Department of Veterans Affairs
Office of Inspector General

Office of Healthcare Inspections

Report No. 15-00155-16

Review of Community Based Outpatient Clinics and Other Outpatient Clinics of Battle Creek VA Medical Center Battle Creek, Michigan

October 22, 2015

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

AUD	alcohol use disorder
CBOC	community based outpatient clinic
EHR	electronic health record
EOC	environment of care
FY	fiscal year
HIV	human immunodeficiency virus
lab	laboratory
NM	not met
OIG	Office of Inspector General
OOC	other outpatient clinic
PACT	Patient Aligned Care Teams
PC	primacy care
RN	registered nurse
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 Battle Creek VA Medical Center and Veterans Integrated Service Network 11 provide safe, consistent, and high-quality health care. The review evaluated the clinics' compliance with selected requirements for alcohol use disorder care, human immunodeficiency virus screening, outpatient documentation, and outpatient lab results management. We also randomly selected the Muskegon VA Clinic, Muskegon, MI, as a representative site and evaluated the environment of care on August 11, 2015.

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

Environment of Care: Ensure that Muskegon VA Clinic staff:

- Protect and secure specimens and patient-identifiable information.
- Equip doors to the examination rooms designated for women veterans with electronic or manual locks.
- Position monitors or use privacy screens to prevent viewing of personally identifiable information on computers in public areas.

Alcohol Use Disorder Care: Ensure that:

- Clinic staff consistently complete diagnostic assessments for patients with a positive alcohol screen.
- Clinic staff provide education and counseling for patients with positive alcohol screens and alcohol consumption above National Institute on Alcohol Abuse and Alcoholism limits.
- Managers ensure that patients with excessive persistent alcohol use receive brief treatment or are evaluated by a specialty provider within 2 weeks of the screening.
- Clinic Registered Nurse Care Managers receive motivational interviewing training within 12 months of appointment to Patient Aligned Care Teams.
- Clinic Registered Nurse Care Managers, providers, and clinical associates receive health coaching training within 12 months of appointment to Patient Aligned Care Teams.

Human Immunodeficiency Virus Screening: Ensure that clinicians provide human immunodeficiency virus testing as part of routine medical care for patients and that compliance is monitored.

Outpatient Lab Results Management: Ensure that clinicians consistently notify patients of their lab results within 14 days as required by VHA.

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 16–21, 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 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.
- The CBOCs/OOCs are compliant with VHA requirements for the patient notification and follow up of selected outpatient lab results.

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 five activities:

- EOC
- AUD Care
- HIV Screening
- Outpatient Documentation
- Outpatient Lab Results Management

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 AUD Care, HIV Screening, Outpatient Documentation, and Outpatient Lab Results Management focused reviews are noted in Table 1.

Table 1. CBOC/OOC Focused Reviews and Study Populations

Review Topic	Study Population
AUD Care	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;[2] 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.
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, 2014, through December 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.

[1] Each outpatient site selected for physical inspection was randomized from all PC CBOCs, multi-specialty CBOCs, and heath care centers reporting to the parent facility and was operational and classified as such in VA's Site Tracking Database by October 1, 2014.
[2] 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.[a]

We reviewed relevant documents and conducted a physical inspection of the Muskegon 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.

Table 2. EOC

NM	Areas Reviewed	Findings	Recommendations
	The furnishings are clean and in good repair.		
	The CBOC is 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.		
	If safety data sheets are in electronic form, the staff can demonstrate ability to access the electronic version without coaching.		
	Employees received training on the new chemical label elements and safety data sheet format.		
	Clinic managers ensure that safety inspections of CBOC medical equipment are performed in accordance with Joint Commission standards.		
	Hand hygiene is monitored for compliance.		
	Personal protective equipment is readily available.		
	Sterile commercial supplies are not expired.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	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.		
	Exit signs are visible from any direction.		
	Multi-dose medication vials are not expired.		
	All medications are secured from unauthorized access.		
	The staff protect patient-identifiable information on lab specimens during transport.		
X	Documents containing patient-identifiable information are not visible or unsecured.	Specimens labeled with patient-identifiable information were left unsecured in a bathroom designated for both public access and lab collection at the Muskegon VA Clinic.	**1**. We recommended that staff protect and secure specimens and patient-identifiable information at the Muskegon VA Clinic.

