



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

**Office of Healthcare Inspections**

**Report No. 14-04383-78**

**Review of Community Based  
Outpatient Clinics and Other  
Outpatient Clinics  
of  
Memphis VA Medical Center  
Memphis, Tennessee**

**January 15, 2015**

**Washington, DC 20420**

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

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## Glossary

AUD	alcohol use disorder
CBOC	community based outpatient clinic
EOC	environment of care
FY	fiscal year
HIV	human immunodeficiency virus
NA	not applicable
NM	not met
OIG	Office of Inspector General
OOC	other outpatient clinic
PACT	Patient Aligned Care Teams
RN	registered nurse
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network

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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 (CBOCs) and other outpatient clinics under the oversight of the Memphis VA Medical Center and Veterans Integrated Service Network 9 provide safe, consistent, and high-quality health care. The review evaluated the clinics' compliance with selected requirements for alcohol use disorder, human immunodeficiency virus screening, and outpatient documentation. We also randomly selected the Savannah, TN, CBOC as a representative site and evaluated the environment of care on November 4, 2014.

**Review Results:** We conducted four focused reviews and had no findings for the Outpatient Documentation review. However, we made recommendations for improvement in the following three review areas:

*Environment of Care:* Ensure that:

- Employees at the Savannah, TN, CBOC receive the required training on hazardous materials.
- Safety inspections are performed on all medical equipment at the Savannah, TN, CBOC in accordance with VA and Joint Commission standards.
- Hand hygiene compliance is monitored at the Savannah, TN, CBOC and reported to the Infection Control Committee.
- Signage is installed at the Savannah, TN, CBOC to clearly identify all exits.
- Medications are reviewed for need, secured, and only accessible by those individuals who either dispense or administer medications at the Savannah, TN, CBOC.
- Staff protect patient-identifiable information on laboratory specimens during transport from the Savannah, TN, CBOC to the parent facility.
- Examination tables and curtains provide adequate privacy for women veterans at the Savannah, TN, CBOC.
- Women veterans can access gender-specific restrooms without entering public areas at the Savannah, TN, CBOC.
- Access to the information technology server closet at the Savannah, TN, CBOC is restricted, maintained, and documented consistently according to information technology safety and security standards.

Alcohol Use Disorder: Ensure that:

- Clinicians consistently document the offer of further treatment to patients diagnosed with alcohol dependence.
- Clinic Registered Nurse Care Managers receive motivational interviewing and health coaching training within 12 months of appointment to Patient Aligned Care Teams.
- Providers and clinical associates in the outpatient clinics receive health coaching training within 12 months of appointment to Patient Aligned Care Teams.

Human Immunodeficiency Virus Screening: Ensure that:

- Clinicians consistently document informed consent for human immunodeficiency virus testing and that compliance is monitored.

## Comments

The VISN and Facility Directors agreed with the CBOC and OOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes C and D, pages 16–21, 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 other outpatient clinic (OOC) reviews are an element of the OIG's efforts to ensure that our Nation's veterans receive high-quality VA health care services. As such, the CBOC and OOC reviews are recurring evaluations of selected outpatient care activities that focus on patient care quality and the EOC. In general, our objectives are to determine whether:

- The selected CBOC is compliant with EOC requirements.
- The CBOCs/OOCs are compliant with selected VHA requirements for AUD care.
- The CBOCs/OOCs are compliant with selected VHA requirements for HIV Screening.
- Healthcare practitioners at the CBOCs/OOCs comply with the requirements for outpatient documentation.

### 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
- AUD
- HIV Screening
- Outpatient Documentation

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 only conducted at a randomly selected outpatient site of care that had not been previously inspected.<sup>1</sup> Details of the targeted study populations

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<sup>1</sup> Each outpatient site selected for physical inspection was randomized from all primary care CBOCs, multi-specialty CBOCs, and health care centers reporting to the parent facility and was operational and classified as such in VA's Site Tracking Database by October 1, 2014.

for the AUD, HIV Screening, and Outpatient Documentation focused reviews are noted in Table 1.

**Table 1. CBOC/OOC Focused Reviews and Study Populations**

Review Topic	Study Population
AUD	All CBOC and OOC patients screened within the study period of July 1, 2013, through June 30, 2014, and who had a positive AUDIT-C score; <sup>2</sup> and all licensed independent providers, RN Care Managers, and clinical associates assigned to PACT prior to October 1, 2013.
HIV Screening	All outpatients who had a visit in FY 2012 and had at least one visit at the parent facility's CBOCs and/or OOCs within a 12-month period during April 1, 2013, through March 31, 2014.
Outpatient Documentation	All patients new to VHA who had at least three outpatient encounters (face-to-face visits, telephonic/ telehealth care, and telephonic communications) during April 1, 2013, through March 31, 2014.

