Department of Veterans Affairs
Office of Inspector General

Office of Healthcare Inspections

Report No. 16-00017-245

Review of Community Based Outpatient Clinic and Other Outpatient Clinics of Tuscaloosa VA Medical Center Tuscaloosa, Alabama

April 20, 2016

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

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	primary care
PTSD	post-traumatic stress disorder
VHA	Veterans Health Administration

Table of Contents

Executive Summary

Review Purpose: The purpose of the review was to evaluate selected patient care activities to determine whether the Community Based Outpatient Clinic and other outpatient clinics under the oversight of the Tuscaloosa VA Medical Center, Tuscaloosa, AL, and Veterans Integrated Service Network 7 provide safe, consistent, and high-quality health care. The review evaluated the clinic compliance with selected requirements for home telehealth enrollment, outpatient lab results management, and post-traumatic stress disorder. We reviewed the Selma VA Clinic, Selma, AL, the facility's only Community Based Outpatient Clinic, and evaluated the environment of care on February 4, 2016.

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:

- Managers monitor hand hygiene compliance at the Selma VA Clinic.

Home Telehealth Enrollment: Ensure that:

- Providers sign Home Telehealth assessments and treatment plans.
- Clinicians document the Home Telehealth enrollment process prior to the entry of monthly monitoring notes.

Outpatient Lab Results Management: Ensure that:

- Clinicians consistently notify patients of their laboratory results within the timeframe set by local policy.

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 16–19, for the full text of the Directors' comments.) 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 the facility's only community-based outpatient site of care.[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 Selma VA Clinic. The table below shows the areas reviewed for this topic. The area marked as NM did not meet applicable requirements and needed improvement.

Table 2. EOC

NM	Areas Reviewed	Findings	Recommendations
Document and Training Review			
X	Managers monitored clinic staff's hand hygiene compliance.	Managers did not monitor hand hygiene compliance at the Selma VA Clinic.	**1.** We recommended that managers monitor hand hygiene compliance at the Selma VA Clinic.
	Clinic managers provided training for employees on the Exposure Control Plan for Bloodborne Pathogens 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.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	The clinic had a policy that requires staff to receive regular information on their responsibilities in emergency response operations.		
	Clinic staff participated in regular emergency management training and exercises.		
	The clinic conducted fire drills 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 clinic.		
	The clinic had a Workplace Behavioral Risk Assessment in place.		
	The alarm system or panic buttons in high-risk areas was 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.		
Physical Inspection			
	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.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	Personal protective equipment was available.		
	Sharps containers were closable, easily accessible, and not overfilled.		
	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.		
	The clinic had an alarm system or panic buttons installed in high-risk areas.		
	The clinic's inventory of hazardous materials was reviewed for accuracy twice within the prior 12 months.		
	The clinic's safety data sheets for chemicals were readily available for the staff.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	The clinic provided visual and auditory privacy for veterans at check-in.		
	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.		
	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.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	Multi-dose medication vials were not expired.		
	All medications were secured from unauthorized access.		
	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 CBOC and OOCs are compliant with selected VHA documentation requirements for the enrollment, assessment, and monitoring of HT patients.[b]

We reviewed relevant documents and 50 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. 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 6 of 50 patients' HT assessments and treatment plans (12 percent).	**2**. We recommended that providers sign Home Telehealth 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 50 EHRs (34 percent).	**3.** 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 48 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. The item that did not apply to this facility is marked NA.

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.		
	The facility has a written policy for the communication of lab results that included all required elements.		
X	Clinicians notified patients of their lab results.	Clinicians did not consistently notify 19 of 48 patients (40 percent) of their lab results within the timeframe set by local policy.	**4**. We recommended that clinicians consistently notify patients of their laboratory results within the timeframe set by local policy.
NA	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 46 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
	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.		
	Patients, when applicable, received mental health treatment.		

