



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

Office of Healthcare Inspections

Report No. 14-00235-195

**Community Based Outpatient Clinic
and Primary Care Clinic Reviews
at
Wilmington VA Medical Center
Wilmington, Delaware**

June 26, 2014

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
DWHP	designated women's health provider
EHR	electronic health record
EOC	environment of care
FY	fiscal year
MH	mental health
MM	medication management
NM	not met
OIG	Office of Inspector General
PACT	Patient Aligned Care Teams
PCC	primary care clinic
PCMM	Primary Care Management Module
RN	registered nurse
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
WH	women's health

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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 primary care clinics (PCCs) provide safe, consistent, and high-quality health care for our veterans. We conducted site visits during the week of March 3, 2014, at the following CBOCs which are under the oversight of the Wilmington VA Medical Center and Veterans Integrated Service Network 4:

- Cape May County CBOC, Cape May, NJ
- Kent County CBOC, Dover, DE

Review Results: We conducted four focused reviews and made recommendations in all review areas:

Environment of Care. Ensure that:

- A panic alarm system is installed at the Cape May County CBOC.
- Personally identifiable information is protected by securing laboratory specimens so that patient privacy is maintained.
- Women veterans are provided access to gender-specific restrooms at the Kent County CBOC.
- The parent facility documents Emergency Management Preparedness-specific training completed for the Cape May County CBOC clinical providers.

Alcohol Use Disorder. Ensure that CBOC/PCC:

- Staff consistently complete diagnostic assessments for patients with a positive alcohol screen.
- Staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.
- Registered Nurse Care Managers receive motivational interviewing training within 12 months of appointment to Patient Aligned Care Teams.

Medication Management. Ensure that CBOC/PCC staff:

- Document that medication reconciliation was completed at each episode of care where the newly prescribed fluoroquinolone was administered, prescribed, or modified.
- Ensure that the facility medication reconciliation policy complies with VHA policy.

Designated Women's Health Providers' Proficiency. Ensure that all Designated Women's Health Providers:

- Are designated with the Women's Health indicator in the Primary Care Management Module.

Comments

The VISN and Facility Directors agreed with the CBOC and PCC 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 consider recommendations 2, 3, 4, and 10 as closed and will follow up on the planned actions for the remaining 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 PCC 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 PCC reviews are recurring evaluations of selected primary care operations that focus on patient care quality and the EOC. In general, our objectives are to:

- Determine whether the CBOCs are compliant with EOC requirements.
- Determine whether CBOCs/PCCs are compliant with VHA requirements in the care of patients with AUD.
- Determine compliance with requirements for the clinical oversight and patient education of fluoroquinolones for outpatients.
- Evaluate if processes are in place for DWHPs to maintain proficiency in WH.

Scope

To evaluate for compliance with requirements related to patient care quality and the EOC, we conducted onsite inspections, reviewed clinical and administrative records, and discussed processes and validated findings with managers and employees. The review covered the following four activities:

- EOC
- AUD
- MM
- DWHP Proficiency

The scope of this review is limited to the established objectives. Issues and concerns that come to our attention that are outside the scope of this standardized inspection will be reviewed and referred accordingly.

Methodology

The onsite EOC inspections were only conducted at randomly selected CBOCs that had not been previously inspected.^a Details of the targeted study populations for the AUD, MM, and DWHP Proficiency focused reviews are noted in Table 1.

^a Includes 93 CBOCs in operation before March 31, 2013.

Table 1. CBOC/PCC Focused Reviews and Study Populations

Review Topic	Study Population
AUD	All CBOC and PCC patients screened within the study period of July 1, 2012, through June 30, 2013, and who had a positive AUDIT-C score ^b and all providers and RN Care Managers assigned to PACT prior to October 1, 2012.
MM	All outpatients with an original prescription ordered for one of the three selected fluoroquinolones from July 1, 2012, through June 30, 2013.
DWHP Proficiencies	All WH PCPs designated as DWHPs as of October 1, 2012, and who remained as DWHPs until September 30, 2013.