NM	Areas Reviewed (continued)	Findings	Recommendations
	Adequate privacy is provided at all times.		
X	The women veterans' exam room is equipped with either an electronic or manual door lock.	The women veterans' exam rooms at the Muskegon VA Clinic were not equipped with either an electronic or manual door lock.	**2.** We recommended that the doors to the examination rooms designated for women veterans are equipped with electronic or manual locks at the Muskegon VA Clinic.
	The information technology network room/server closet is locked.		
	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 is documented.		
	All computer screens are locked when not in use.		
X	Information is not viewable on monitors in public areas.	Personally identifiable information was viewable on computer monitors located in the registration/check-in area at the Muskegon VA Clinic.	**3**. We recommended that staff position monitors or use privacy screens to prevent viewing of personally identifiable information on computers in public areas at the Muskegon VA Clinic.
	The CBOC has an automated external defibrillator.		
	There is an alarm system and/or panic buttons installed and tested in high-risk areas (for example, 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 Care

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

We reviewed relevant documents and 39 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 Care

NM	Areas Reviewed	Findings	Recommendations
X	Diagnostic assessments are completed for patients with a positive alcohol screen.	Staff did not complete diagnostic assessments for 5 of 39 patients (13 percent) who had positive alcohol use screens.	**4**. We recommended that clinic staff consistently complete diagnostic assessments for patients with a positive alcohol screen.
X	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.	Staff did not provide education and counseling for 6 of 38 patients (16 percent) who had positive alcohol use screens.	**5**. We recommended that clinic staff provide education and counseling for patients with positive alcohol screens and alcohol consumption above National Institute on Alcohol Abuse and Alcoholism limits.
	Documentation reflects the offer of further treatment for patients diagnosed with alcohol dependence.		
	For patients with AUD who decline referral to specialty care, clinic staff monitored them and their alcohol use.		
X	Counseling, education, and brief treatments for AUD care are provided within 2 weeks of positive screening.	Treatment was not provided within 2 weeks of positive screening for 2 of 18 patients.	**6**. We recommended that managers ensure that patients with excessive persistent alcohol use receive brief treatment or are evaluated by a specialty provider within 2 weeks of the screening.
X	Clinic RN Care Managers have received motivational interviewing training within 12 months of appointment to PACT.	We found that 3 of 27 Clinic RN Care Managers did not receive motivational interviewing training within 12 months of appointment to PACT.	**7**. We recommended that Clinic Registered Nurse Care Managers receive motivational interviewing training within 12 months of appointment to Patient Aligned Care Teams.

NM	Areas Reviewed (continued)	Findings	Recommendations
X	Clinic RN Care Managers 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 3 of 27 Clinic RN Care Managers did not receive health coaching training within 12 months of appointment to PACT.	**8**. We recommended that Clinic Registered Nurse Care Managers, providers, and clinical associates receive health coaching training within 12 months of appointment to Patient Aligned Care Teams.
X	Providers 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 6 of 29 providers did not receive health coaching training within 12 months of appointment to PACT.	
X	Clinical associates 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 6 of 28 clinical associates 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.[c]

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

Table 4. HIV Screening

NM	Areas Reviewed	Findings	Recommendations
	The facility has a HIV Lead 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.		
X	Clinicians provided HIV testing as part of routine medical care for patients.	Clinicians did not provide HIV testing to 6 of 40 patients (15 percent).	**9**. We recommended that clinicians provide human immunodeficiency virus testing as part of routine medical care for patients and that compliance is monitored.
	When HIV testing occurred, clinicians consistently documented informed consent.		
	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.[d]

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
	A relevant history of the illness or injury and physical findings are documented when the patient is first admitted for VA medical care on an outpatient level.		
	Randomly selected progress notes contain the required documentation components in the EHR.		

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.[e]

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.