Clinic Profile

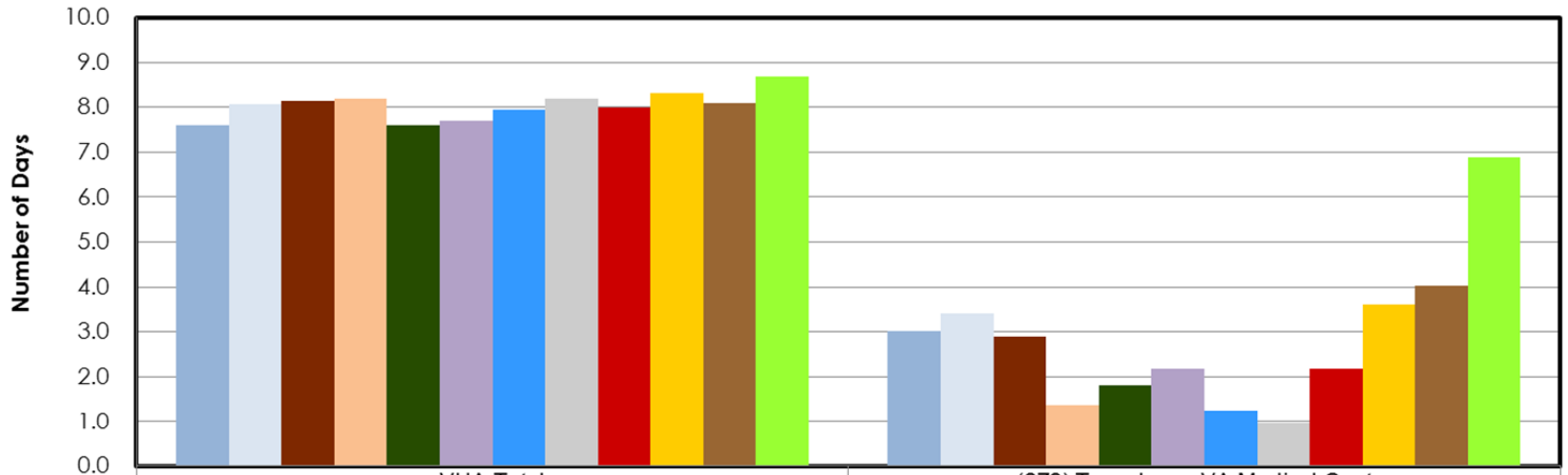
This review evaluates the quality of care provided to veterans at all of the outpatient clinics under the parent facility's oversight.[2] The Selma VA Clinic provides PC integrated with women's health, mental health, and tele-health services. The following table provides information relative to the Selma VA Clinic and lists the services provided at that location.[3]

				Outpatient Workload / Encounters[4]			Services Provided[5]	
Location	**Station #**	**Rurality**	**Outpatient Classification[6]**	**PC**	**Mental Health**	**Specialty Clinics[7]**	**Specialty Care[8]**	**Ancillary Services[9]**
Selma, AL	679GA	Rural	Primary Care CBOC	0	0	0	NA	NA

[2] Includes all CBOCs in operation before August 15, 2015. As of December 31, 2015, the 679GA (Selma) has not reported any workload under its own station ID number.
[3] http://vssc.med.va.gov/
[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 settings, however, all workload for this clinic has been reported under the parent facility.
[5] 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.
[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.