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>2</sup> The AUDIT-C is a brief alcohol screen that reliably identifies patients who are hazardous drinkers or have active alcohol use disorders. Scores range from 0–12.

## Results and Recommendations

### EOC

The purpose of this review was to evaluate whether CBOC managers have established and maintained a safe and clean EOC as required.<sup>a</sup>

We reviewed relevant documents and conducted a physical inspection of the Savannah, TN, CBOC. 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
	The furnishings are clean and in good repair.		
	The CBOC is clean (walls, floors, and equipment are clean).		
	The CBOC's inventory of hazardous materials was reviewed for accuracy twice within the prior 12 months.		
	The CBOC's safety data sheets for chemicals are readily available to staff.		
NA	If safety data sheets are in electronic form, the staff can demonstrate ability to access the electronic version without coaching.		
X	Employees received training on the new chemical label elements and safety data sheet format.	Five of 22 employees had not received training on the new chemical label elements and safety data sheet format at the Savannah, TN, CBOC.	<b>1.</b> We recommended that employees at the Savannah, TN, CBOC receive the required training on hazardous materials.
X	Clinic managers ensure that safety inspections of CBOC medical equipment are performed in accordance with Joint Commission standards.	Safety inspections were not performed on the medical equipment in accordance with Joint Commission standards at the Savannah, TN, CBOC.	<b>2.</b> We recommended that managers ensure that safety inspections are performed on all the medical equipment at the Savannah, TN, CBOC in accordance with VA and Joint Commission standards.

NM	Areas Reviewed (continued)	Findings	Recommendations
X	Hand hygiene is monitored for compliance.	Hand hygiene was not monitored for compliance at the Savannah, TN, CBOC.	<b>3.</b> We recommended that hand hygiene compliance be monitored at the Savannah, TN, CBOC and reported to the Infection Control Committee.
	Personal protective equipment is readily available.		
	Sterile commercial supplies are not expired.		
	The CBOC staff members minimize the risk of infection when storing and disposing of medical (infectious) waste.		
	The CBOC has procedures to disinfect non-critical reusable medical equipment between patients.		
	There is evidence of fire drills occurring at least every 12 months.		
	Means of egress from the building are unobstructed.		
	Access to fire extinguishers is unobstructed.		
	Fire extinguishers are located in large rooms or are obscured from view, and the CBOC has signs identifying the locations of the fire extinguishers.		
X	Exit signs are visible from any direction.	Exit sign(s) were not visible from every direction in the Savannah, TN, CBOC.	<b>4.</b> We recommended that signage is installed at the Savannah, TN, CBOC to clearly identify all exits.
	Multi-dose medication vials are not expired.		
X	All medications are secured from unauthorized access.	All medications were not secured from unauthorized access at the Savannah, TN, CBOC.	<b>5.</b> We recommended that medications are reviewed for need, secured, and only accessible by those individuals who either dispense or administer medications at the Savannah, TN, CBOC and that compliance is monitored.

NM	Areas Reviewed (continued)	Findings	Recommendations
X	The staff protects patient-identifiable information on laboratory specimens during transport.	Staff did not protect patient-identifiable information on laboratory specimens during transport from the Savannah, TN, CBOC to the parent facility.	<b>6.</b> We recommended that staff protect patient-identifiable information on laboratory specimens during transport from the Savannah, TN, CBOC to the parent facility.
	Documents containing patient-identifiable information are not visible or unsecured.		
X	Adequate privacy is provided at all times.	<p>The examination table in the WH exam room was not shielded from view when the door was open and not shielded by privacy curtains at the Savannah, TN, CBOC.</p> <p>Gowned women veterans cannot access gender-specific restrooms without entering public areas at the Savannah, TN, CBOC.</p>	<p><b>7.</b> We recommended that examination tables and curtains provide adequate privacy for women veterans at the Savannah, TN, CBOC.</p> <p><b>8.</b> We recommended processes are strengthened to ensure women veterans can access gender-specific restrooms without entering public areas at the Savannah, TN, CBOC.</p>
	The women veterans' exam room is equipped with either an electronic or manual door lock.		
	The information technology network room/server closet is locked.		
X	Access to the information technology network room/server closet is restricted to personnel authorized by Office of Information and Technology.	Access to the information technology network room/server closet was not restricted to personnel authorized by Office of Information and Technology at the Savannah, TN, CBOC.	<b>9.</b> We recommended that access to the information technology server closet at the Savannah, TN, CBOC is restricted and maintained according to information technology safety and security standards.
X	Access to the information technology network room/server closet is documented.	Access to the information technology network room/server closet was not documented at the Savannah, TN, CBOC.	<b>10.</b> We recommended that access to the information technology server closet at the Savannah, TN, CBOC is documented consistently according to information technology safety and security standards.

