



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

**Office of Healthcare Inspections**

**Report No. 15-05164-139**

**Review of Community Based  
Outpatient Clinics and Other  
Outpatient Clinics  
of  
VA Maryland Health Care System  
Baltimore, Maryland**

**February 23, 2016**

**Washington, DC 20420**

**To Report Suspected Wrongdoing in VA Programs and Operations**

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## Glossary

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 Maryland Health Care System and Veterans Integrated Service Network 5 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 care. We also randomly selected the Pocomoke City VA Clinic, Pocomoke City, MD, as a representative site and evaluated the environment of care on December 8, 2015.

**Review Results:** We conducted four focused reviews and had no findings for the post-traumatic stress disorder care review. However, we made recommendations for improvement in the following three review areas:

Environment of Care: Ensure that:

- A panic alarm system is installed in high-risk areas at the Pocomoke City VA Clinic.
- The hazardous materials inventory is reviewed for accuracy twice within a 12-month period at the Pocomoke City VA Clinic.

Home Telehealth Enrollment: Ensure that clinic staff:

- Sign Home Telehealth assessments and treatment plans.

Outpatient Lab Results Management: Ensure that:

- The facility's written policy includes the communication of laboratory results to patients no later than 14 days from the date on which the results are available to the ordering practitioner.
- Clinicians consistently notify patients of their laboratory results within 14 days as required by VHA.

## Comments

The Acting 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 17–20, 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 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.<sup>1</sup> 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.

<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 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.<sup>a</sup>

We reviewed relevant documents and conducted a physical inspection of the Pocomoke City 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. The areas marked as NA were not applicable at this VA Clinic.

**Table 2. EOC**

NM	Areas Reviewed	Findings	Recommendations
<b>Document and Training Review</b>			
	Managers monitored CBOC staff's hand hygiene compliance.		
	Training for CBOC employees on the Exposure Control Plan for bloodborne pathogens has been provided within the past 12 months for those newly hired and annually for others.		
	The clinic had a policy/procedure for life safety elements.		
	The clinic had a policy for the management of clinical emergencies.		
	The clinic had a policy for the management of mental health emergencies.		
	The clinic had a documented Hazard Vulnerability Assessment to identify potential emergencies.		
	The Hazard Vulnerability Assessment was reviewed annually		
	The clinic had a policy that requires CBOC staff to receive regular information on their responsibilities in emergency response operations.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	CBOC staff participated in regular emergency management training and exercises.		
	The clinic conducted fire drills at the Pocomoke City VA Clinic at least once every 12 months for the past 24 months with documented critiques of the drills.		
	The clinic had a policy/procedure for the identification of individuals entering the CBOC.		
	The clinic had a Workplace Behavioral Risk Assessment in place.		
NA	The alarm system or panic buttons in high-risk areas were tested during the past 12 months.		
	The clinic had written procedures to follow in the event of a security incident.		
	Clinic employees received training on the new chemical label elements and safety data sheet format.		
	The clinic had a policy/procedure for the cleaning and disinfection of telehealth equipment.		
<b>Physical Inspection</b>			
	The clinic was clean.		
	The furnishings and equipment were safe and in good repair.		
	Hand hygiene facilities and product dispensers were working and readily accessible to employees.		
	Personal protective equipment was available.		
	Sharps containers were closable, easily accessible, and not overfilled.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	Clinic staff did not store food and drinks in refrigerators or freezers or on countertops or other areas where there is blood or other potentially infectious materials.		
	Sterile commercial supplies were not expired.		
	The clinic minimized the risk of infection when storing and disposing of medical waste.		
	The clinic had unobstructed access to fire alarms/pull stations.		
	The clinic had unobstructed access to fire extinguishers.		
	For fire extinguishers located in large rooms or are obscured from view, the clinic identified the locations of the fire extinguishers with signs.		
	The exit signs were visible from every direction.		
	Exit routes from the building were unobstructed.		
	Staff wore VA-issued identification badges.		
	The clinic controlled access to and from areas identified as security sensitive.		
X	The clinic had an alarm system or panic buttons installed in high-risk areas.	The Pocomoke City VA Clinic did not have an alarm system or panic buttons installed in high-risk areas.	1. We recommended that the Facility Director ensures the installation and use of an alarm system or panic buttons in high-risk areas at the Pocomoke City VA Clinic.
X	The clinic's inventory of hazardous materials was reviewed for accuracy twice within the prior 12 months.	The Pocomoke City VA Clinic's inventory of hazardous materials and waste was not reviewed for accuracy twice within the prior 12 months.	2. We recommended that the clinic manager reviews the Pocomoke City VA Clinic's hazardous materials inventory twice within a 12-month period.
	The clinic's safety data sheets for chemicals were readily available for the staff.		
	The clinic provided visual and auditory privacy for veterans at check-in.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	The clinic provided visual and auditory privacy for patients in the interview areas.		
	Examination room doors were equipped with either an electronic or manual lock.		
	A privacy sign was available for use to indicate that a telehealth visit was in progress.		
	Documents containing patient-identifiable information were not visible or unsecured.		
	Clinic staff locked computer screens when they were not in use.		
	Information was not viewable on monitors in public areas.		
NA	Window coverings, if present, provided privacy.		
	Clinic staff protected patient-identifiable information to maintain patient privacy on laboratory specimens during transport.		
	The clinic had examination room(s) for women veterans which were located in a space where they did not open into a public waiting room or a high-traffic public corridor.		
	The clinic provided adequate privacy for women veterans in the examination rooms.		
	The clinic provided feminine hygiene products in examination rooms where pelvic examinations were performed or in bathrooms within close proximity.		
	Women's public restrooms had feminine hygiene products and disposal bins available for use.		
	Multi-dose medication vials were not expired.		
	All medications were secured from unauthorized access.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	The information technology network room/server closet was secured/locked.		
	Access to the information technology network room/server closet was 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 was 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.<sup>b</sup>