Table 6. 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 16 of 48 patients (33 percent) of their lab results within 14 days as required by VHA.	**10.** We recommended that clinicians consistently notify patients of their laboratory results within 14 days as required by VHA.
	Clinicians documented in the EHR all attempts to communicate with the patients regarding their lab results.		
	Clinicians provided interventions for clinically significant abnormal lab results.		

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

			Outpatient Workload / Encounters[4]			Services Provided[5]		
Location	**Station #**	**Rurality[6]**	**PC**	**MH**	**Specialty Clinics[7]**	**Specialty Care[8]**	**Ancillary Services[9]**	
Grand Rapids, MI	515BY	Urban	28,405	19,351	21,052	Dental Dermatology Infectious Disease Medicine Specialties Neurology Optometry Podiatry Urology	Anti-Coagulation Clinic Audiology Diabetes Care Diabetic Retinal Screening EKG Enterostomal Wound/Skin Care HBPC Imaging Services	Lab MOVE! Program[10] Nutrition PFT Pharmacy Prosthetics/Orthotics Rehabilitation Services Speech Pathology
Muskegon, MI	515GA	Urban	8,787	6,049	289	Dermatology	Anti-Coagulation Clinic Diabetic Retinal Screening HBPC MOVE! Program	Nutrition Pharmacy Rehabilitation Services

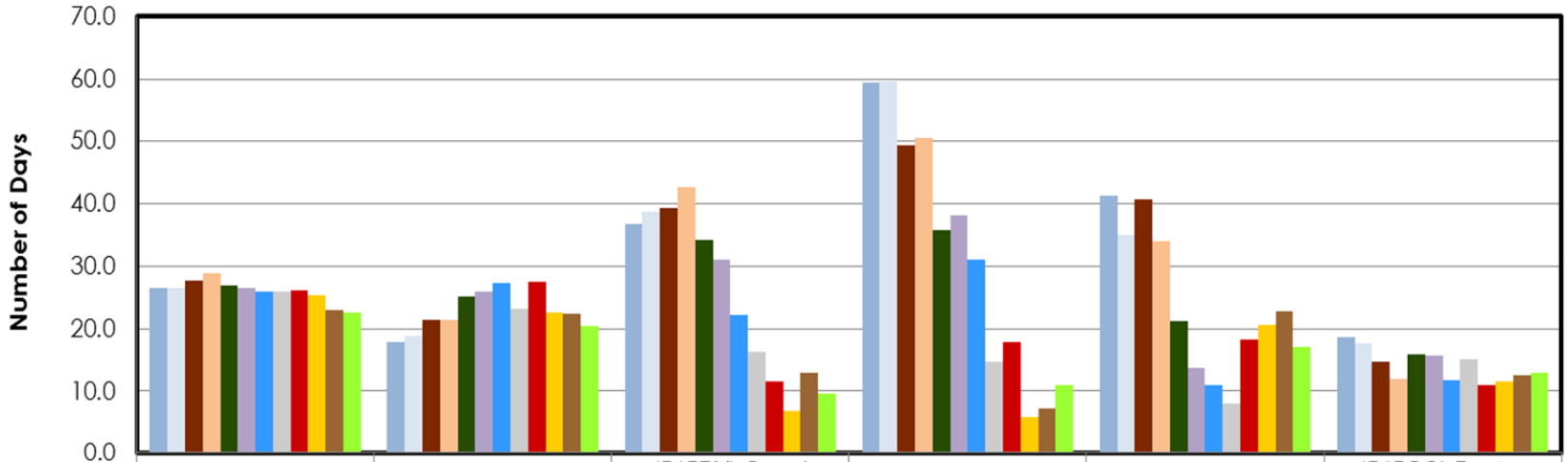
[3] Includes all CBOCs in operation before April 1, 2014.
[4] An encounter is a professional contact between a patient and a practitioner vested with responsibility for diagnosing, evaluating, and treating the patient's condition. Encounters occur in both the outpatient and inpatient setting.
[5] The denoted Specialty Care and Ancillary Services are limited to Primary Clinic Stops with a count ≥ 100 encounters during the October 1, 2013, through September 30, 2014, timeframe at the specified CBOC.
[6] http://vssc.med.va.gov/
[7] The total number of encounters for the services provided in the "Specialty Care" column.
[8] Specialty Care Services refer to non-PC and non-Mental Health services provided by a physician.
[9] Ancillary Services refer to non-PC 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.

