Department of Veterans Affairs
Office of Inspector General

Office of Healthcare Inspections

Report No. 16-00020-303

Review of Community Based Outpatient Clinics and Other Outpatient Clinics of Richard L. Roudebush VA Medical Center Indianapolis, Indiana

May 11, 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
VAMC	VA medical center
VHA	Veterans Health Administration

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Executive Summary

Review Purpose: The purpose of the review was to evaluate selected patient care activities to determine whether the Community Based Outpatient Clinics and other outpatient clinics under the oversight of the Richard L. Roudebush VAMC and Veterans Integrated Service Network 10 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 Monroe County VA Clinic, Bloomington, IN, as a representative site and evaluated the environment of care on March 8, 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 Monroe County VA Clinic.
- The Facility Director ensures annual review of the Hazard Vulnerability Assessment for the Monroe County VA Clinic.
- The clinic manager ensures that sterile commercial supplies at the Monroe County VA Clinic are not expired.
- The clinic manager reviews the Monroe County VA Clinic's hazardous materials inventory twice within a 12-month period.
- The Monroe County VA Clinic manager ensures that a privacy sign is available for use when a telehealth visit is in progress.

Home Telehealth Enrollment: Ensure that:

- Clinicians document contact with patients to evaluate suitability for Home Telehealth services.
- Providers sign Home Telehealth assessments and treatment plans.

Outpatient Lab Results Management: Ensure that:

- Clinicians consistently notify patients of their laboratory results within 14 days.

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 16–20, 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 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.[i]

We reviewed relevant documents and conducted a physical inspection of the Monroe County VA Clinic. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement. 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 clinic staff's hand hygiene compliance.	Managers did not monitor hand hygiene compliance at the Monroe County VA Clinic.	**1.** We recommended that managers monitor hand hygiene compliance at the Monroe County 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.		
X	The Hazard Vulnerability Assessment was reviewed annually.	The Hazard Vulnerability Assessment was not reviewed annually for the Monroe County VA Clinic.	**2**. We recommended that the Facility Director ensures annual review of the Hazard Vulnerability Assessment for the Monroe County VA Clinic.

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 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 (between patients) 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.		
	Personal protective equipment was available.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	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.		
X	Sterile commercial supplies were not expired.	Needles were labeled with expired dates at the Monroe County VA Clinic.	**3.** We recommended that the clinic manager ensures that sterile commercial supplies at the Monroe County VA Clinic are 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.		
X	The clinic's inventory of hazardous materials was reviewed for accuracy twice within the prior 12 months.	The Monroe County VA Clinic's inventory of hazardous materials and waste was not reviewed for accuracy twice within the prior 12 months.	**4.** We recommended that the clinic manager reviews the Monroe County 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.		

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.		
X	A privacy sign was available for use to indicate that a telehealth visit was in progress.	The Monroe County VA Clinic did not have a privacy sign available for use to indicate that a telehealth visit was in progress.	**5.** We recommended that the Monroe County VA Clinic manager ensures that a privacy sign is available for use when a telehealth visit is 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.		
NA	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.		
NA	The clinic provided feminine hygiene products in examination rooms where pelvic examinations were performed or in bathrooms within close proximity.		
NA	Women's public restrooms had feminine hygiene products and disposal bins available for use.		
NA	Multi-dose medication vials were not expired.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	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 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 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."		
X	Clinicians documented contact with the patient to evaluate suitability for HT services.	Clinicians did not document contact with 45 of 49 patients (92 percent) to evaluate suitability for HT services.	**6**. We recommended that clinicians document contact with patients to evaluate suitability for Home Telehealth 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 11 of 49 patients' HT assessments and treatment plans (22 percent).	**7**. 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.[c]

We reviewed relevant documents and 47 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. Any items that did not apply to this facility are 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 21 of 47 patients (45 percent) of their lab results within 14 days.	**8**. We recommended that clinicians consistently notify patients of their laboratory results within 14 days.
	Clinicians documented in the EHR all attempts to communicate with the patients regarding their lab results.		
NA	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 45 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 Profiles