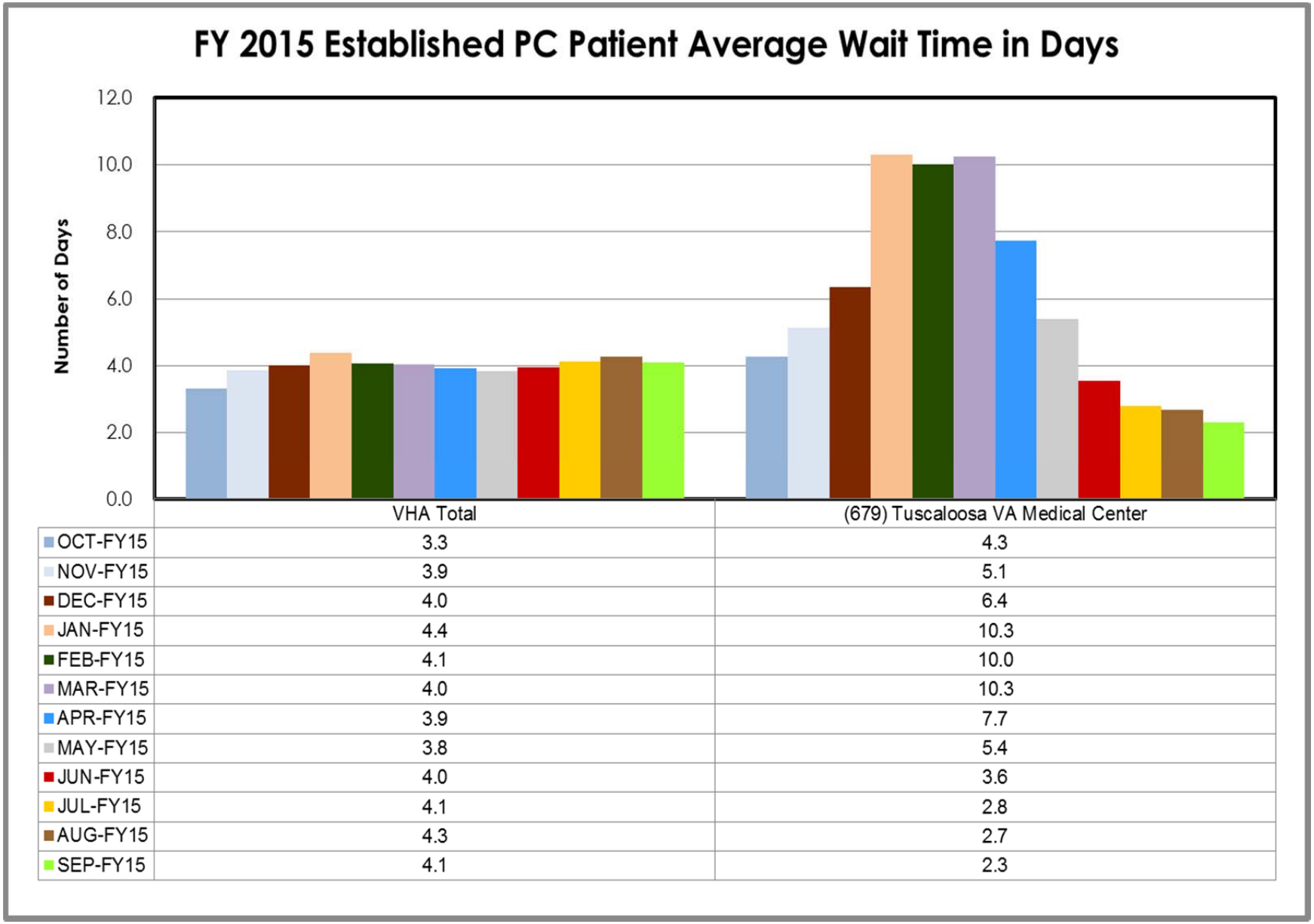
Patient Aligned Care Team Compass Metrics