			Outpatient Workload / Encounters			Services Provided		
Location (continued)	**Station #**	**Rurality**	**PC**	**MH**	**Specialty Clinics**	**Specialty Care**	**Ancillary Services**	
Lansing, MI	515GB	Urban	8,784	5,504	161	Dermatology	Anti-Coagulation Clinic Diabetic Retinal Screening	HBPC MOVE! Program Pharmacy
Benton Harbor, MI	515GC	Urban	5,408	3,705	26	NA	Anti-Coagulation Clinic Diabetic Retinal Screening HBPC	MOVE! Program Nutrition Pharmacy

EKG = Electrocardiography; HBPC = Home Based PC; PFT = Pulmonary Function Test

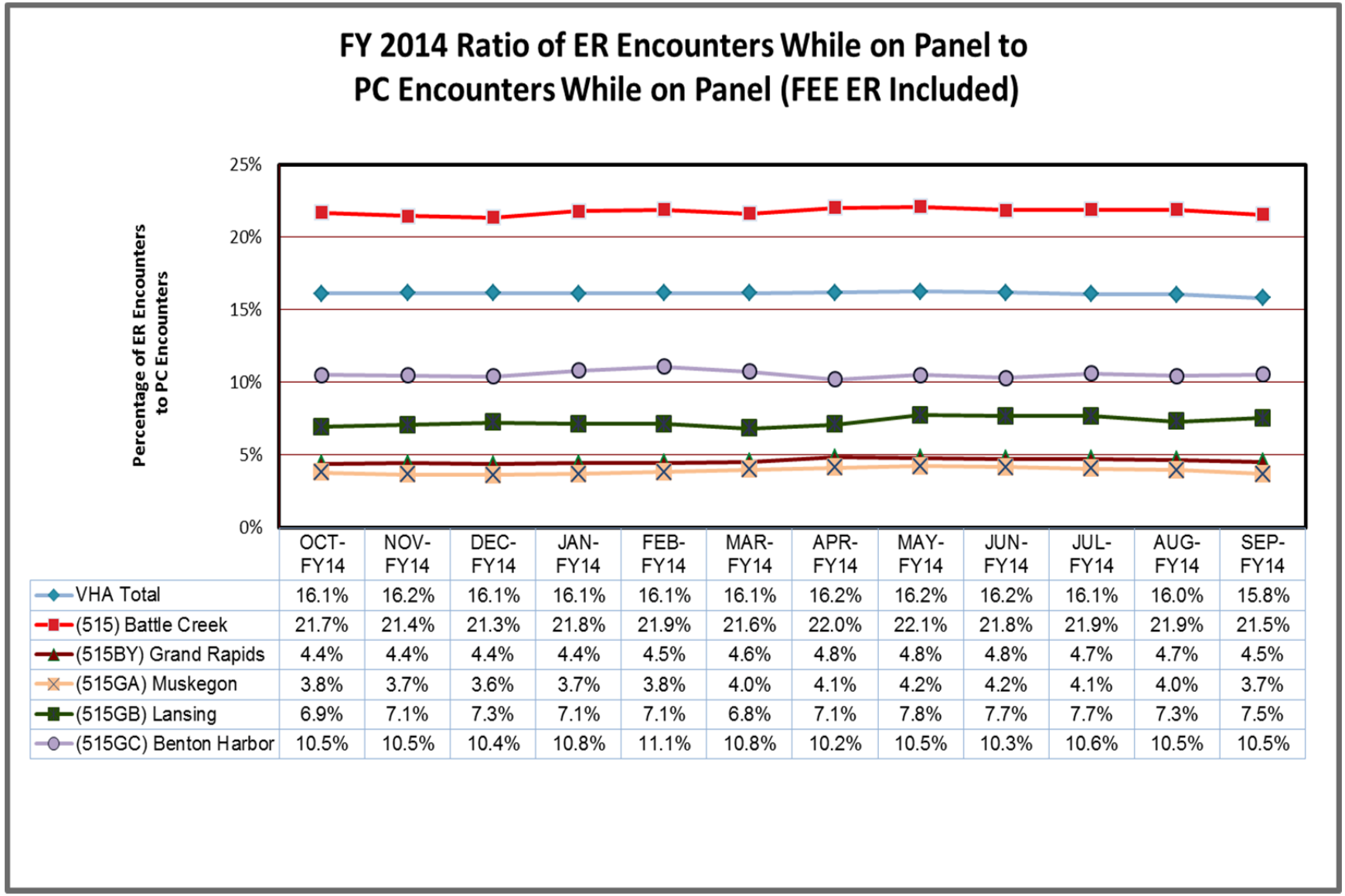
PACT Compass Metrics

FY 2014 New Primary Care Patient Average Wait Time in Days