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.		
X	Providers signed HT assessments and treatment plans.	Providers did not sign 18 of 49 patient HT assessments and treatment plans (37 percent).	<b>3.</b> We recommended that providers sign Home Telehealth assessments and treatment plans.
	Monthly monitoring notes were documented for each month of HT program participation.		
	Documentation of HT enrollment (consult, screening, and/or initial assessment notes) was completed 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.<sup>c</sup>

We reviewed relevant documents and 46 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.	<b>4.</b> We recommended that the Facility Director ensures that the facility’s written policy include 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.
X	Clinicians notified patients of their lab results.	Clinicians did not consistently notify 9 of 46 patients (20 percent) of their lab results within 14 days as required by VHA.	<b>5.</b> 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.<sup>d</sup>

We reviewed relevant documents and 43 EHRs. We also validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The facility generally met requirements. We made no recommendations.

**Table 5. PTSD Care**

NM	Areas Reviewed	Findings	Recommendations
	Patients 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.		
	Patients, when applicable, received mental health treatment.		

## 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>2</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.<sup>3</sup>

Location	Station #	Rurality	Outpatient Classification <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>	
Cambridge, MD	512GA	Rural	Multi-Specialty CBOC	11,160	8,048	3,595	Dermatology Optometry Podiatry Pulmonology Urology	Audiology Diabetic Retinal Screening Laboratory	MOVE! Program <sup>10</sup> Nutrition Pharmacy
Glen Burnie, MD	512GC	Urban	Multi-Specialty CBOC	10,684	3,378	2,967	Dermatology Optometry Podiatry	Audiology MOVE! Program	Nutrition Pharmacy
Baltimore, MD	512GD	Urban	Multi-Specialty CBOC	9,674	6,245	10,712	Dermatology Gastroenterology General Surgery Nephrology Neurology Optometry Orthopedics Podiatry Rheumatology	Audiology BROS Diabetic Retinal Screening MOVE! Program Nutrition	Pharmacy Rehabilitation Services VICTORS & Advanced Low Vision

<sup>2</sup> Includes all CBOCs in operation before August 15, 2015.

<sup>3</sup> <http://vssc.med.va.gov/>

<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, 2014, through September 30, 2015, timeframe at the specified CBOC.

<sup>6</sup> VHA Handbook 1006.02, *VHA Site Classifications and Definitions*, December 30, 2013.

<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-Primary Care and non-Mental Health services provided by a physician.

