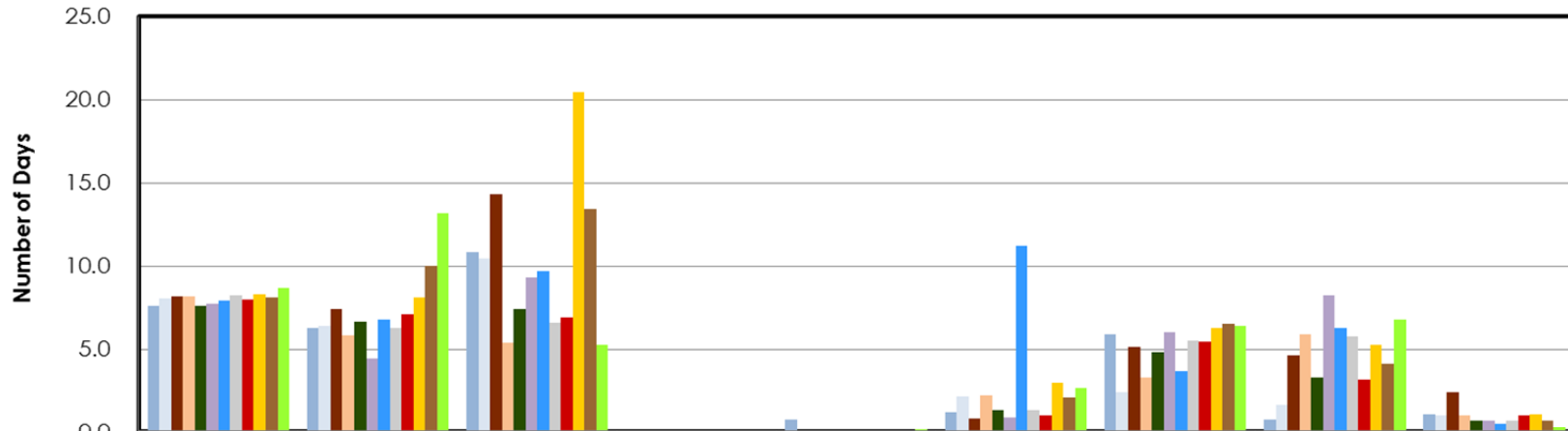
⁸ Specialty Care Services refer to non-Primary Care and non-Mental Health services provided by a physician.

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

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

Patient Aligned Care Team Compass Metrics

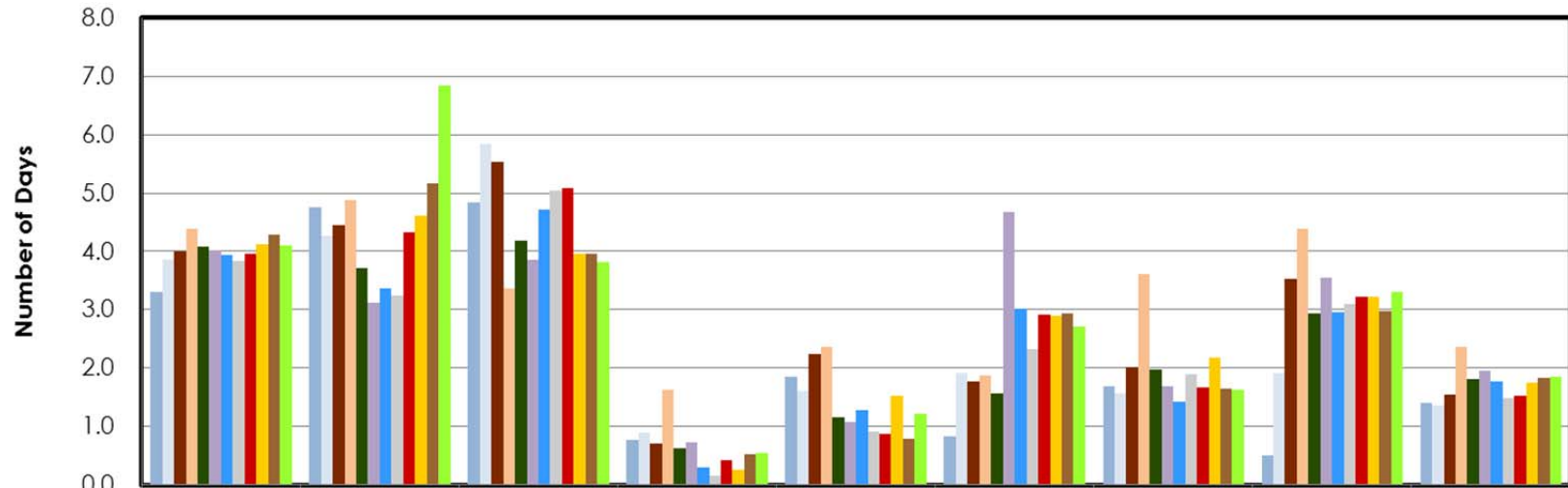
FY 2015 New PC Patient Average Wait Time in Days