FY 2015 New PC Patient Average Wait Time in Days



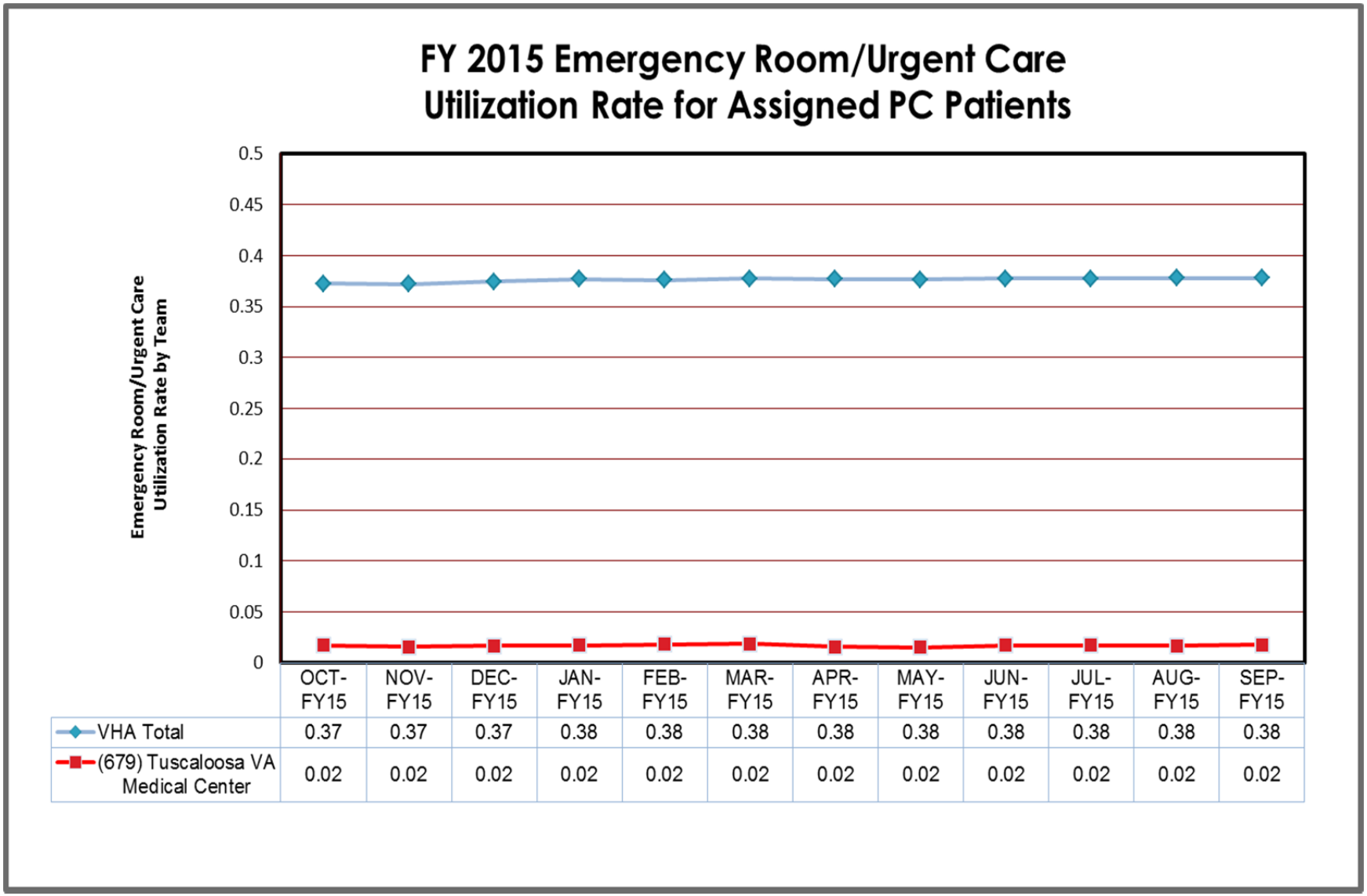
	VHA Total	(679) Tuscaloosa VA Medical Center
OCT-FY15	7.6	3.0
NOV-FY15	8.1	3.4
DEC-FY15	8.1	2.9
JAN-FY15	8.2	1.4
FEB-FY15	7.6	1.8
MAR-FY15	7.7	2.2
APR-FY15	7.9	1.2
MAY-FY15	8.2	1.0
JUN-FY15	8.0	2.2
JUL-FY15	8.3	3.6
AUG-FY15	8.1	4.0
SEP-FY15	8.7	6.9