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 done in accordance with OIG standard operating procedures for CBOC and PCC reviews.

^b 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.¹

We reviewed relevant documents and conducted physical inspections of the Cape May County and Kent County CBOCs. 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
	The CBOC's location is clearly identifiable from the street as a VA CBOC.	
	The CBOC has interior signage available that clearly identifies the route to and location of the clinic entrance.	
	The CBOC is Americans with Disabilities Act accessible.	
	The furnishings are clean and in good repair.	
	The CBOC is clean.	
	The CBOC maintains a written, current inventory of hazardous materials and waste that it uses, stores, or generates.	
X	An alarm system and/or panic buttons are installed and tested in high-risk areas (e.g., MH clinic).	The Cape May County CBOC provides MH services but did not have an alarm system or panic buttons.
	Alcohol hand wash or soap dispenser and sink are available in the examination rooms.	
	Sharps containers are secured.	
	Safety needle devices are available.	
	The CBOC has a separate storage room for storing medical (infectious) waste.	
	The CBOC conducts fire drills at least every 12 months.	
	Means of egress from the building are unobstructed.	
	Access to fire alarm pull stations is unobstructed.	
	Access to fire extinguishers is unobstructed.	
	The CBOC has signs identifying the locations of fire extinguishers.	
	Exit signs are visible from any direction.	
	No expired medications were noted during the onsite visit.	

	Areas Reviewed (continued)	Findings
	All medications are secured from unauthorized access.	
X	Personally identifiable information is protected on laboratory specimens so that patient privacy is maintained.	At the Cape May County CBOC, personally identifiable information was not protected on laboratory specimens.
	Adequate privacy is provided to patients in examination rooms.	
	Documents containing patient-identifiable information are not laying around, visible, or unsecured.	
	Window coverings provide privacy.	
	The CBOC has a designated examination room for women veterans.	
X	Adequate privacy is provided to women veterans in the examination room.	Gowned women veterans at the Kent County CBOC cannot access gender-specific restrooms without entering public areas.
	The information technology network room/server closet is locked.	
	All computer screens are locked when not in use.	
	Staff use privacy screens on monitors to prevent unauthorized viewing in high-traffic areas.	
	EOC rounds are conducted semi-annually (at least twice in a 12-month period) and deficiencies are reported to and tracked by the EOC Committee until resolution.	
	The CBOC has an Automated External Defibrillator.	
	Safety inspections are performed on the CBOC medical equipment in accordance with Joint Commission standards.	
X	The parent facility includes the CBOC in required education, training, planning, and participation leading up to the annual disaster exercise.	The parent facility did not document Emergency Management Plan-specific training for Cape May CBOC clinical providers.
	The parent facility's Emergency Management Committee evaluates CBOC emergency preparedness activities, participation in annual disaster exercise, and staff training/education relating to emergency preparedness requirements.	

Recommendations

1. We recommended that a panic alarm system is installed at the Cape May County CBOC.
2. We recommended that managers ensure that personally identifiable information is protected by securing laboratory specimens.

3. We recommended that processes are strengthened to ensure women veterans can access gender-specific restrooms without entering public areas at the Kent County CBOC.
4. We recommended that the parent facility document Emergency Management Plan-specific training completed for the Cape May County CBOC clinical providers.

AUD

The purpose of this review was to determine whether the facility's CBOCs and PCCs complied with selected alcohol use screening and treatment requirements.²

We reviewed relevant documents. We also reviewed 40 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 3. AUD

NM	Areas Reviewed	Findings
	Alcohol use screenings are completed during new patient encounters, and at least annually.	
X	Diagnostic assessments are completed for patients with a positive alcohol screen.	Staff did not complete diagnostic assessments for 16 (40 percent) of 40 patients who had positive alcohol use screens.
	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 10 patients diagnosed with alcohol dependence.
	For patients with AUD who decline referral to specialty care, CBOC/PCC staff monitored them and their alcohol use.	
	Counseling, education, and brief treatments for AUD are provided within 2 weeks of positive screening.	
X	CBOC/PCC RN Care Managers have received motivational interviewing training within 12 months of appointment to PACT.	We found that none of the 11 RN Care Managers received motivational interviewing training within 12 months of appointment to PACT.
	CBOC/PCC 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.	
	The facility complied with any additional elements required by VHA or local policy.	