NM	Areas Reviewed (continued)	Findings	Recommendations
	All computer screens are locked when not in use.		
	Information is not viewable on monitors in public areas.		
	The CBOC has an automated external defibrillator.		
	There is an alarm system and/or panic buttons installed and tested in high-risk areas (e.g., mental health clinic), and the testing is documented.		
	CBOC staff receive regular information/updates on their responsibilities in emergency response operations.		
	The staff participates in scheduled emergency management training and exercises.		

## AUD

The purpose of this review was to determine whether the facility's CBOCs and OOCs complied with selected alcohol use screening and treatment requirements.<sup>b</sup>

We reviewed relevant documents and 36 EHRs. We also validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

**Table 3. AUD**

NM	Areas Reviewed	Findings	Recommendations
	Diagnostic assessments are completed for patients with a positive alcohol screen.		
	Education and counseling about drinking levels and adverse consequences of heavy drinking are provided for patients with positive alcohol screens and drinking levels above National Institute on Alcohol Abuse and Alcoholism guidelines.		
X	Documentation reflects the offer of further treatment for patients diagnosed with alcohol dependence.	We did not find documentation of the offer of further treatment for 2 of 8 patients diagnosed with alcohol dependence.	<b>11.</b> We recommended that clinic staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.
	For patients with AUD who decline referral to specialty care, clinic staff monitored them and their alcohol use.		
	Counseling, education, and brief treatments for AUD are provided within 2 weeks of positive screening.		
X	Clinic RN Care Managers have received motivational interviewing training and VHA National Center for Health Promotion and Disease Prevention-approved health coaching training (most likely TEACH for Success) within 12 months of appointment to PACT.	We found that 5 of 9 RN Care Managers did not receive required motivational interviewing and health coaching training within 12 months of appointment to PACT.	<b>12.</b> We recommended that Clinic Registered Nurse Care Managers receive motivational interviewing and health coaching training within 12 months of appointment to Patient Aligned Care Teams.

NM	Areas Reviewed (continued)	Findings	Recommendations
	Providers in the outpatient clinics have received VHA National Center for Health Promotion and Disease Prevention-approved health-coaching training (most likely TEACH for Success) within 12 months of appointment to PACT.	We found that 36 of 43 providers (84 percent) did not receive health coaching training within 12 months of appointment to PACT.	13. We recommended that providers and clinical associates in the outpatient clinics receive health coaching training within 12 months of appointment to Patient Aligned Care Teams.
	Clinical Associates in the outpatient clinics have received VHA National Center for Health Promotion and Disease Prevention-approved health-coaching training (most likely TEACH for Success) within 12 months of appointment to PACT.	We found that 24 of 37 clinical associates (65 percent) did not receive health coaching training within 12 months of appointment to PACT.	
	The facility complied with any additional elements required by VHA or local policy.		

## HIV Screening

The purpose of this review was to determine whether CBOCs/OOCs are compliant with selected VHA requirements for HIV Screening.<sup>c</sup>

We reviewed the facility's self-assessment, VHA and local policies, and guidelines to assess administrative controls over the HIV screening process. We also reviewed 35 EHRs and validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

**Table 4. HIV Screening**

NM	Areas Reviewed	Findings	Recommendations
	The facility has a Lead HIV Clinician to carry out responsibilities as required.		
	The facility has policies and procedures to facilitate HIV testing.		
	The facility had developed policies and procedures that include requirements for the communication of HIV test results.		
	Written patient educational materials utilized prior to or at the time of consent for HIV testing include all required elements.		
	Clinicians provided HIV testing as part of routine medical care for patients.		
X	When HIV testing occurred, clinicians consistently documented informed consent.	Clinicians did not document informed consent for HIV testing for 6 of 22 patient records reviewed.	<b>14.</b> We recommended that clinicians consistently document informed consent for human immunodeficiency virus testing and that compliance is monitored.
	The facility complied with additional elements as required by local policy.		

## Outpatient Documentation

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

NM	Areas Reviewed	Findings	Recommendations
	Patients' EHR contains a history of the illness or injury and physical findings when first admitted in outpatient care.		
	Randomly selected progress notes contain the required documentation components in the EHR.		

## 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>3</sup> In addition to primary care integrated with women's health, mental health, and tele-health services, the CBOCs provide various specialty care and ancillary services. The following table provides information relative to each of the outpatient clinics and lists the additional specialty care and ancillary services provided at each location.