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.*

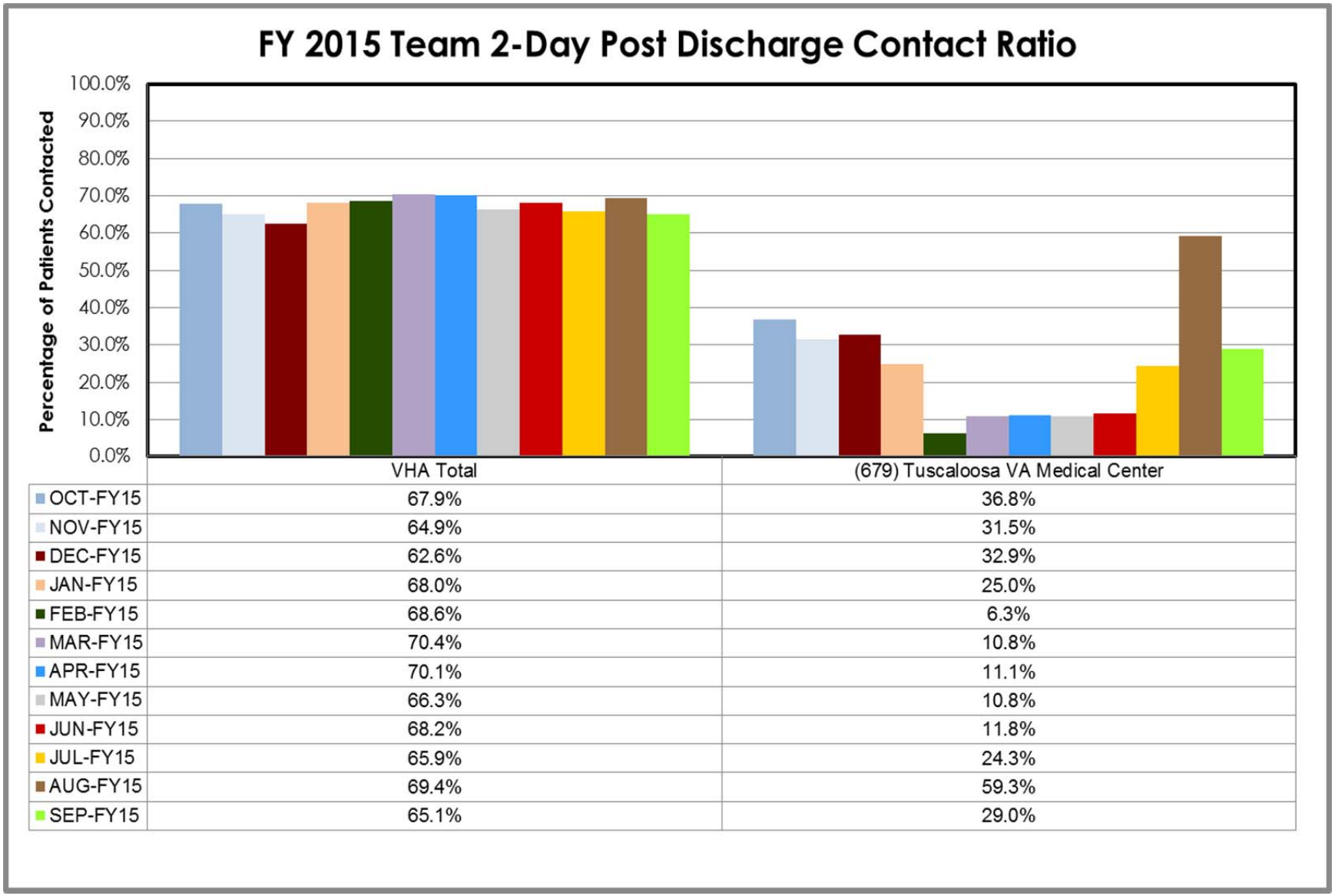


	VHA Total	(679) Tuscaloosa VA Medical Center
OCT-FY15	3.3	4.3
NOV-FY15	3.9	5.1
DEC-FY15	4.0	6.4
JAN-FY15	4.4	10.3
FEB-FY15	4.1	10.0
MAR-FY15	4.0	10.3
APR-FY15	3.9	7.7
MAY-FY15	3.8	5.4
JUN-FY15	4.0	3.6
JUL-FY15	4.1	2.8
AUG-FY15	4.3	2.7
SEP-FY15	4.1	2.3

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.



Data Definition.[e] 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).



	VHA Total	(679) Tuscaloosa VA Medical Center
OCT-FY15	67.9%	36.8%
NOV-FY15	64.9%	31.5%
DEC-FY15	62.6%	32.9%
JAN-FY15	68.0%	25.0%
FEB-FY15	68.6%	6.3%
MAR-FY15	70.4%	10.8%
APR-FY15	70.1%	11.1%
MAY-FY15	66.3%	10.8%
JUN-FY15	68.2%	11.8%
JUL-FY15	65.9%	24.3%
AUG-FY15	69.4%	59.3%
SEP-FY15	65.1%	29.0%

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.