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

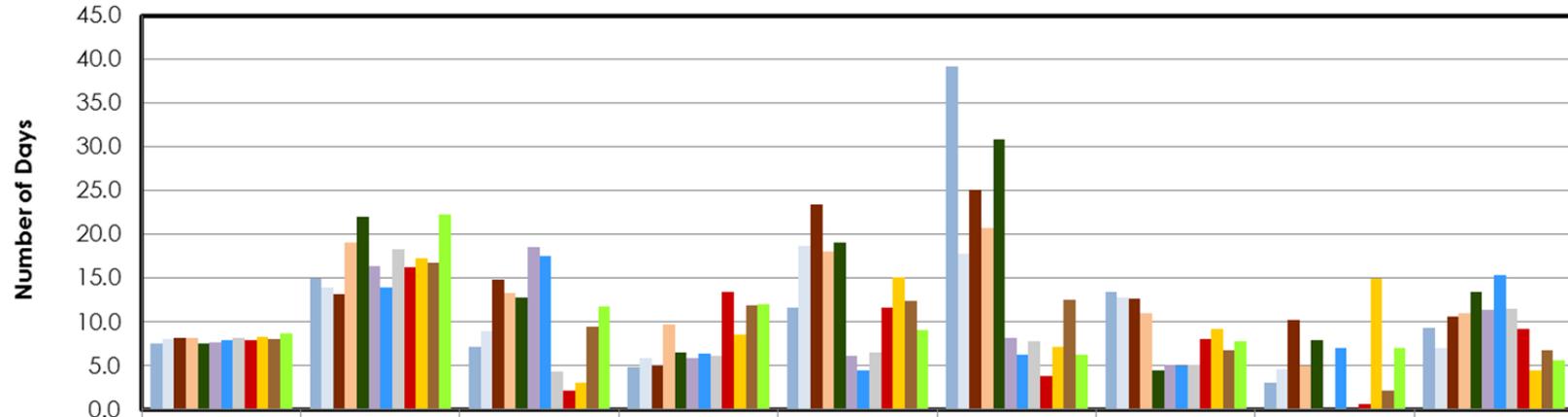
<sup>10</sup> VHA Handbook 1120.01, *MOVE! Weight Management Program for Veterans*, March 31, 2011.

Location (cont.)	Station #	Rurality	Outpatient Classification	Outpatient Workload / Encounters			Services Provided		
				PC	MH	Specialty Clinics	Specialty Care	Ancillary Services	
Pocomoke City, MD	512GE	Rural	Primary Care CBOC	3,518	1,743	124	NA	MOVE! Program Pharmacy	
Fort Howard, MD	512GF	Urban	Primary Care CBOC	4,913	2,234	495	Podiatry Pulmonology Rheumatology	MOVE! Program Pharmacy	
Fort Meade, MD	512GG	Urban	Multi-Specialty CBOC	4,550	2,547	1,833	Dermatology Neurology Optometry	Audiology Health Screening	

BROS - Blind Rehabilitation Outpatient Specialist; VICTORS - Visual Impairment Center to Optimize Remaining Sight