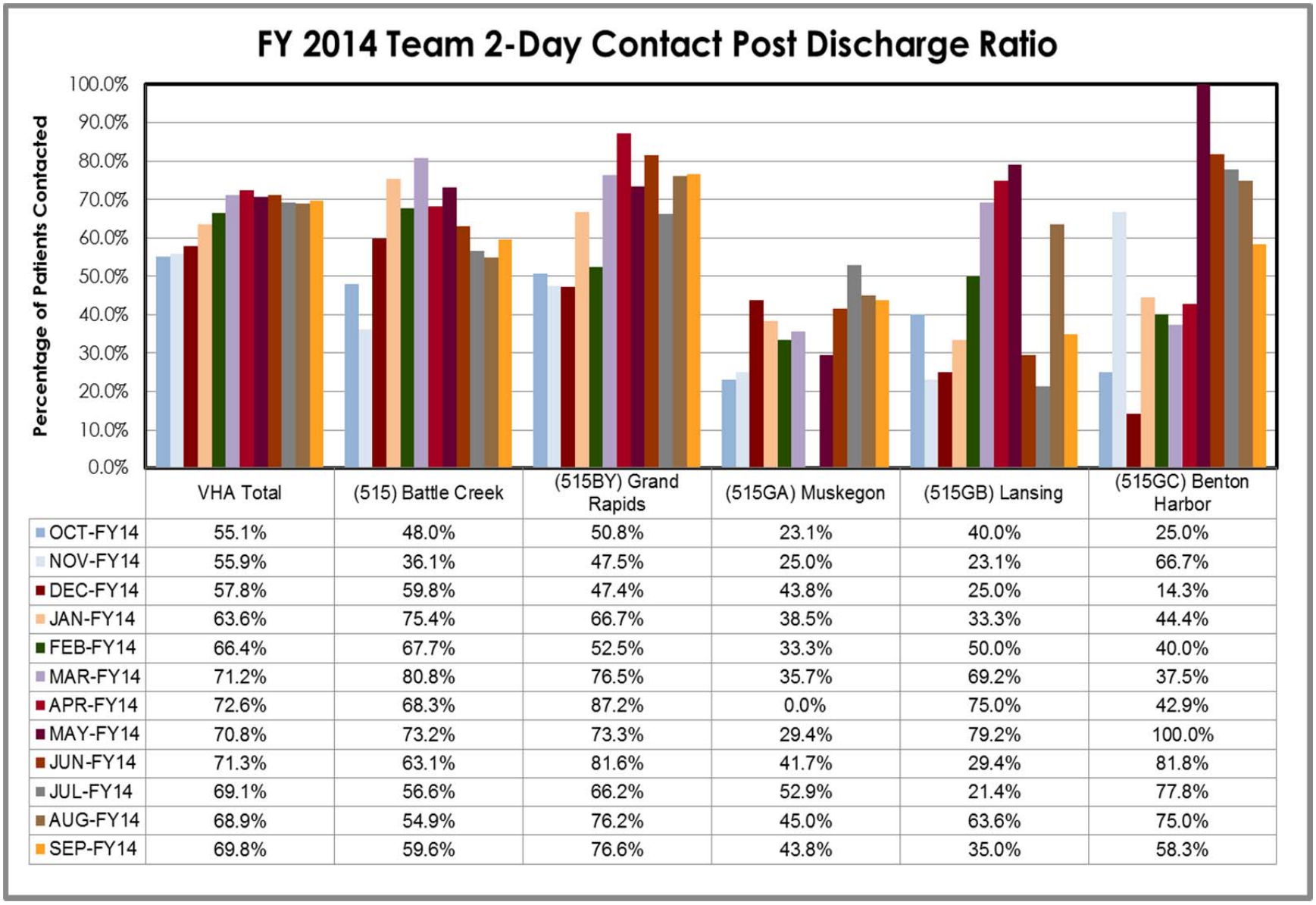
	VHA Total	(515) Battle Creek	(515BY) Grand Rapids	(515GA) Muskegon	(515GB) Lansing	(515GC) Benton Harbor
OCT-FY14	26.5	17.8	36.8	59.4	41.3	18.6
NOV-FY14	26.5	18.8	38.8	59.6	35.1	17.7
DEC-FY14	27.7	21.3	39.4	49.4	40.7	14.7
JAN-FY14	28.9	21.3	42.6	50.6	34.0	11.9
FEB-FY14	26.9	25.1	34.3	35.8	21.3	15.8
MAR-FY14	26.4	26.0	31.0	38.1	13.7	15.7
APR-FY14	25.9	27.3	22.1	31.1	10.9	11.8
MAY-FY14	26.0	23.2	16.2	14.6	8.0	15.2
JUN-FY14	26.1	27.5	11.5	17.9	18.3	11.0
JUL-FY14	25.3	22.7	6.8	5.8	20.6	11.7
AUG-FY14	23.0	22.5	13.0	7.1	22.9	12.6
SEP-FY14	22.6	20.3	9.5	10.9	17.1	12.9