Appendix C

Veterans Integrated Service Network Director Comments

Department of Veterans Affairs

Memorandum

Date: March 17, 2016

From: Director, VA Southeast Network (10N7)

Subject: **Review of CBOC and OOCs of the Tuscaloosa VA Medical Center, Tuscaloosa, AL**

To: Director**,** Dallas Office of Healthcare Inspections (54DA)

Director, Management Review Service (VHA 10E1D MRS OIG CAP CBOC)

1. Thank you for the opportunity to review the draft report of the Community Based Outpatient Clinic (CBOC) and Other Outpatient Clinics (OOCs) at the Tuscaloosa VAMC, Tuscaloosa, AL.

2. I concur with the report and recommendations. Attached is the facility's corrective action plan for recommendations 1 through 4.

3. If you have any questions or need further information, please contact Donna Schnider, Quality Management Officer, at (678) 924-5700.

Robin E. Jackson, Ph. D., LCSW
Deputy Director, VA Southeast Network (10N7)

Facility Director Comments

Department of Veterans Affairs

Memorandum

Date: March 17, 2016

From: Director, Tuscaloosa VA Medical Center (679/00)

Subject: **Review of CBOC and OOCs of the Tuscaloosa VA Medical Center, Tuscaloosa, AL**

To: Director, VA Southeast Network (10N7)

1. Thank you for the opportunity to review the draft report of the Community Based Outpatient Clinic (CBOC) and Other Outpatient Clinics (OOCs) at the Tuscaloosa VAMC.

2. I concur with the report and recommendations. Attached is the facility's corrective action plan for recommendations 1 through 4.

3. If you have additional questions or need further information, please contact me at (205) 554-2000 ext. 2201.

John F. Merkle, FACHE

Director, Tuscaloosa VA Medical Center (679/00)

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 Selma VA Clinic.

Concur

Target date for completion: July 30, 2016

Facility response: The Selma CBOC Clinic implemented the use of a Hand Hygiene monitoring tool, which will be used by the supervisor/ designee to monitor compliance. Random audits (5/month) will be collected. Additionally, a survey tool will be provided to Veterans at the end of their clinic visit to provide feedback on staff compliance with hand hygiene. Data from the Hand Hygiene monitoring and Veterans feedback will be analyzed and submitted to the Infection Control Preventionist to include in the Infection Control Committee (ICC) minutes in efforts to identify trends, and opportunities for improvement to reduce risk of spreading infection. Audits will be conducted monthly until 90% or greater compliance is achieved for 3 consecutive months and then quarterly. Audits will be reported in Medicine Performance Improvement Committee.

Recommendation 2. We recommended that providers sign Home Telehealth assessments and treatment plans.

Concur

Target date for completion: July 30, 2016

Facility response: 100% of HT Care Coordinators were re-educated on notes that require provider signature. HT Care Coordinators received education on who was to be identified for signature in each note. Medicine and Specialty Care providers were instructed by the Associate Chief of Staff (ACOS) of Medicine and Associate Chief Nurse (ACN), Medicine to sign these notes as required by HT Program national guidance. During Quarterly peer review process, HT lead will identify any instance on charts reviewed and communicate this information to the appropriate staff for resolution. Audits will performed monthly until 3 consecutive months with 90% performance is achieved and then will be audited on a quarterly basis.

Recommendation 3. We recommended that clinicians document the Home Telehealth enrollment process prior to the entry of monthly monitoring notes.

Concur

Target date for completion: July 30, 2016

Facility response: The new guidance for documentation on timing of the 683 note was communicated to all HT Care Coordinators via email January 12, 2016. This new guidance was also reviewed in staff meeting on January 26, 2016. The Enrollment checklist was updated and provided to all HT Care Coordinators for use which delineates appropriate steps for documentation. Audits will be conducted monthly and reported to the Tele-Health Committee and Medicine Performance Improvement Committee until 90% or greater compliance achieved for 3 consecutive months.

Recommendation 4. We recommended that clinicians consistently notify patients of their laboratory results within the timeframe set by local policy.

Concur

Target date for completion: July 30, 2016

Facility response: Facility policy to be updated to reflect VHA Directive 1088 Communicating Test Results to Providers and Patients dated 10/7/2015 with requirements for action. All providers to be educated to the importance and regulation associated with communication of lab results needing action within 7 days and normal lab results within 14 days in accordance with revised Tuscaloosa VAMC policy. Random audits will be conducted monthly and reported in the Medicine Performance Improvement Committee until 90% or greater compliance achieved for 3 consecutive months.