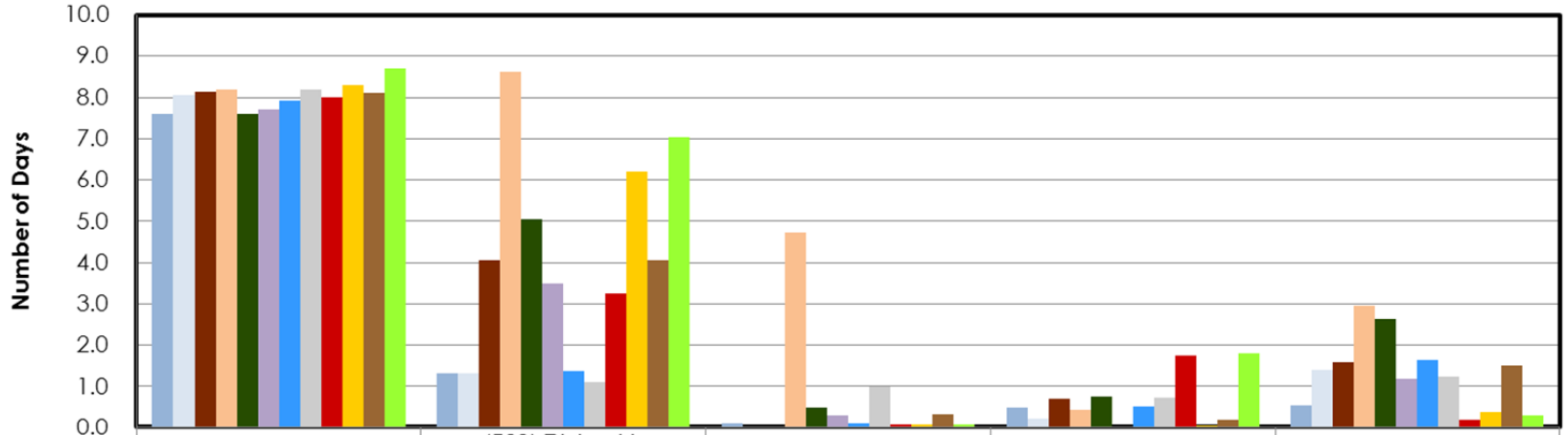
This review evaluates the quality of care provided to veterans at all of the outpatient clinics under the parent facility's oversight.[2] In addition to PC integrated with women's health, mental health, and tele-health services, the CBOCs provide various specialty care and ancillary services. The following table provides information relative to each of the outpatient clinics and lists the services provided at each 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]**
Terre Haute, IN	583GA	Urban	Primary Care CBOC	9,328	4,928	585	Dermatology	Diabetic Retinal Screening Imaging Services MOVE! Program[10] Pharmacy Prosthetics\Orthotics
Bloomington, IN	583GB	Urban	Primary Care CBOC	8,863	6,130	454	Dermatology	Imaging Services MOVE! Program Nutrition Pharmacy Prosthetics\Orthotics
Martinsville, IN	583GC	Rural	Primary Care CBOC	3,708	1,154	88	NA	Pharmacy Prosthetics\Orthotics Rehabilitation Services

[2] Includes all CBOCs in operation before August 15, 2015. We have omitted 583QA (Bloomington), 583QB (Indianapolis), 583QC (Terra Haute), and 583GD (Indianapolis), as no workload/encounters or services were reported.
[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 setting.
[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.
[10] VHA Handbook 1120.01, *MOVE! Weight Management Program for Veterans*, March 31, 2011.