	VHA Total	(528) Buffalo VA Medical Center	(528A4) Upstate New York HCS-Batavia	(528GB) Jamestown	(528GC) Dunkirk	(528GD) Niagara Falls	(528GK) Lockport	(528GQ) Lackawanna	(528GR) Olean
■ OCT-FY15	7.6	6.3	10.8	0.0	0.8	1.2	5.9	0.7	1.1
■ NOV-FY15	8.1	6.4	10.5	0.0	0.0	2.1	2.4	1.6	1.0
■ DEC-FY15	8.1	7.4	14.3	0.0	0.0	0.8	5.1	4.6	2.4
■ JAN-FY15	8.2	5.8	5.4	0.0	0.0	2.2	3.3	5.9	1.0
■ FEB-FY15	7.6	6.7	7.4	0.0	0.0	1.4	4.8	3.3	0.7
■ MAR-FY15	7.7	4.5	9.3	0.0	0.0	0.9	6.0	8.3	0.7
■ APR-FY15	7.9	6.8	9.7	0.0	0.0	11.2	3.7	6.3	0.5
■ MAY-FY15	8.2	6.2	6.6	0.0	0.0	1.3	5.5	5.7	0.7
■ JUN-FY15	8.0	7.1	6.9	0.0	0.0	1.0	5.5	3.1	1.0
■ JUL-FY15	8.3	8.1	20.5	0.0	0.0	3.0	6.3	5.2	1.1
■ AUG-FY15	8.1	10.0	13.4	0.1	0.0	2.1	6.5	4.1	0.7
■ SEP-FY15	8.7	13.2	5.2	0.0	0.1	2.6	6.4	6.8	0.3

Data Definition.^e The average number of calendar days between a New Patient’s PC completed appointment (clinic stops 322, 323, and 350, excluding Compensation and Pension appointments) and the earliest of three possible preferred (desired) dates (Electronic Wait List (EWL), Cancelled by Clinic Appointment, Completed Appointment) from the completed appointment date. *Note that prior to FY15, this metric was calculated using the earliest possible create date.*

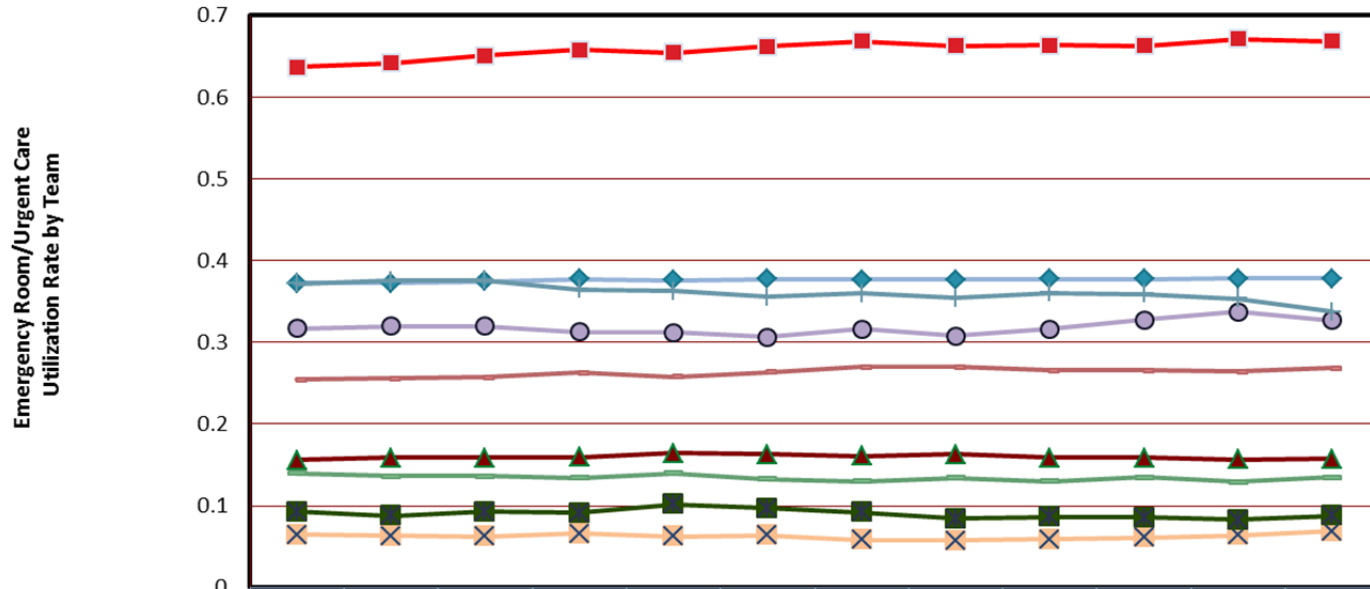
FY 2015 Established PC Patient Average Wait Time in Days