Location	Station #	Rurality <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>	
Smithville, MS	614GA	Rural	12,484	2,402	0	NA	Diabetic Retinal Screening MOVE! Program <sup>10</sup>	Nutrition Social Work
Jonesboro, AR	614GB	Urban	5,584	2,659	0	NA	Anti-Coagulation Clinic	Diabetic Retinal Screening
Holly Springs, MS	614GC	Rural	2,920	19	0	NA	Laboratory	
Savannah, TN	614GD	Rural	4,202	1,101	0	NA	Social Work	
Memphis, TN	614GE	Urban	11,206	2,573	58	NA	Diabetic Retinal Screening MOVE! Program	Nutrition Pharmacy

<sup>3</sup> Includes all CBOCs in operation before April 1, 2014.

<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, 2013, through September 30, 2014, timeframe at the specified CBOC.

<sup>6</sup> <http://vssc.med.va.gov/>

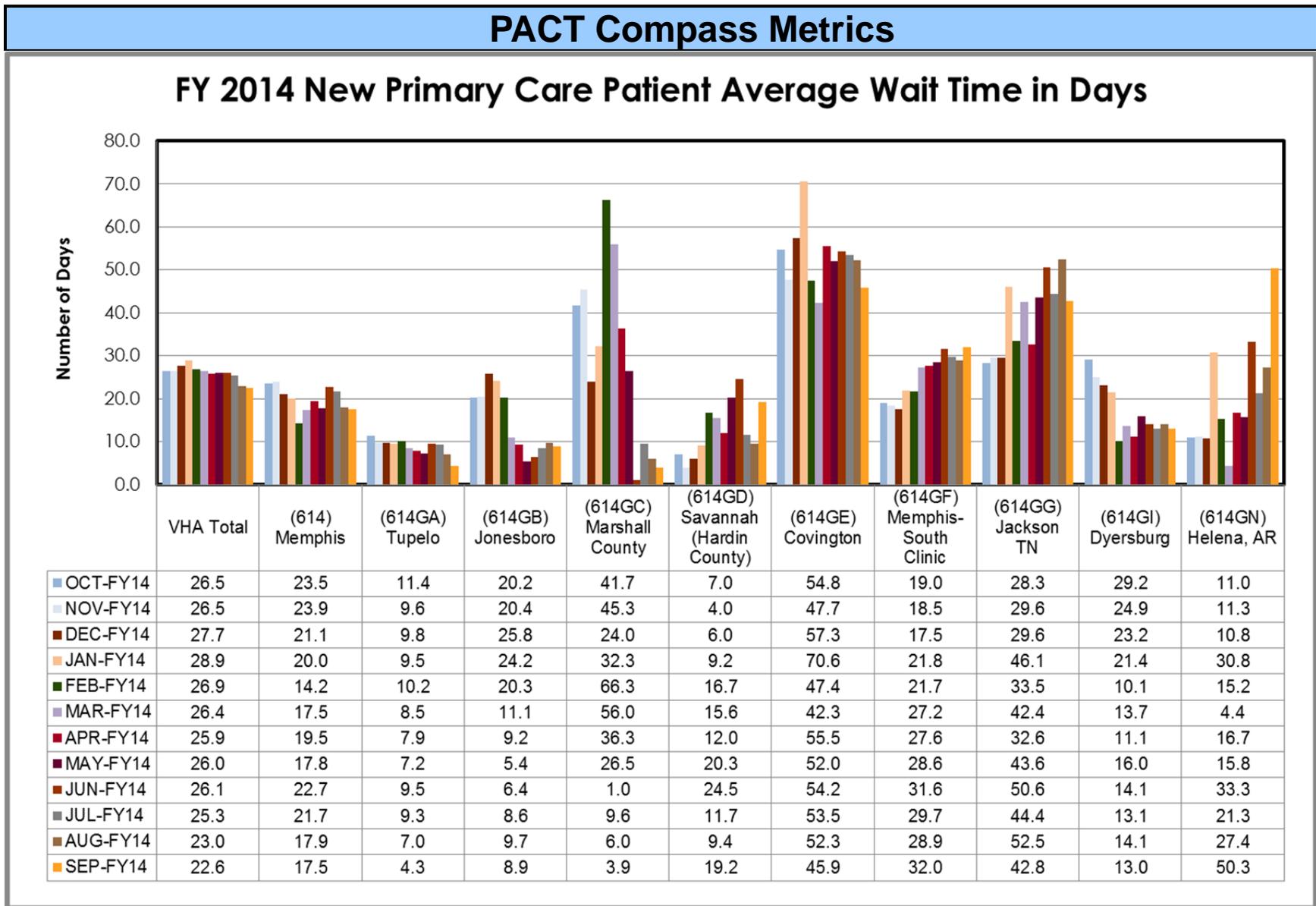
<sup>7</sup> The total number of encounters for the services provided in the "Specialty Care" column.