Data Definition.[f] The average number of calendar days between a new patient's PC appointment (clinic stops 322, 323, and 350), excluding compensation and pension appointments, and the earliest creation date.



	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%
(515) Battle Creek	21.7%	21.4%	21.3%	21.8%	21.9%	21.6%	22.0%	22.1%	21.8%	21.9%	21.9%	21.5%
(515BY) Grand Rapids	4.4%	4.4%	4.4%	4.4%	4.5%	4.6%	4.8%	4.8%	4.8%	4.7%	4.7%	4.5%
(515GA) Muskegon	3.8%	3.7%	3.6%	3.7%	3.8%	4.0%	4.1%	4.2%	4.2%	4.1%	4.0%	3.7%
(515GB) Lansing	6.9%	7.1%	7.3%	7.1%	7.1%	6.8%	7.1%	7.8%	7.7%	7.7%	7.3%	7.5%
(515GC) Benton Harbor	10.5%	10.5%	10.4%	10.8%	11.1%	10.8%	10.2%	10.5%	10.3%	10.6%	10.5%	10.5%

Data Definition.[f] This is a measure of where the patient receives his PC 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 PC encounters while on panel with the patient's assigned PC (or associate) provider plus the total VHA ER/Urgent Care/FEE ER encounters (including FEE ER visits) while on panel plus the number of PC encounters while on panel with a provider other than the patient's PC Provider/Associate Provider.



	VHA Total	(515) Battle Creek	(515BY) Grand Rapids	(515GA) Muskegon	(515GB) Lansing	(515GC) Benton Harbor
OCT-FY14	55.1%	48.0%	50.8%	23.1%	40.0%	25.0%
NOV-FY14	55.9%	36.1%	47.5%	25.0%	23.1%	66.7%
DEC-FY14	57.8%	59.8%	47.4%	43.8%	25.0%	14.3%
JAN-FY14	63.6%	75.4%	66.7%	38.5%	33.3%	44.4%
FEB-FY14	66.4%	67.7%	52.5%	33.3%	50.0%	40.0%
MAR-FY14	71.2%	80.8%	76.5%	35.7%	69.2%	37.5%
APR-FY14	72.6%	68.3%	87.2%	0.0%	75.0%	42.9%
MAY-FY14	70.8%	73.2%	73.3%	29.4%	79.2%	100.0%
JUN-FY14	71.3%	63.1%	81.6%	41.7%	29.4%	81.8%
JUL-FY14	69.1%	56.6%	66.2%	52.9%	21.4%	77.8%
AUG-FY14	68.9%	54.9%	76.2%	45.0%	63.6%	75.0%
SEP-FY14	69.8%	59.6%	76.6%	43.8%	35.0%	58.3%

Data Definition.[f] The percent of discharges (VHA inpatient discharges) for the reporting timeframe for assigned PC 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.