## Patient Aligned Care Team Compass Metrics

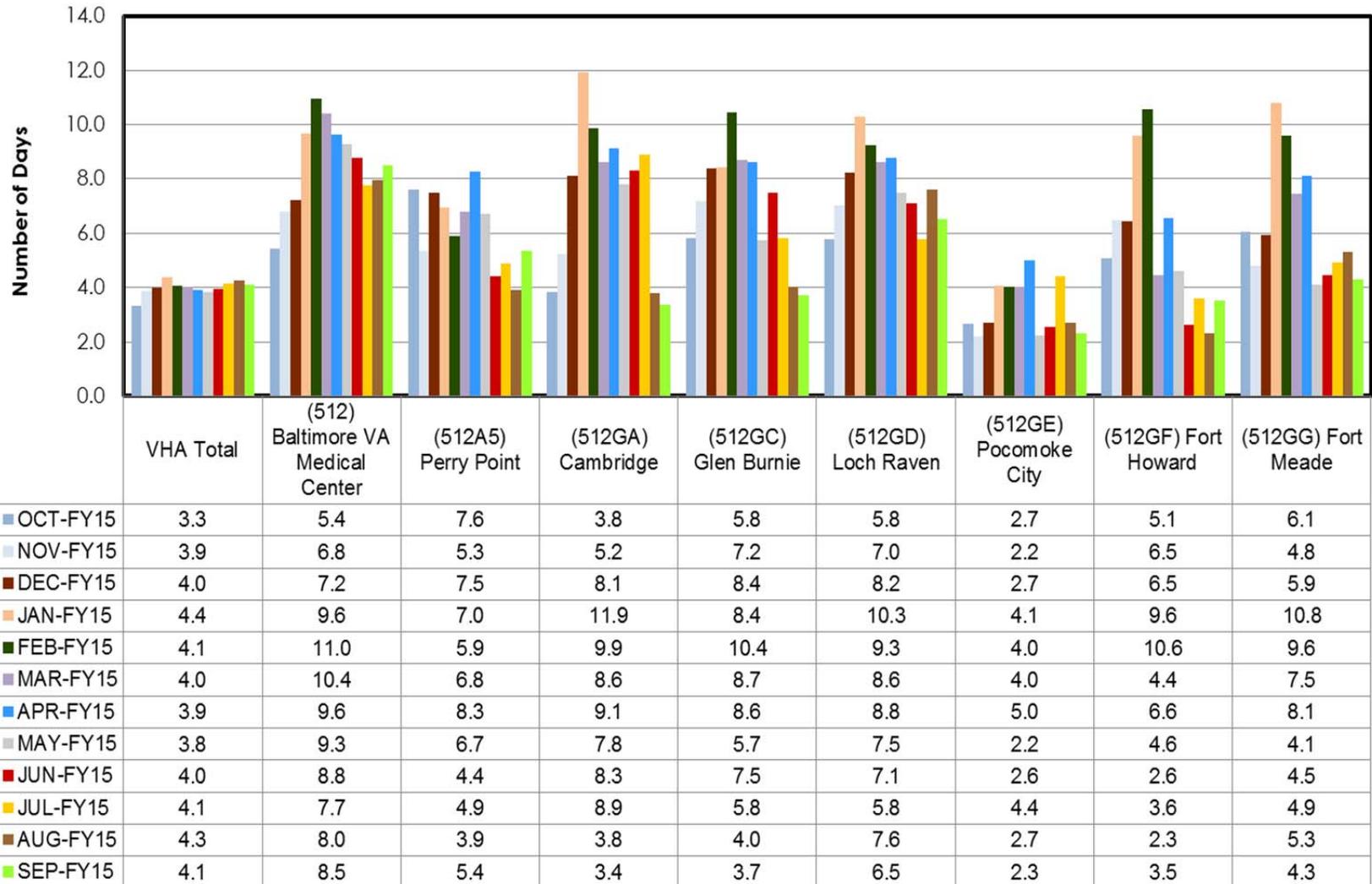
### FY 2015 New PC Patient Average Wait Time in Days



	VHA Total	(512) Baltimore VA Medical Center	(512A5) Perry Point	(512GA) Cambridge	(512GC) Glen Burnie	(512GD) Loch Raven	(512GE) Pocomoke City	(512GF) Fort Howard	(512GG) Fort Meade
■ OCT-FY15	7.6	15.0	7.1	4.8	11.6	39.2	13.4	3.1	9.3
■ NOV-FY15	8.1	14.0	8.9	5.9	18.7	17.8	12.8	4.7	7.1
■ DEC-FY15	8.1	13.2	14.8	5.0	23.4	25.1	12.6	10.3	10.7
■ JAN-FY15	8.2	19.1	13.3	9.8	18.0	20.7	11.0	5.0	11.1
■ FEB-FY15	7.6	22.0	12.9	6.6	19.0	30.9	4.5	8.0	13.5
■ MAR-FY15	7.7	16.3	18.6	5.9	6.1	8.2	5.1	0.0	11.4
■ APR-FY15	7.9	13.9	17.6	6.4	4.4	6.3	5.0	7.0	15.3
■ MAY-FY15	8.2	18.3	4.4	6.1	6.5	7.9	5.1	0.0	11.5
■ JUN-FY15	8.0	16.3	2.2	13.4	11.6	3.8	8.1	0.7	9.2
■ JUL-FY15	8.3	17.3	3.0	8.6	15.1	7.2	9.2	15.0	4.5
■ AUG-FY15	8.1	16.8	9.5	12.0	12.4	12.5	6.8	2.2	6.8
■ SEP-FY15	8.7	22.2	11.8	12.0	9.2	6.2	7.8	7.0	5.6