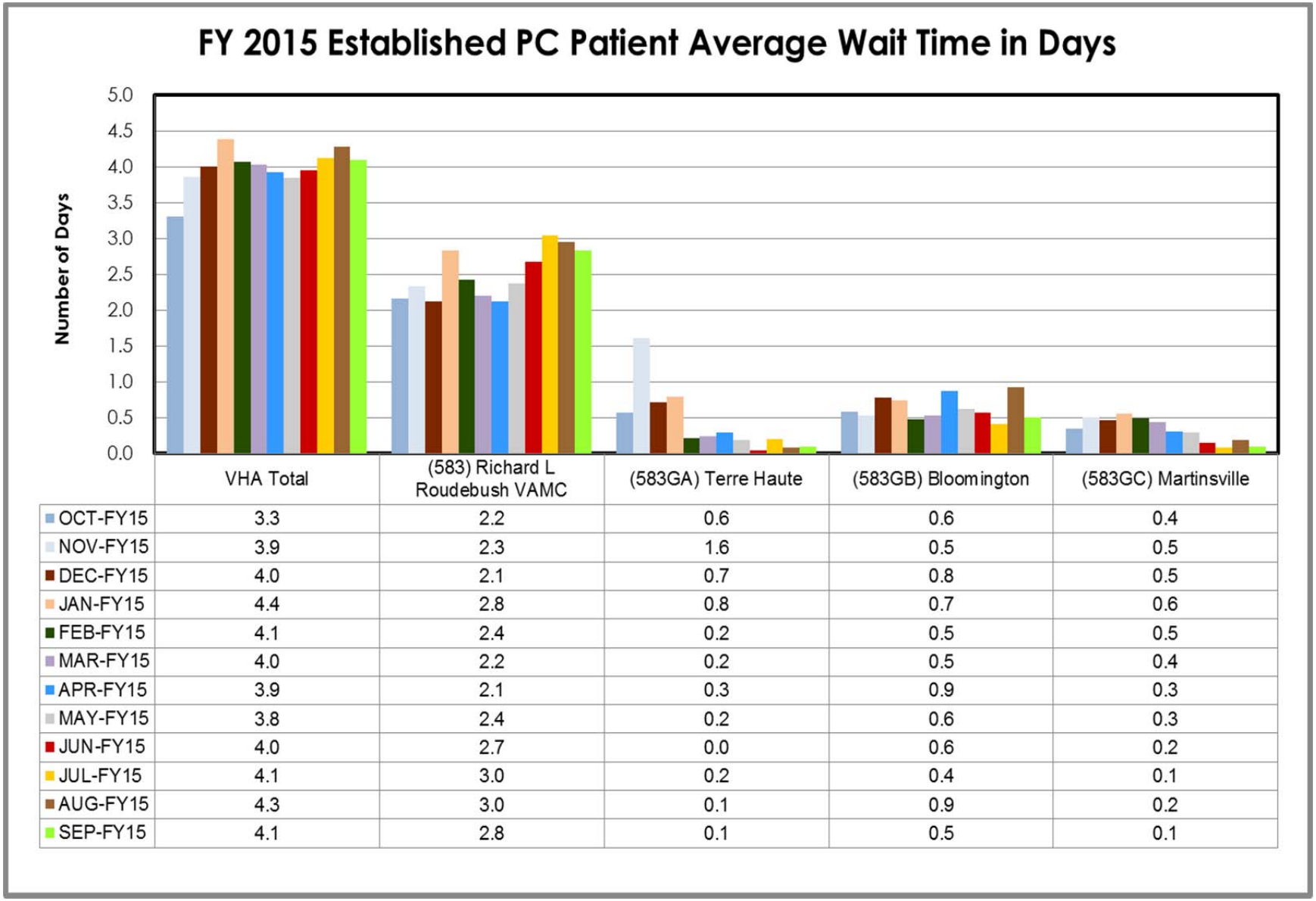
Patient Aligned Care Team Compass Metrics