	VHA Total	(528) Buffalo VA Medical Center	(528A4) Upstate New York HCS-Batavia	(528GB) Jamestown	(528GC) Dunkirk	(528GD) Niagara Falls	(528GK) Lockport	(528GQ) Lackawanna	(528GR) Olean
■ OCT-FY15	3.3	4.7	4.8	0.8	1.9	0.8	1.7	0.5	1.4
■ NOV-FY15	3.9	4.3	5.8	0.9	1.6	1.9	1.6	1.9	1.4
■ DEC-FY15	4.0	4.4	5.5	0.7	2.2	1.8	2.0	3.5	1.5
■ JAN-FY15	4.4	4.9	3.4	1.6	2.4	1.9	3.6	4.4	2.4
■ FEB-FY15	4.1	3.7	4.2	0.6	1.2	1.6	2.0	2.9	1.8
■ MAR-FY15	4.0	3.1	3.9	0.7	1.1	4.7	1.7	3.6	1.9
■ APR-FY15	3.9	3.4	4.7	0.3	1.3	3.0	1.4	3.0	1.8
■ MAY-FY15	3.8	3.2	5.0	0.2	0.9	2.3	1.9	3.1	1.5
■ JUN-FY15	4.0	4.3	5.1	0.4	0.9	2.9	1.7	3.2	1.5
■ JUL-FY15	4.1	4.6	4.0	0.3	1.5	2.9	2.2	3.2	1.7
■ AUG-FY15	4.3	5.2	4.0	0.5	0.8	2.9	1.7	3.0	1.8
■ SEP-FY15	4.1	6.8	3.8	0.6	1.2	2.7	1.6	3.3	1.9

Data Definition.^e The average number of calendar days between an Established Patient’s PC completed appointment (clinic stops 322, 323, and 350, excluding Compensation and Pension appointments) and the earliest of three possible preferred (desired) dates (Electronic Wait List (EWL), Cancelled by Clinic Appointment, Completed Appointment) from the completed appointment date.