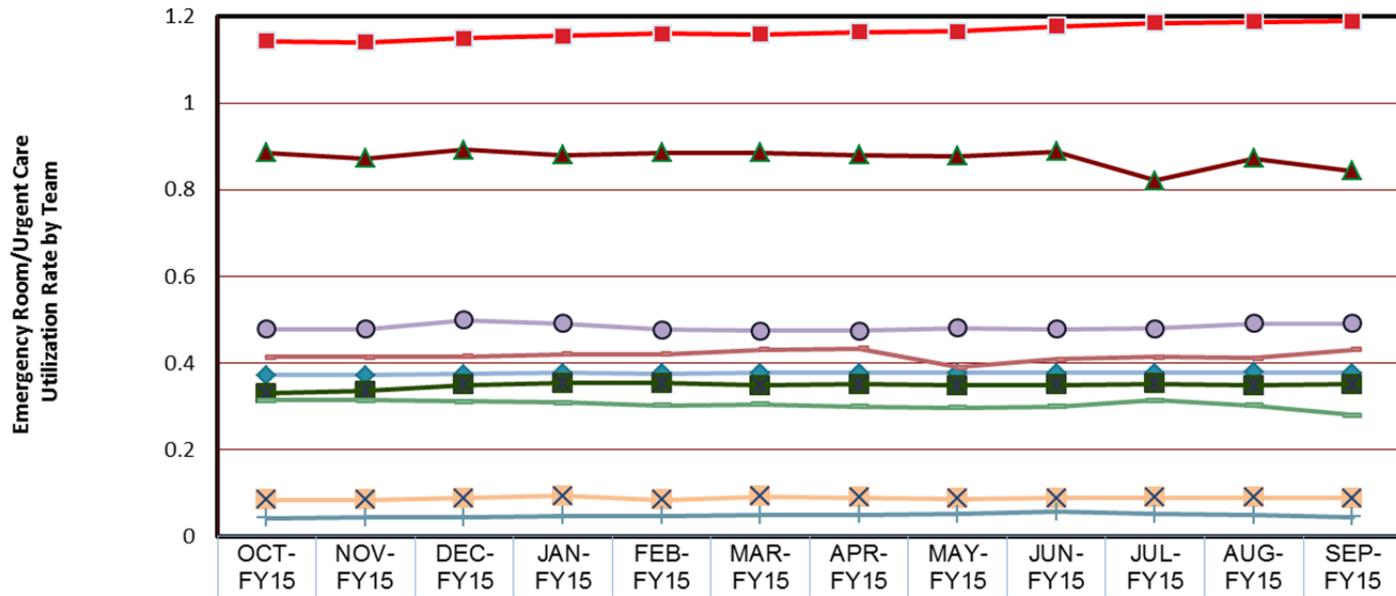
**Data Definition.**<sup>e</sup> The average number of calendar days between a New Patient’s PC completed appointment (clinic stops 322, 323, and 350, excluding Compensation and Pension appointments) and the earliest of three possible preferred (desired) dates (Electronic Wait List (EWL), Cancelled by 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