FY 2015 New PC Patient Average Wait Time in Days



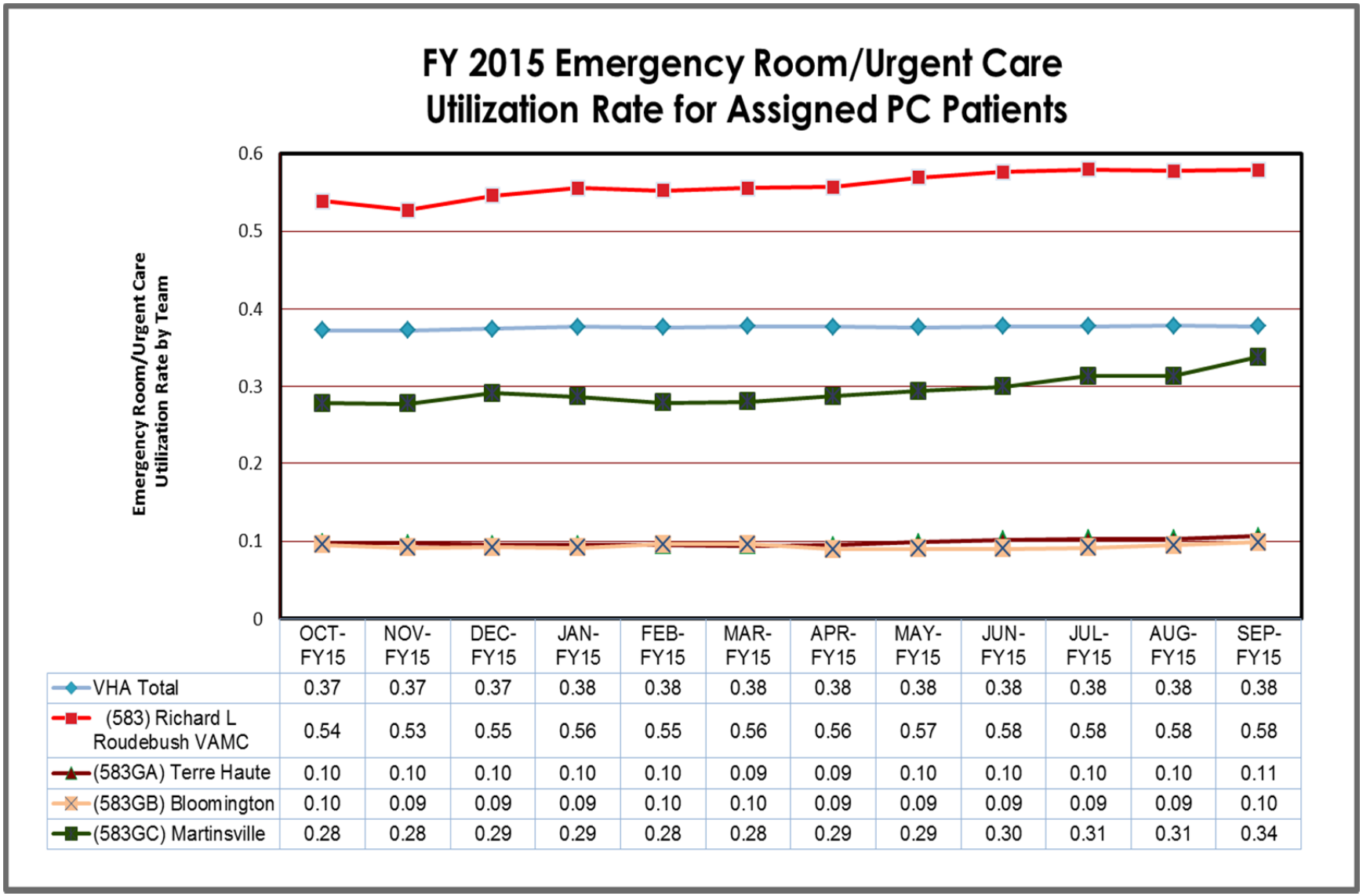
	VHA Total	(583) Richard L Roudebush VAMC	(583GA) Terre Haute	(583GB) Bloomington	(583GC) Martinsville
OCT-FY15	7.6	1.3	0.1	0.5	0.5
NOV-FY15	8.1	1.3	0.0	0.2	1.4
DEC-FY15	8.1	4.0	0.0	0.7	1.6
JAN-FY15	8.2	8.6	4.7	0.4	2.9
FEB-FY15	7.6	5.0	0.5	0.8	2.6
MAR-FY15	7.7	3.5	0.3	0.0	1.2
APR-FY15	7.9	1.4	0.1	0.5	1.7
MAY-FY15	8.2	1.1	1.0	0.7	1.2
JUN-FY15	8.0	3.3	0.1	1.8	0.2
JUL-FY15	8.3	6.2	0.0	0.0	0.4
AUG-FY15	8.1	4.1	0.3	0.2	1.5
SEP-FY15	8.7	7.0	0.1	1.8	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.*