Office of Inspector General
Contact and Staff Acknowledgments

Contact	For more information about this report, please contact the OIG at (202) 461-4720.
Inspection Team	Rose Griggs, MSW, LCSW, Team Leader Gayle Karamanos, MS , PA-C Cathleen King, MHA, CRRN Trina Rollins, MS, PA-C
Other Contributors	Shirley Carlile, BA Roneisha Charles, BS Lin Clegg, PhD Marnette Dhooghe, MS Jennifer Reed, RN, MSHI Larry Ross, Jr., MS Marilyn Stones, BS Mary Toy, RN, MSN Jarvis Yu, MS

Report Distribution

VA Distribution

Office of the Secretary
Veterans Health Administration
Assistant Secretaries
General Counsel
Director, VA Southeast Network (10N7)
Director, Tuscaloosa VA Medical Center (679/00)

Non-VA Distribution

House Committee on Veterans' Affairs
House Appropriations Subcommittee on Military Construction, Veterans Affairs, and Related Agencies
House Committee on Oversight and Government Reform
Senate Committee on Veterans' Affairs
Senate Appropriations Subcommittee on Military Construction, Veterans Affairs, and 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: Jeff Sessions, Richard C. Shelby
U.S. House of Representatives: Robert Aderholt, Mo Brooks, Bradley Byrne, Gary Palmer, Martha Roby, Mike Rogers, Terri A. Sewell

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 Manua*l, July 1, 2015.
- National Fire Protection Association (NFPA), *NFPA 10: Installation of Portable Fire Extinguishers,* 2013.
- National Fire Protection Association (NFPA), *NFPA 101: Life Safety Code,* 2015.
- US Department of Health and Human Services, *Health Information Privacy: The Health Insurance Portability and Accountability Act (HIPAA) Enforcement Rule*, February 16, 2006.
- US Department of Labor, Occupational Safety and Health Administration (OSHA), *Fact Sheet: Hazard Communication Standard Final Rule,* n.d.
- US Department of Labor, Occupational Safety and Health Administration (OSHA), *Regulations (Standards – 29 CFR), 1910 General Industry Standards, 120 Hazardous Waste Operations and Emergency Response,* February 8, 2013.
- US Department of Labor, Occupational Safety and Health Administration (OSHA), *Regulations (Standards – 29 CFR), 1910 General Industry Standards, 1030 Bloodborne Pathogens,* April 3, 2012.
- VA Directive 0059, *VA Chemicals Management and Pollution Prevention,* May 25, 2012.
- VA Handbook 6500, *Risk Management Framework for VA Information Systems – Tier 3: VA Information Security Program,* March 10, 2015.
- VHA Center for Engineering, Occupational Safety, and Health (CEOSH), *Emergency Management Program Guidebook*, March 2011.
- VHA Directive 2011-007, *Required Hand Hygiene Practices,* February 16, 2011.
- VHA Directive 2012-026, *Sexual Assaults & Other Defined Public Safety Incidents in VHA Facilities,* September 27, 2012.
- VHA Handbook 1006.1, *Planning and Activating Community-Based Outpatient Clinics,* May 19, 2004.
- VHA Handbook 1101.10, *Patient Aligned Care Team (PACT) Handbook*, February 5, 2014.
- VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics,* September 11, 2008.
- VHA Handbook 1330.01, *Health Care Services for Women Veterans,* May 21, 2010.
- 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.
- VHA Handbook 2009-019, *Ordering and Reporting Test Results,* March 24, 2009.

[d] References used for the PTSD Care review included:

- Department of Veterans Affairs Memorandum, *Information Bulletin: Clarification of Posttraumatic Stress Disorder Screening Requirements*, August 2015.
- *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.
- VHA Handbook 1160.03, *Programs for Veterans with Post-Traumatic Stress Disorder (PTSD)*, March 12, 2010.
- *VHA Technical Manual – PTSD*, VA Measurement Manual PTSD-51.

[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.