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

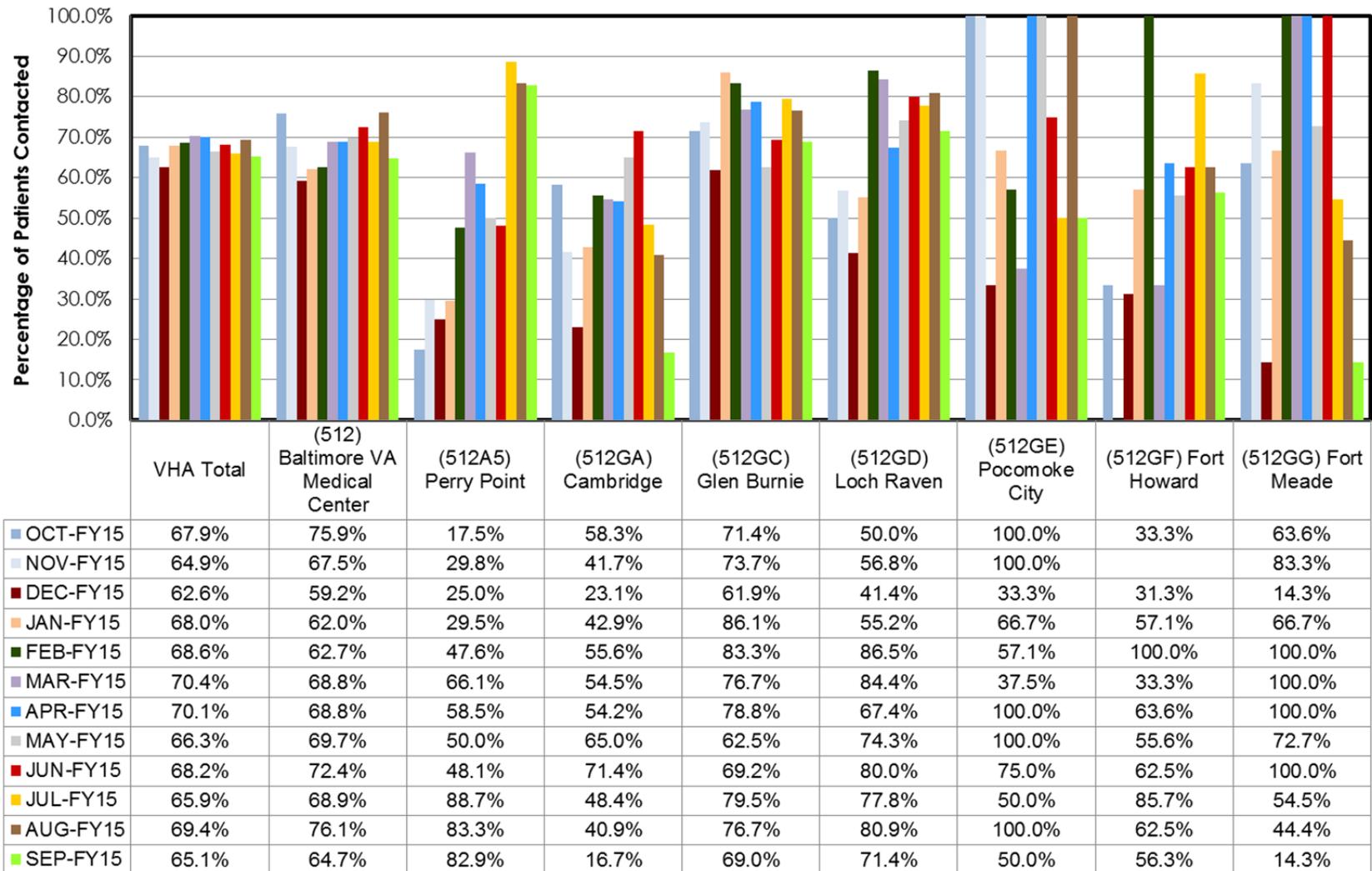
### FY 2015 Emergency Room/Urgent Care Utilization Rate for Assigned PC Patients



◆ 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
■ (512) Baltimore VA Medical Center	1.14	1.14	1.15	1.15	1.16	1.16	1.16	1.16	1.18	1.18	1.19	1.19
▲ (512A5) Perry Point	0.89	0.87	0.89	0.88	0.89	0.89	0.88	0.88	0.89	0.82	0.87	0.84
× (512GA) Cambridge	0.08	0.08	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09
■ (512GC) Glen Burnie	0.33	0.33	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35
● (512GD) Loch Raven	0.48	0.48	0.50	0.49	0.48	0.47	0.47	0.48	0.48	0.48	0.49	0.49
◆ (512GE) Pocomoke City	0.04	0.04	0.04	0.05	0.05	0.05	0.05	0.05	0.06	0.05	0.05	0.05
— (512GF) Fort Howard	0.41	0.41	0.41	0.42	0.42	0.43	0.43	0.39	0.41	0.41	0.41	0.43
— (512GG) Fort Meade	0.31	0.31	0.31	0.31	0.30	0.31	0.30	0.30	0.30	0.31	0.30	0.28

**Data Definition.**<sup>6</sup> 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.**<sup>e</sup> 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. Blank cells indicate the absence of reported data.

## Acting Veterans Integrated Service Network Director Comments

**Department of  
Veterans Affairs**

# Memorandum

**Date:** January 29, 2016

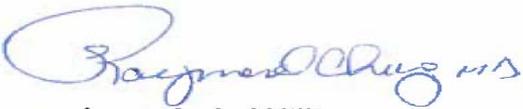
**From:** Acting Director, VA Capitol Health Care Network (10N5)

**Subject:** **Review of CBOCs and OOCs of VA Maryland Health Care System, Baltimore, MD**

**To:** Director, Bay Pines Office of Healthcare Inspections (54SP)

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

1. I have reviewed the comments provided by the Medical Center Director of the VA Maryland Health Care System and concur with the responses and actions to the recommendations outlined in the report.
2. Should you require additional information, please contact Jeffrey Lee, Quality Management Officer, VA Capitol Health Care Network, VISN 5.