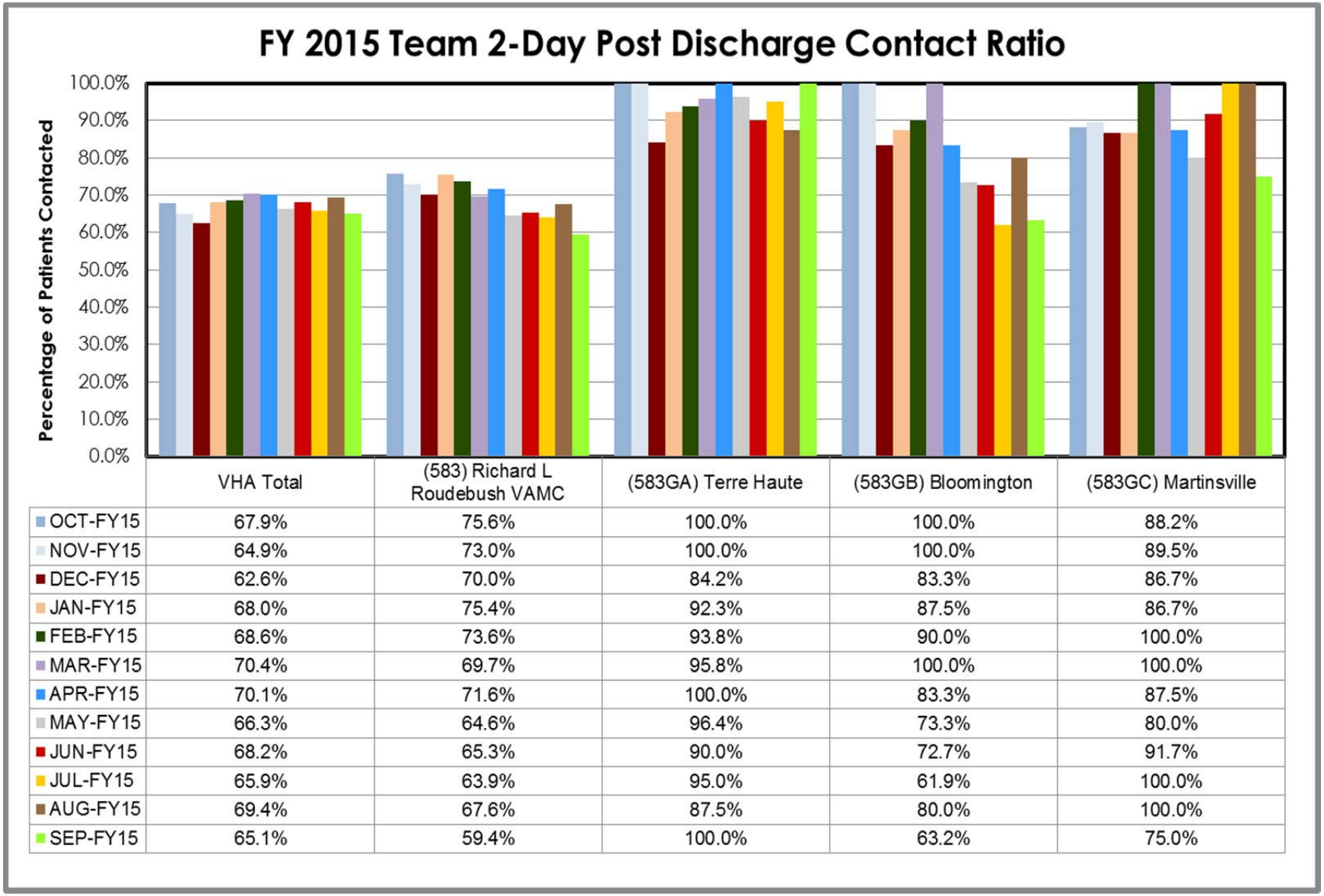
	VHA Total	(583) Richard L Roudebush VAMC	(583GA) Terre Haute	(583GB) Bloomington	(583GC) Martinsville
OCT-FY15	3.3	2.2	0.6	0.6	0.4
NOV-FY15	3.9	2.3	1.6	0.5	0.5
DEC-FY15	4.0	2.1	0.7	0.8	0.5
JAN-FY15	4.4	2.8	0.8	0.7	0.6
FEB-FY15	4.1	2.4	0.2	0.5	0.5
MAR-FY15	4.0	2.2	0.2	0.5	0.4
APR-FY15	3.9	2.1	0.3	0.9	0.3
MAY-FY15	3.8	2.4	0.2	0.6	0.3
JUN-FY15	4.0	2.7	0.0	0.6	0.2
JUL-FY15	4.1	3.0	0.2	0.4	0.1
AUG-FY15	4.3	3.0	0.1	0.9	0.2
SEP-FY15	4.1	2.8	0.1	0.5	0.1

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.