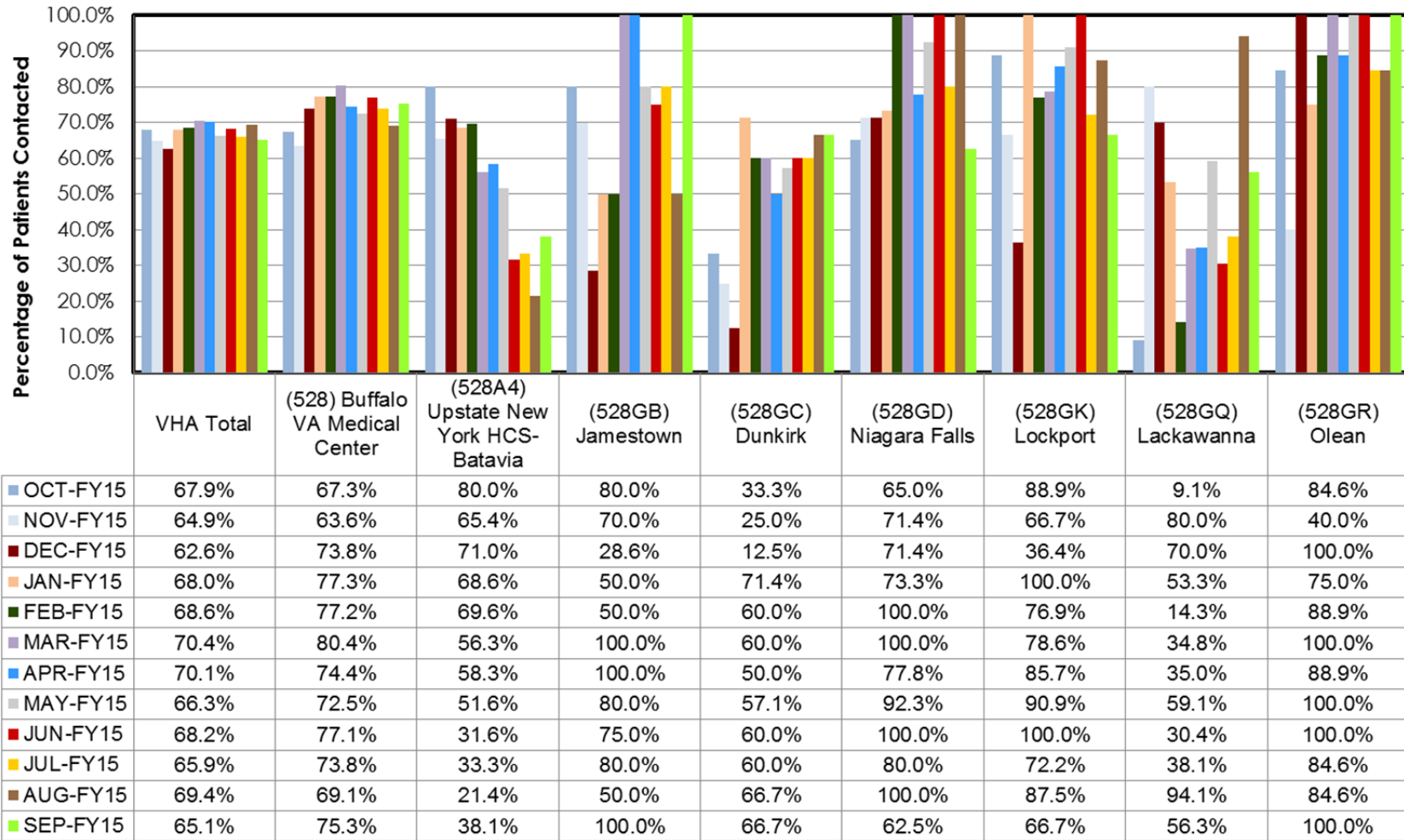
FY 2015 Emergency Room/Urgent Care Utilization Rate for Assigned PC Patients



	OCT-FY15	NOV-FY15	DEC-FY15	JAN-FY15	FEB-FY15	MAR-FY15	APR-FY15	MAY-FY15	JUN-FY15	JUL-FY15	AUG-FY15	SEP-FY15
◆ VHA Total	0.37	0.37	0.37	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38
■ (528) Buffalo VA Medical Center	0.64	0.64	0.65	0.66	0.65	0.66	0.67	0.66	0.66	0.66	0.67	0.67
▲ (528A4) Upstate New York HCS-Batavia	0.16	0.16	0.16	0.16	0.16	0.16	0.16	0.16	0.16	0.16	0.16	0.16
× (528GB) Jamestown	0.06	0.06	0.06	0.07	0.06	0.06	0.06	0.06	0.06	0.06	0.06	0.07
■ (528GC) Dunkirk	0.09	0.09	0.09	0.09	0.10	0.10	0.09	0.08	0.09	0.09	0.08	0.09
● (528GD) Niagara Falls	0.32	0.32	0.32	0.31	0.31	0.31	0.32	0.31	0.32	0.33	0.34	0.33
◆ (528GK) Lockport	0.37	0.38	0.38	0.37	0.36	0.36	0.36	0.35	0.36	0.36	0.35	0.34
— (528GQ) Lackawanna	0.25	0.26	0.26	0.26	0.26	0.26	0.27	0.27	0.27	0.27	0.26	0.27
— (528GR) Olean	0.14	0.14	0.14	0.13	0.14	0.13	0.13	0.13	0.13	0.14	0.13	0.13

Data Definition.⁶ The total Emergency Room/Urgent Care encounters for assigned PC patients in the last 12 months divided by the Team Assignments. VHA Emergency Room/Urgent Care encounters are defined as encounters with a Primary Stop Code of 130 or 131 in either the primary or secondary position, excluding encounters with a Secondary Stop Code of 107, 115, 152, 311, 333, 334, 999, 474, 103, 430, 328, 321, 329, or 435 and the encounter was with a licensed independent practitioner (MD, DO, RNP, PA).