Appendix C

Acting Veterans Integrated Service Network Director Comments

Department of Veterans Affairs

Memorandum

Date: September 28, 2015

From: Acting Director, Veterans in Partnership (10N11)

Subject: **Review of CBOCs and OOCs of Battle Creek VA Medical Center, Battle Creek, MI**

To: Director**,** Chicago Office of Healthcare Inspections (54CH)
Director, Management Review Service (VHA 10AR MRS OIG CAP CBOC)

1. Attached is Battle Creek VA Medical Center's response to the draft report.

2. If you have any questions, please contact Carol Jones, RN, VISN 11 Chief Quality Management Officer, at 734-222-4302.

(original signed by:)
Robert P. McDivitt, FACEH/VHA-CM

Facility Director Comments

Department of Veterans Affairs

Memorandum

Date: September 25, 2015

From: Director, Battle Creek VA Medical Center (515/00)

Subject: **Review of CBOCs and OOCs of Battle Creek VA Medical Center, Battle Creek, MI**

To: Acting Director, Veterans In Partnership (10N11)

I have reviewed and concur with the action plan regarding the Community Based Outpatient Clinic (CBOC) Review conducted at the Battle Creek VA Medical Center.

(original signed by:)
Mary Beth Skupien, Ph.D.

Comments to OIG's Report

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

OIG Recommendations

Recommendation 1. We recommended that staff protect and secure specimens and patient-identifiable information at the Muskegon VA Clinic.

Concur

Target date for completion: March 31, 2016

Facility response: Signage will be placed on the patient side door asking that only one specimen be in the specimen area at a time. Lab Health Technicians have been educated on the necessity of checking the specimen slot before leaving the specimen drawing room and immediately upon returning. Compliance will be monitored through random checks of the specimen slot to assess for presence of more than one specimen. Random checks will be done at a minimum of 5 times per month for 2 quarters until 90% compliance is achieved. The results of these checks will be reported to the Executive Leadership Quality Board for oversight.

Recommendation 2. We recommended that the doors to the examination rooms designated for women veterans are equipped with electronic or manual locks at the Muskegon VA Clinic.

Concur

Target date for completion: December 31, 2015

Facility response: A Request for Proposal (RFP-017) has been sent to the building owner (transaction 515-15-3-390-1477) for the purchase and installation of the necessary locksets. The Contracting Officer is negotiating costs with the owner and locksets will be installed upon agreement. In the interim, staff communicate to each other whenever a female Veteran is in exam rooms and monitor the door to assure privacy is maintained.

Recommendation 3. We recommended that staff position monitors or use privacy screens to prevent viewing of personally identifiable information on computers in public areas at the Muskegon VA Clinic.

Concur

Target date for completion: October 30, 2015

Facility response: Privacy Officer will reposition monitors and/or apply privacy screens as needed to prevent incidental viewing of personally identifiable information and protected health information.

Recommendation 4. We recommended that clinic staff consistently complete diagnostic assessments for patients with a positive alcohol screen.

Concur

Target date for completion: March 31, 2016

Facility response: Re-education of staff regarding completion of diagnostic assessments in Veterans with positive AUDIT-C is occurring through the use of a reference guide for completing clinical reminders. This guide includes step-by-step instructions and screen shots for nurses and providers to use as a reference. A link to this guide is located on the local VA homepage for easy access. Random audits of 20 records per month will be conducted for 2 quarters until 90% compliance is sustained. The results of these checks will be reported to the Executive Leadership Quality Board for oversight.

Recommendation 5. We recommended that clinic staff provide education and counseling for patients with positive alcohol screens and alcohol consumption above National Institute on Alcohol Abuse and Alcoholism limits.