  
FOR **Joseph A. Williams, Jr.**

**Attachments: 3**

## Facility Director Comments

**Department of  
Veterans Affairs**

# Memorandum

**Date:** January 29, 2016

**From:** Director, VA Maryland Health Care System (512/00)

**Subject: Review of CBOCs and OOCs of VA Maryland Health Care System, Baltimore, MD**

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

1. I would like to express my appreciation to the Office of Inspector General Survey Team for their professional and comprehensive review conducted on December 7-11, 2015.
2. I have reviewed the draft report for the VA Maryland Health Care System, Baltimore, Maryland and concur with the findings and recommendations.
3. Please express my gratitude to the survey team for their professionalism and assistance to us in our continuing efforts to provide the best care possible to our Veteran patients.



ADAM M. ROBINSON, JR., M.D.

## 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 the Facility Director ensures the installation and use of an alarm system or panic buttons in high-risk areas at the Pocomoke City VA Clinic.

Concur

Target date for completion: March 1, 2016

Facility response: A portable wireless panic alarm system has been purchased and received for the Pocomoke Clinic. Once one of the alarm buttons are activated it will send a signal to a cell phone which then will call the local police and VA police leaving an automated message. At this time we are coordinating with Telecommunications for a dedicated cell phone for the system. Once this final piece is in place, the alarm system will be fully operational.

**Recommendation 2.** We recommended that the clinic manager reviews the Pocomoke City VA Clinic's hazardous materials inventory twice within a 12-month period.

Concur

Target date for completion: August 1, 2016

Facility response: Pocomoke inventory is current -submitted to VA Maryland Health Care System Safety manager in February 2016. It will be re-evaluated for accuracy in July of 2016. The GEMS Committee requires all services and clinical units to provide semi-annual review of chemical inventories. These are submitted to the Safety Office and kept in a central file. Inventory data is used to update the central Center for Engineering, Occupational Safety and Health database. To ensure compliance, departmental leaders will review to ensure that the July inventory is completed.

**Recommendation 3.** We recommended that providers sign Home Telehealth assessments and treatment plans.

Concur

Target date for completion: June 1, 2016

Facility response: To ensure compliance, a process has been implemented requiring care coordinators to conduct monthly retrospective chart reviews for any veterans that enrolled in the telehealth program during the previous 30 days. The treatment plan is

reviewed to ensure that it has been signed by the primary care provider or mental health provider. A report will be generated to the Director of Ambulatory Emergency Clinical Care Center and the Director of Mental Health to address issues of non-compliance. This will be an ongoing practice to be monitored and reported monthly.

**Recommendation 4.** We recommended that the Facility Director ensures that the facility's written policy include 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.

Concur

Target date for completion: March 1, 2016

Facility Response: Facility leaders will modify the current policy to formally establish the requirement for patients to receive communication regarding lab results in 14 days or less.

**Recommendation 5.** We recommended that clinicians consistently notify patients of their laboratory results within 14 days as required by VHA.

Concur

Target date for completion: March 1, 2016

Facility response: Health Care System leaders will also establish a hospital-level performance improvement project that requires VAMHCS Clinical Center Directors and Clinical Service Chiefs to monitor compliance with the policy. The project will require the implementation of a reliable process that ensures providers notify patients of normal lab results within 14 days and abnormal lab results with 7 days; each Clinical Center's/Clinical Service's process will also describe the acceptable methods of communication of results to patients (e.g. secure messaging; telephonic notification; clinic visit with the appropriate time frame; letter via USPS; etc.). The Performance improvement projects will be educated to all appropriate staff members, and all processes will be implemented, NLT March 1, 2016. To ensure compliance, clinical center directors and clinical service chiefs will be required to submit consolidated/aggregated compliance data to the VAMHCS Executive Performance Improvement Council (EPIC) beginning in March 2016.

## Office of Inspector General Contact and Staff Acknowledgments

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## Endnotes

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<sup>c</sup> References used for the Outpatient Lab Results Management review included:

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<sup>e</sup> Reference used for Patient Aligned Care Team Compass data graphs:

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