FY 2015 Team 2-Day Post Discharge Contact Ratio



Data Definition.^e The percent of assigned PC patients discharged from any VA facility who have been contacted by a PC team member within 2 business days during the reporting period. Patients are excluded if they are discharged from an observation specialty and/or readmitted within 2 business days to any VA facility. Team members must have been assigned to the patient’s team at the time of the patient’s discharge.

Interim Veterans Integrated Service Network Director Comments

Department of
Veterans Affairs

Memorandum

Date: December 18, 2015

From: Interim Director, VA Health Care Upstate New York (10N2)

Subject: **Review of CBOCs and OOCs of VA Western New York
Healthcare System, Buffalo, NY**

To: Director, Bedford Office of Healthcare Inspections (54BN)

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

1. I concur with the conclusions and recommendations presented by the Office of Healthcare Inspections and present to you a plan of action to correct those areas with findings and recommendations.
2. If you have any questions, please contact Kathryn Varkonda, RN, MSN, Performance Manager, VA Western New York Healthcare System at 716-862-6380.



Darlene A. DeLancey, MS
Interim Network Director

Facility Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: December 18, 2015

From: Director, VA Western New York Healthcare System (528/00)

**Subject: Review of CBOCs and OOCs of VA Western New York
Healthcare System, Buffalo, NY**

To: Interim Director, VA Health Care Upstate New York (10N2)

1. Thank you for the opportunity to review and respond to the subject report.
2. I concur with the conclusions and recommendations presented by the Office of Healthcare Inspections and present to you a plan of action designed to correct those areas with findings and recommendations.
3. If you have any questions or need further information, please contact Kathryn Varkonda, RN, MSN, VA Western New York Healthcare System Performance Manager, at 716-862-6380.



BRIAN G. STILLER
Medical Center 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 monitor hand hygiene compliance at the Buffalo VA Clinic.

Concur

Target date for completion: March 31, 2016

Facility response: Infection Control conducted staff training on December 8, 2015. Nurses are scheduled to provide hand washing instruction to staff on December 14, 2015. Manager will select random staff each month to observe hand washing beginning in December using the documentation log provided by Infection Control. This will be monitored and reported to Infection Control Committee monthly for four months.

Recommendation 2. We recommended that managers document their consideration and implementation of safety needle devices.

Concur

Target date for completion: April 15, 2016

Facility response: Safety needle devices are currently used throughout the facility. The review of currently used products and new products that are available will be reviewed annually to ensure that staff are providing care using the safest needle devices.

Recommendation 3. We recommended that managers ensure fire drills are conducted at least every 12 months at the Buffalo VA Clinic.

Concur

Target date for completion: December 10, 2015

Facility response: Safety is scheduled to provide fire drill training to the manager and a designated staff on December 10, 2015. Fire drill will be conducted the same day. Fire drills will be conducted annually on the same date, and documented accordingly.

Recommendation 4. We recommended that managers test the alarm system or panic buttons regularly at the Buffalo VA Clinic.

Concur

Target date for completion: February 1, 2016

Facility response: Assistance requested from the electrical department, due to current malfunction of the monitor displaying the personal alarms. Testing will be conducted as soon as corrected. Assessment and price quote due from the contractor by COB December 18, 2015. After the quote, a purchase order will be written up and the outside company will do the work with a projected completion date of January 1, 2016. After January 1, 2016, testing of the alarms will be conducted monthly thereafter.

Recommendation 5. We recommended that managers maintain a clean environment of care at the Buffalo VA Clinic.

Concur

Target date for completion: April 15, 2016

Facility response: Cleaning contractor is on site daily between 4:30 and 11 pm. The cleaner will be on site two times per week before 4:30pm to clean the nurse's offices and the medication room while the nurse is in the office. Cleanliness will be monitored for four months and reported to the contracting officer for follow up with cleaning contractor. Issues related to cleanliness have been ongoing and are being monitored by the Day Treatment Program Manager and the contracting officer.

Recommendation 6. We recommended that managers ensure hand hygiene products are readily accessible to employees at the Buffalo VA Clinic.