	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
(583) Richard L Roudebush VAMC	0.54	0.53	0.55	0.56	0.55	0.56	0.56	0.57	0.58	0.58	0.58	0.58
(583GA) Terre Haute	0.10	0.10	0.10	0.10	0.10	0.09	0.09	0.10	0.10	0.10	0.10	0.11
(583GB) Bloomington	0.10	0.09	0.09	0.09	0.10	0.10	0.09	0.09	0.09	0.09	0.09	0.10
(583GC) Martinsville	0.28	0.28	0.29	0.29	0.28	0.28	0.29	0.29	0.30	0.31	0.31	0.34

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	(583) Richard L Roudebush VAMC	(583GA) Terre Haute	(583GB) Bloomington	(583GC) Martinsville
OCT-FY15	67.9%	75.6%	100.0%	100.0%	88.2%
NOV-FY15	64.9%	73.0%	100.0%	100.0%	89.5%
DEC-FY15	62.6%	70.0%	84.2%	83.3%	86.7%
JAN-FY15	68.0%	75.4%	92.3%	87.5%	86.7%
FEB-FY15	68.6%	73.6%	93.8%	90.0%	100.0%
MAR-FY15	70.4%	69.7%	95.8%	100.0%	100.0%
APR-FY15	70.1%	71.6%	100.0%	83.3%	87.5%
MAY-FY15	66.3%	64.6%	96.4%	73.3%	80.0%
JUN-FY15	68.2%	65.3%	90.0%	72.7%	91.7%
JUL-FY15	65.9%	63.9%	95.0%	61.9%	100.0%
AUG-FY15	69.4%	67.6%	87.5%	80.0%	100.0%
SEP-FY15	65.1%	59.4%	100.0%	63.2%	75.0%

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

Acting Veterans Integrated Service Network Director Comments

Department of Veterans Affairs

Memorandum

Date: April 18, 2016

From: Acting Director, VA Healthcare System Serving Ohio, Indiana and Michigan (10N10)

Subject: **Review of CBOCs and OOCs of the Richard L. Roudebush VAMC, Indianapolis, IN**

To: Director**,** Kansas City Office of Healthcare Inspections (54KC)

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

This memorandum serves as our concurrence with the recommendations found in the draft report of the Inspector General's Review of Community Based Outpatient Clinics and other Outpatient Clinics at the Richard L. Roudebush VA Medical Center.

If you have any questions, please contact Vickie Montague, VISN 10 Quality Management Officer at 216-791-2300 x 5305.

Robert P. McDivitt, FACHE

Acting Facility Director Comments

Department of Veterans Affairs

Memorandum

Date: April 14, 2016

From: Acting Director, Richard L. Roudebush VAMC (583/00)

Subject: **Review of CBOCs and OOCs of Richard L. Roudebush VAMC, Indianapolis, IN**

To: Acting Director VA Healthcare System Serving Ohio, Indiana, and Michigan (10N10)

This memorandum serves as our concurrence with the recommendations found in the draft report of the Inspector General's Review of Community Based Outpatient Clinics and Other Outpatient Clinics at the Richard L. Roudebush VA Medical Center.

I appreciate the opportunity for this review as a continuous process to improve the care to our Veterans. If you require additional information, please contact Patricia Calvin, Chief, Clinical Excellence (Quality).

Thank You.

(original signed by:)

Chowdry-Mujahid Bashir, MD, MBA

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 Monroe County VA Clinic.

Concur

Target date for completion: December 31, 2016

Facility response: Emergency Management Service request will be submitted by April 22, 2016 to perform a walkthrough of the Mental Health clinic to identify the current number of hand sanitizer gel dispensers and their current location. The results will be shared with the staff and feedback obtained to assess actual and/or perceived barriers to use. Emergency Management service will provide additional hand sanitizers, if required, and improve location of dispensers based on staff feedback by May 30, 2016. Mental Health support staff will be trained to perform hand hygiene observations and assigned to perform a minimum of 10 hand hygiene observations per week (secret Shopper) and record for a total of 40 observations per month. The observation forms will be collected monthly and reviewed by the Quality Management CBOC Coordinator. Hand hygiene surveillance training will begin April 18, 2016 and completed by May 6, 2016 to take into account staff on leave. Compliance observations will begin June 1, 2016 and monitoring data will be collected monthly, added to the facility's database, and consistently included in facility's overall hand hygiene compliance data that is reported monthly to the Infection Control Committee.

Recommendation 2. We recommended that the Facility Director ensures annual review of the Hazard Vulnerability Assessment for the Monroe County VA Clinic.