<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.

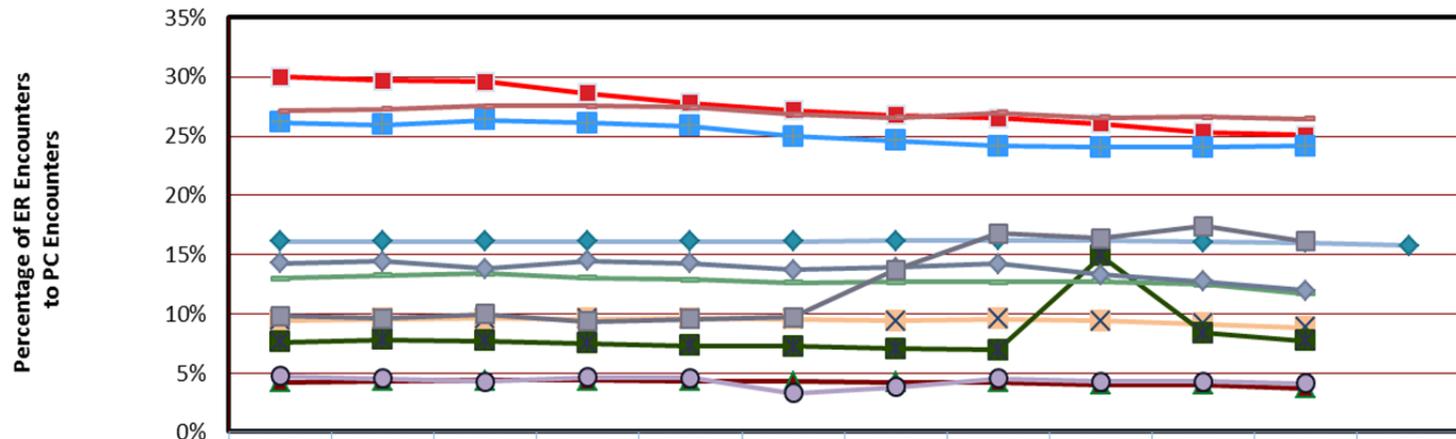
<sup>10</sup> VHA Handbook 1120.01, *MOVE! Weight Management Program for Veterans*, March 31, 2011.

Location (continued)	Station #	Rurality	Outpatient Workload/ Encounters			Services Provided		
			PC	MH	Specialty Clinics	Specialty Care	Ancillary Services	
Memphis, TN	614GF	Urban	14,668	3,787	0	NA	Diabetic Retinal Screening MOVE! Program	Nutrition Pharmacy
Jackson, TN	614GG	Urban	6,913	2,766	1,948	Optometry	Diabetic Retinal Screening MOVE! Program	Nutrition Pharmacy Rehabilitation Services
Dyersburg, TN	614GI	Rural	3,785	2,273	0	NA	Diabetic Retinal Screening	Nutrition
Helena, AR	614GN	Rural	2,810	697	0	NA	NA	



**Data Definition.**<sup>e</sup> The average number of calendar days between a new patient’s Primary Care appointment (clinic stops 322, 323, and 350), excluding compensation and pension appointments, and the earliest creation date.