Concur

Target date for completion: December 10, 2015

Facility response: Work order placed to remove un-needed dispensers and other dispensers filled. Gym and computer areas have cavi-wipes and gloves to wipe down equipment after each use. Day Treatment staff to monitor and refill hand hygiene dispensers. Dispensers will be monitored on an ongoing basis.

Recommendation 7. We recommended that managers provide feminine hygiene products in women's public restrooms at the Buffalo VA Clinic.

Concur

Target date for completion: December 10, 2015

Facility response: Feminine hygiene products are now available in women's public restrooms at the Day Treatment Center. These will be monitored on an ongoing basis and restocked as needed.

Recommendation 8. We recommended that managers at the Buffalo VA Clinic ensure all medications are secured from unauthorized access.

Concur

Target date for completion: December 10, 2015

Facility response: Medication storage refrigerator is now locked at all times. Locks for the nursing office and medication room have been replaced. Manager worked with the Safety office, pharmacy, and VA police to determine the best option for locking the nursing office keys that are accessible only to nurses. The keys are currently kept in a safe for which only authorized nursing staff members have the combination.

Recommendation 9. We recommended that managers at the Buffalo VA Clinic ensure the information technology server closet is maintained according to information technology safety and security standards.

Concur

Target date for completion: April 15, 2016

Facility response: The information technology closet is locked and the key is located in the manager's office. The log with the staff who have a need to access this area is located inside the closet and requires signature to verify entry. The log will be assessed for compliance monthly for 4 months.

Recommendation 10. We recommended that clinicians document the Home Telehealth enrollment process prior to the entry of monthly monitoring notes.

Concur

Target date for completion: March 6, 2016

Facility response: Monthly notes will be entered following documentation of Home Telehealth (HT) enrollment. The expectation that HT enrollment is completed prior to the entry of the monthly notes has been reviewed with and is understood by all VA WNY HT RNs. Completed November 6, 2015. The process will be assessed for compliance monthly for four months.

Recommendation 11. We recommended that the facility director ensures that the facility's written policy for the communication of laboratory results includes all required elements.

Concur

Target date for completion: April 30, 2016

Facility response: The facility Center Memorandum (CM) will be reviewed to incorporate language and processes outlined in VHA Directive 1088, Communicating Test Results to Providers and Patients. Appropriate staff will be educated regarding the updated CM.

The electronic health record will be monitored for compliance and reported to Performance Management for 4 months with ongoing follow up through the external peer review process (EPRP).

Recommendation 12. We recommended that clinicians consistently notify patients of their laboratory results within 14 days as required by VHA.

Concur

Target date for completion: April 30, 2016

Facility response: The facility Center Memorandum will be reviewed to incorporate language and processes outlined in VHA Directive 1088, Communicating Test Results to Providers and Patients. Appropriate staff will be educated regarding the updated CM. The EHR will be monitored for compliance and reported to Performance Management for 4 months with ongoing follow up through the EPRP process.

Recommendation 13. We recommended that providers ensure that PTSD patients receive mental health treatment, when applicable.

Concur

Target date for completion: May 29, 2016

Facility response: Leadership will ensure re-education to all clinical staff who conduct PTSD screens (clinical reminders) to ensure appropriate linkage to Mental Health treatment is made when appropriate. Date for initiation and completion of education: Start: 1/11/16, Completion: 1/29/16. The EHR will be monitored for compliance and reported to Performance Management for 4 months.

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Louise Slaughter

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Endnotes

^a References used for the EOC review included:

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- Joint Commission, *Joint Commission Comprehensive Accreditation and Certification Manual*, July 1, 2015.
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- VHA Handbook 1605.1, *Privacy and Release of Information*, May 17, 2006.
- VHA Handbook 1907.01, *Health Information Management*, July 22, 2014.
- VHA Telehealth Services, *Clinic Based Telehealth Operations Manual*, July 2014.

^b References used for the HT Enrollment review included:

- VHA Office of VHA Telehealth Services Home Telehealth Operations Manual, April 13, 2015.
Accessed from: <http://vaww.telehealth.va.gov/pgm/ht/index.asp>

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

- VHA, *Communication of Test Results Toolkit*, April 2012.
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^d References used for the PTSD Care review included:

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- VA/DoD Clinical Practice Guideline for Management of Post-Traumatic Stress, Version 2.0, October 2010.
- VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics*, September 11, 2008.
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^e Reference used for Patient Aligned Care Team Compass data graphs:

- Department of Veterans' Affairs, *Patient Aligned Care Teams Compass Data Definitions*, accessed: June 25, 2015.