Concur

Target date for completion: May 1, 2016

Facility response: The Monroe County CBOC Hazard Vulnerability Assessment (HVA) was updated in March 2016. The Hazard Vulnerability Assessment will be reviewed by the Emergency Management Committee on April 26, 2016 for acceptance. To ensure timely annual completion of the Hazard Vulnerability Assessment and review by the Emergency Management Committee, the HVA will be added to the Emergency Management Committee's agenda every January for member review of previous fiscal year and current fiscal year HVA completed by March 30th of that year.

Recommendation 3. We recommended that the clinic manager ensures that sterile commercial supplies at the Monroe County VA Clinic are not expired.

Concur

Target date for completion: October 1, 2016

Facility response: Staff at Mental Health CBOC will perform inventory every two (2) weeks of all sterile supplies to assure sufficient quantities and no expired products. A checklist will be used to record the date of inspection and signature of employee performing the review and provided to the Quality management CBOC coordinator monthly. Random tracers will be performed monthly by the Quality Management Coordinator to ensure sustained compliance. Just-in-time training and re-education will be provided if expired supplies found. Compliance will be reported to Clinical Performance Board monthly with 90% compliance achieved by end of 4QFY16.

Recommendation 4. We recommended that the clinic manager reviews the Monroe County Clinic's hazardous materials inventory twice within a 12-month period.

Concur

Target date for completion: September 30, 2016

Facility response: The Monroe County CBOC will conduct a second hazardous materials inventory as required by May 15, 2016. MCM 001-20, Hazardous Communication, will be modified to mandate all facilities conduct a biannual hazardous chemical inventory to include specific timeframe for completion (i.e. every six months). The MCM modification and approval will be accomplished by June 1, 2016.

Recommendation 5. We recommended that the Monroe County VA Clinic manager ensures that a privacy sign is available for use when a telehealth visit is in progress.

Concur

Target date for completion: September 30, 2016

Facility response: Telehealth privacy signs were sent via courier to the Mental Health CBOC on March 8, 2016 for use during telehealth visits. Mental Health staff will perform 10 random audits related to privacy signage use during session and record. The forms will be provided monthly to the CBOC Quality Manager Coordinator for review. The Quality coordinator will add privacy sign usage to the CBOC tracer form to be completed monthly. During telehealth visits, a 90% or higher compliance rate will be achieved by the end of 4Q2016 for having privacy signs posted.

Recommendation 6. We recommended that clinicians document contact with patients to evaluate suitability for Home Telehealth services.

Concur

Target date for completion: September 30, 2016

Facility response: Clinical Application Coordinator request was entered April 13, 2016 to add verbiage to the Consult Screening Result note to include language indicating Veteran was educated and not interested in the program, Veteran does not meet criteria for Home Telehealth, Veteran meets criteria for enrollment including Veteran was educated about the program and verbal consent obtained. Staff education will begin April 25, 2016 and completed by May 05, 2016 to capture any staff on leave. Changes will be implemented May 9, 2016. Random chart audits of 20 records (if applicable) will be performed to ensure compliance. 90% compliance or higher will be achieved by end of 4QFY16. If goals are not met by the end of the second month, template changes will be revisited for opportunities to improve the process.

Recommendation 7. We recommended that providers sign Home Telehealth assessments and treatment plans.

Concur

Target date for completion: September 30, 2016

Facility response: All Telehealth Care Coordinators were re-educated and trained on requirements for completing assessment notes and treatment plans which included adding the provider as a co-signer for his/her review and concurrence. Face-to-face and electronic (e-mail) training was completed February 29, 2016. Random chart audits of 20 records (if applicable) will be performed to ensure compliance. 90% compliance or higher will be achieved by end of 4Q FY16. If goals are not met by the end of the second month, template changes will be revisited for opportunities to further improve the process.

Recommendation 8. We recommended that clinicians consistently notify patients of their laboratory results within 14 days.

Concur

Target date for completion: September 30, 2016

Facility response: Clinical Application Coordinator request was placed April 13, 2016 to improve the language in the templated test result note to include: abnormal and normal lab results were discussed with the patient/caregiver. The facility will continue to monitor all test result notifications through monthly random chart audits of 75 records with results shared monthly at Clinical Performance Board and feedback provided to the Service if compliance is below 90%.

Office of Inspector General
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Endnotes

[i] 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.
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- 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.