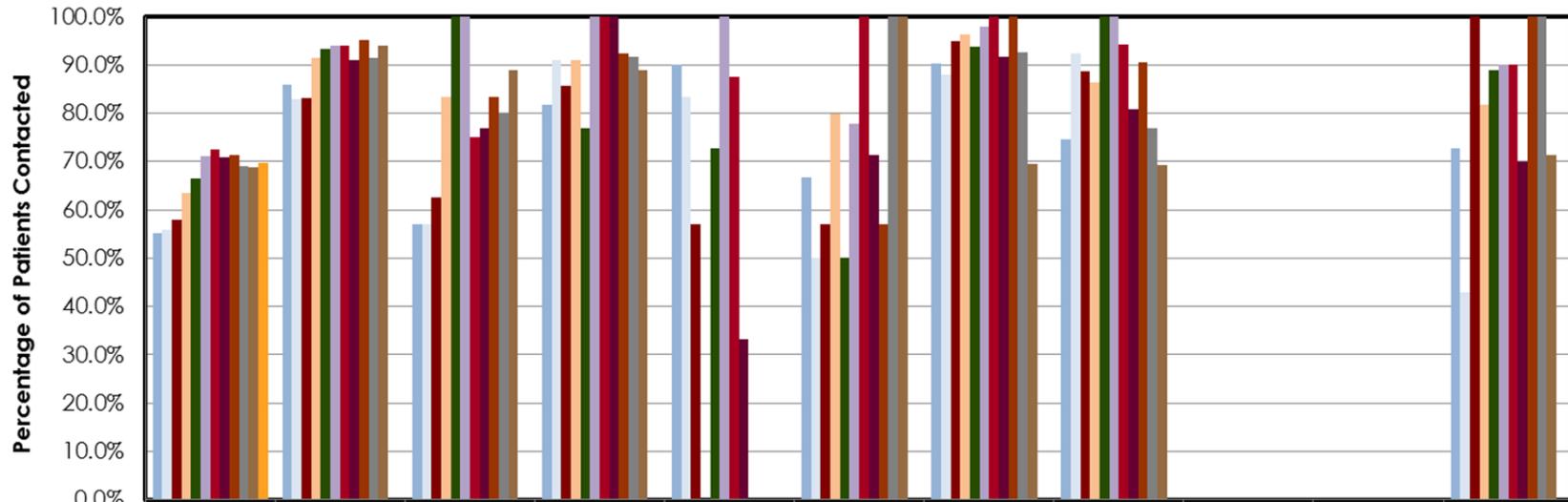
### FY 2014 Ratio of ER Encounters While on Panel to PC Encounters While on Panel (FEE ER Included)



	OCT-FY14	NOV-FY14	DEC-FY14	JAN-FY14	FEB-FY14	MAR-FY14	APR-FY14	MAY-FY14	JUN-FY14	JUL-FY14	AUG-FY14	SEP-FY14
VHA Total	16.1%	16.2%	16.1%	16.1%	16.1%	16.1%	16.2%	16.2%	16.2%	16.1%	16.0%	15.8%
(614) Memphis	30.0%	29.7%	29.6%	28.6%	27.8%	27.2%	26.8%	26.5%	26.0%	25.3%	25.1%	
(614GA) Tupelo	4.3%	4.4%	4.4%	4.4%	4.4%	4.3%	4.3%	4.3%	4.1%	4.1%	3.8%	
(614GB) Jonesboro	9.5%	9.6%	9.7%	9.6%	9.6%	9.6%	9.4%	9.6%	9.4%	9.2%	8.9%	
(614GC) Marshall County	7.7%	7.9%	7.7%	7.5%	7.4%	7.3%	7.1%	7.0%	14.9%	8.4%	7.7%	
(614GD) Savannah (Hardin County)	4.8%	4.6%	4.3%	4.7%	4.6%	3.3%	3.8%	4.6%	4.3%	4.3%	4.2%	
(614GE) Covington	26.2%	26.0%	26.4%	26.1%	25.8%	25.0%	24.6%	24.2%	24.1%	24.0%	24.2%	
(614GF) Memphis-South Clinic	27.1%	27.3%	27.6%	27.5%	27.4%	26.9%	26.6%	27.0%	26.6%	26.6%	26.5%	
(614GG) Jackson TN	13.0%	13.3%	13.4%	13.1%	12.9%	12.7%	12.7%	12.7%	12.7%	12.5%	11.7%	
(614GI) Dyersburg	14.3%	14.4%	13.8%	14.5%	14.3%	13.7%	13.9%	14.3%	13.3%	12.8%	12.0%	
(614GN) Helena, AR	9.8%	9.7%	10.0%	9.4%	9.6%	9.7%	13.7%	16.8%	16.4%	17.4%	16.2%	

**Data Definition.**<sup>e</sup> This is a measure of where the patient receives his primary care and by whom. A low percentage is better. The formula is the total VHA ER/Urgent Care/FEE ER encounters while on panel (including FEE ER visits) divided by the number of Primary Care encounters while on panel with the patient’s assigned primary care (or associate) provider plus the total VHA ER/Urgent Care/FEE ER encounters (including FEE ER visits) while on panel plus the number of Primary Care encounters while on panel with a provider other than the patient’s Primary Care Provider/Associate Provider. Blank cells indicate the absence of reported data.