Concur

Target date for completion: March 31, 2016

Facility response: Re-education of staff is taking place regarding education and counselling of patients with positive alcohol screens. All appropriate clinical/nursing staff are being retrained on the updated SOPs which include the required “ACT NOW” form. Random audits of 20 records per month will be conducted for 2 quarters until 90% compliance is sustained. The results of these checks will be reported to the Executive Leadership Quality Board for oversight.

Recommendation 6. We recommended that managers ensure that patients with excessive persistent alcohol use receive brief treatment or are evaluated by a specialty provider within 2 weeks of the screening.

Concur

Target date for completion: March 31, 2016

Facility response: Re-education of staff regarding referral for specialty care for Veterans with persistent excessive alcohol use is taking place. Daily “Reminders Due” reports have been created specific to each clinical team. Points of Contact have been identified. Reports are printed at each clinic location, and distributed to providers to complete before the end of each business day. Weekly reports are run to monitor

performance. Random audits of 20 records per month will be conducted for 2 quarters until 90% compliance is sustained. The results of these checks will be reported to the Executive Leadership Quality Board for oversight.

Recommendation 7. We recommended that Clinic Registered Nurse Care Managers receive motivational interviewing training within 12 months of appointment to Patient Aligned Care Teams.

Concur

Target date for completion: October 30, 2015

Facility response: The Motivational Interviewing trainer is notified by the Clinic Nurse Manager when new RNs are hired for the CBOCs to assure training is scheduled and incorporated into their individualized orientation. Currently all clinic RNs are trained.

Recommendation 8. We recommended that Clinic Registered Nurse Care Managers, providers, and clinical associates receive health coaching training within 12 months of appointment to Patient Aligned Care Teams.

Concur

Target date for completion: October 30, 2015

Facility response: The Health Promotion and Disease Prevention (HPDP) Coordinator reviews and provides health coach training to those staff that have not completed training. The HPDP Coordinator provides health coach training for any new clinical staff within 12 months of appointment. Annual review of compliance is monitored through the Talent Management System (TMS). Currently all clinic RN Care Managers, providers, and clinical associates are trained.

Recommendation 9. We recommended that clinicians provide human immunodeficiency virus testing as part of routine medical care for patients and that compliance is monitored.

Concur

Target date for completion: March 31, 2016

Facility response: Clinicians are responsible for providing HIV testing as part of routine medical care for patients (if the patient consents) per Medical Center Policy. Clinicians will be re-educated on the required HIV testing as part of routine care. Clinical Reminder reports will be run weekly. Random audits of 20 records per month will be conducted for 2 quarters until 90% compliance is sustained. The results of these checks will be reported to the Executive Leadership Quality Board for oversight.

Recommendation 10. We recommended that clinicians consistently notify patients of their laboratory results within 14 days as required by VHA.

Concur

Target date for completion: March 31, 2016

Facility response: Staff discussions regarding the 14-day notification directive will be completed during the September and October Medical Service meetings. Random audits of 20 records per month will be conducted for 2 quarters until 90% compliance is sustained. The results of these checks will be reported to the Executive Leadership Quality Board for oversight.

Office of Inspector General
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Endnotes

[a] References used for the EOC review included:
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[b] References used for the AUD Care review included:
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[c] References used for the HIV Screening review included:
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- VHA Directive 2009-019, *Ordering and Reporting Test Results,* March 24, 2009.
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- VHA Handbook 1004.01, *Informed Consent for Clinical Treatments and Procedures*, August 14, 2009.
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[d] References used for the Outpatient Documentation review included:
- VHA Handbook 1907.01, *Health Information Management and Health Records,* September 19, 2012.
- VHA Handbook 1907.01, *Health Information Management and Health Records,* July 22, 2014.

[e] References used for the Outpatient Lab Results Management review included:
- VHA Handbook 2009-019, *Ordering and Reporting Test Results,* March 24, 2009.
- VHA, *Communication of Test Results Toolkit*, April 2012.

[f] Reference used for PACT Compass data graphs:
- Department of Veterans' Affairs, *Patient Aligned Care Teams Compass Data Definitions*, June 24, 2014.