### FY 2014 Team 2-Day Contact Post Discharge Ratio



	VHA Total	(614) Memphis	(614GA) Tupelo	(614GB) Jonesboro	(614GC) Marshall County	(614GD) Savannah (Hardin County)	(614GE) Covington	(614GF) Memphis-South Clinic	(614GG) Jackson TN	(614GI) Dyersburg	(614GN) Helena, AR
■ OCT-FY14	55.08%	85.9%	57.14%	81.82%	90.0%	66.67%	90.38%	74.55%			72.73%
■ NOV-FY14	55.94%	82.94%	57.14%	90.91%	83.33%	50.0%	88.1%	92.31%			42.86%
■ DEC-FY14	57.85%	83.11%	62.5%	85.71%	57.14%	57.14%	94.87%	88.64%			100.0%
■ JAN-FY14	63.58%	91.51%	83.33%	90.91%	0.0%	80.0%	96.36%	86.36%			81.82%
■ FEB-FY14	66.41%	93.27%	100.0%	76.92%	72.73%	50.0%	93.75%	100.0%			88.89%
■ MAR-FY14	71.18%	93.99%	100.0%	100.0%	100.0%	77.78%	98.04%	100.0%			90.0%
■ APR-FY14	72.55%	93.98%	75.0%	100.0%	87.5%	100.0%	100.0%	94.12%			90.0%
■ MAY-FY14	70.82%	91.09%	76.92%	100.0%	33.33%	71.43%	91.67%	80.85%			70.0%
■ JUN-FY14	71.28%	95.15%	83.33%	92.31%		57.14%	100.0%	90.48%			100.0%
■ JUL-FY14	69.14%	91.35%	80.0%	91.67%		100.0%	92.73%	76.92%			100.0%
■ AUG-FY14	68.89%	94.09%	88.89%	88.89%		100.0%	69.57%	69.39%			71.43%
■ SEP-FY14	69.85%										

**Data Definition.<sup>e</sup>** The percent of discharges (VHA inpatient discharges) for the reporting timeframe for assigned Primary Care patients where the patient was contacted by a member of the Patient Aligned Care Team the patient is assigned to within 2 business days post discharge. Discharges resulting in death and discharges where a patient is readmitted within 2 days of discharge are excluded from this metric. Blank cells indicate the absence of reported data.

## VISN Director Comments

**Department of  
Veterans Affairs**

# Memorandum

**Date:** December 12, 2014

**From:** Director, VA Mid-South Healthcare Network (614/00)

**Subject: Review of CBOCs and Other Outpatient Clinics of Memphis VA  
Medical Center, Memphis, TN**

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

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

1. I concur with the findings and recommendations of the Office of Inspector General reviews of the Community Based Outpatient Clinic (CBOC) and Primary Care Clinic at the Memphis VA Medical Center, Memphis, TN, as well as the action plan developed by the facility.
2. If you have any questions or need additional information from the Network, do not hesitate to contact Joe Schoeck, HSS/Staff Assistant to the Network Director.

*(original signed by:)*

John E. Patrick

## Facility Director Comments

**Department of  
Veterans Affairs**

# Memorandum

**Date:** December 5, 2014

**From:** Director, Memphis VA Medical Center (614/00)

**Subject: Review of CBOCs and Other Outpatient Clinics of Memphis VA  
Medical Center, Memphis, TN**

**To:** Director, VA Mid-South Healthcare Network (10N9)

1. Attached please find the VA Medical Center at Memphis' response to the Office of Inspector General CBOC Review conducted November 4, 2014.

2. If you have any questions regarding the information provided, please contact Donna Savoy, CBOC Administrator. Ms. Savoy can be reached at (901) 577-7545 or [donna.savoy@va.gov](mailto:donna.savoy@va.gov).

*(original signed by:)*

C. Diane Knight, M.D.  
Medical Center Director

## Comments to OIG's Report

The following Director's comments are submitted in response to the recommendations in the OIG report:

### **OIG Recommendations**

**Recommendation 1.** We recommended that employees at the Savannah, TN, CBOC receive the required training on hazardous materials.

Concur

Target date for completion: January 15, 2015

Facility response: Training will be provided for the 5 noncompliant employees at the Savannah, TN, CBOC by January 15, 2015. In addition, the training was added to the new employee orientation process, to ensure no employees are overlooked.

**Recommendation 2.** We recommended that managers ensure that safety inspections are performed on all the medical equipment at the Savannah, TN, CBOC in accordance with VA and Joint Commission standards.

Concur

Target date for completion: Completed December 1, 2014

Facility response: The safety inspections were performed on December 1, 2014. In addition, a contract is being established with an agency to perform this inspection annually.

**Recommendation 3.** We recommended that hand hygiene compliance be monitored at the Savannah, TN, CBOC and reported to the Infection Control Committee.

Concur

Target date for completion: Completed December 2, 2014

Facility response: The Medical Center Infection Control Service worked with the CBOC to reestablish this monthly process, following the recent change in personnel.

**Recommendation 4.** We recommended that signage is installed at the Savannah, TN, CBOC to clearly identify all exits.

Concur

Target date for completion: Completed December 2, 2014

Facility response: A sign was placed on the door the inspectors identified as needing an exit sign. The sign indicates: "This is not an exit. Authorized personnel only". The current signs direct patients to continue straight on their path to the exit door that has the exit sign. A follow-up EOC inspection on December 4, 2014 confirms the sign has been placed on the door.

**Recommendation 5.** We recommended that medications are reviewed for need, secured, and only accessible by those individuals who either dispense or administer medications at the Savannah, TN, CBOC and that compliance is monitored.

Concur

Target date for completion: Completed November 24, 2014

Facility response: The medications were reviewed and a lock placed on the medication areas, with access limited to designated personnel only. A follow-up EOC inspection on December 4, 2014 confirms the medications were kept in a locked area.

**Recommendation 6.** We recommended that staff protect patient-identifiable information on laboratory specimens during transport from the Savannah, TN, CBOC to the parent facility.

Concur

Target date for completion: January 15, 2015

Facility response: Security straps have been identified to be ordered and will be placed and used during the transport of laboratory specimens during transport from the CBOC. By January 15, 2015, the straps will be received at the Medical Center Laboratory, delivered to the CBOCs, and the process communicated to the CBOCs.

**Recommendation 7.** We recommended that examination tables and curtains provide adequate privacy for women veterans at the Savannah, TN, CBOC.

Concur

Target date for completion: January 15, 2015

Facility response: A curtain has been identified to be used in the women Veterans room at the Savannah CBOC. It will be ordered, received and installed by January 15, 2015.

**Recommendation 8.** We recommended processes are strengthened to ensure women veterans can access gender-specific restrooms without entering public areas at the Savannah, TN, CBOC.

Concur

Target date for completion: Completed December 2, 2014

Facility response: A gender specific restroom has been identified for the use of women Veterans that does not require entering a public area.

**Recommendation 9.** We recommended that access to the information technology server closet at the Savannah, TN, CBOC is restricted and maintained according to information technology safety and security standards.

Concur

Target date for completion: Completed November 7, 2014

Facility response: A staff meeting was held November 7, 2014. The clinic administrator collected keys from all staff members that had a key to the server closet. The CBOC Administrator is the sole key holder for the server closet. Staff were reminded to always sign the log any time they access the room for any purpose. This was verified during a December 4, 2014 follow-up EOC inspection.

**Recommendation 10.** We recommended that access to the information technology server closet at the Savannah, TN, CBOC is documented consistently according to information technology safety and security standards.

Concur

Target date for completion: Completed November 7, 2014

Facility response: A staff meeting was held November 7, 2014. The clinic administrator collected keys from any staff members that had a key to the server closet. The CBOC Administrator is the sole key holder for the server closet. Staff were reminded to always sign the log any time they access the room for any purpose. This was verified during a December 4, 2014 follow-up EOC inspection.

**Recommendation 11.** We recommended that clinic staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.

Concur

Target date for completion: January 15, 2015

Facility response: A CPRS clinical reminder is being modified that will ensure consistent documentation of offering treatment to patients diagnosed with alcohol dependence. It is expected to be in place by January 15, 2015.

**Recommendation 12.** We recommended that Clinic Registered Nurse Care Managers receive motivational interviewing and health coaching training within 12 months of appointment to Patient Aligned Care Teams.

Concur

Target date for completion: Setting up the training has been completed as of December 2, 2014. The training will be repeated regularly to ensure all new staff complete the training.

Facility response: Training has been scheduled at the Medical Center for December 15 for health coaching and December 18, 2014 for motivational interviewing. Training has been scheduled at the Savannah CBOC January 29, 2014 for health coaching and February 2, 2014 for motivational interviewing.

**Recommendation 13.** We recommended that providers and clinical associates in the outpatient clinics receive health coaching training within 12 months of appointment to Patient Aligned Care Teams.

Concur

Target date for completion: Setting up the training has been completed as of December 2, 2014. The training will be repeated regularly to ensure all new staff complete the training.

Facility Response: Training has been scheduled at the Medical Center for December 15 for TEACH and December 18, 2014 for Motivational Interviewing. Training has been scheduled at the Savannah CBOC January 29, 2014 and February 2, 2014.

**Recommendation 14.** We recommended that clinicians consistently document informed consent for human immunodeficiency virus testing and that compliance is monitored.

Concur

Target date for completion: January 15, 2015

Facility response: A CPRS template is being developed that will ensure consistent documentation of informed consent for Human Immunodeficiency virus testing. It is expected to be in place by January 15, 2015. Compliance is regularly monitored by Quality Management.

## Office of the Inspector General Contact and Staff Acknowledgments

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## Endnotes

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<sup>c</sup> References used for the HIV Screening review included:

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<sup>d</sup> References used for the Outpatient Documentation review included:

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<sup>e</sup> Reference used for PACT Compass data graphs:

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