Recommendations

5. We recommended that CBOC/Primary Care Clinic staff consistently complete diagnostic assessments for patients with a positive alcohol screen.

6. We recommended that CBOC/Primary Care Clinic staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.

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

MM

The purpose of this review was to determine whether appropriate clinical oversight and education were provided to outpatients prescribed oral fluoroquinolone antibiotics.³

We reviewed relevant documents. We also reviewed 22 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. Fluoroquinolones

NM	Areas Reviewed	Findings
X	Clinicians documented the medication reconciliation process that included the fluoroquinolone.	We did not find documentation that medication reconciliation included the newly prescribed fluoroquinolone in 13 of 22 patient EHRs.
	Written information on the patient's prescribed medications was provided at the end of the outpatient encounter.	
	Medication counseling/education for the fluoroquinolone was documented in the patients' EHRs.	
	Clinicians documented the evaluation of each patient's level of understanding for the education provided.	
X	The facility complied with VHA policy.	Facility medication reconciliation policy was reviewed: <ul style="list-style-type: none"> Local policy required full medication reconciliation by specialty providers only when prescribing a long-term medication; however, VHA requires medication reconciliation at every episode of care when medications will be administered, prescribed, or modified.

Recommendations

8. We recommended that staff document that medication reconciliation was completed at each episode of care where the newly prescribed fluoroquinolone was administered, prescribed, or modified.

9. We recommended that the facility medication reconciliation policy complies with VHA policy.

DWHP Proficiency

The purpose of this review was to determine whether the facility’s CBOCs and PCCs complied with selected DWHP proficiency requirements.⁴

We reviewed the facility self-assessment, VHA and local policies, PCMM data, and supporting documentation for DWHPs’ proficiencies. The table below shows the areas reviewed for this topic. The area marked as NM did not meet applicable requirements and needed improvement.

Table 5. DWHP Proficiency

NM	Areas Reviewed	Findings
	CBOC and PCC DWHPs maintained proficiency requirements.	
X	CBOC and PCC DWHPs were designated with the WH indicator in the PCMM.	Three of three DWHPs were not designated with the WH indicator in the PCMM.

Recommendation

10. We recommended that the Chief of Staff consistently ensure that all Designated Women’s Health Providers are designated with the Women’s Health indicator in the Primary Care Management Module.

CBOC Profiles

This review evaluates the quality of care provided to veterans at all of the CBOCs under the parent facility's oversight.^c The table below provides information relative to each of the CBOCs.

Location	State	Station #	Locality ^e	CBOC Size ^f	Uniques ^d				Encounters ^d			
					MH ^g	PC ^h	Other ⁱ	All	MH ^g	PC ^h	Other ⁱ	All
Kent County	DE	460GC	Urban	Mid-Size	994	2,815	1,989	3,187	5,745	7,605	5,968	19,318
Sussex County	DE	460GA	Rural	Mid-Size	627	2,557	1,915	2,831	4,986	6,540	7,539	19,065
Cumberland County	NJ	460HG	Rural	Mid-Size	709	2,043	1,964	2,769	3,409	5,098	5,105	13,612
Atlantic County	NJ	460HE	Urban	Mid-Size	957	2,119	916	2,562	4,801	7,119	1,859	13,779
Cape May County	NJ	460GD	Urban	Mid-Size	352	976	1,563	2,334	1,544	2,583	1,899	6,026

^c Includes all CBOCs in operation before March 31, 2013.

^d Unique patients and Total Encounters – Source: MedSAS outpatient files; completed outpatient appointments indicated by a valid stop code during the July 1, 2012, through June 30, 2013, timeframe at the specified CBOC.

^e http://vaww.pssg.med.va.gov/PSSG/DVDC/FY2013_Q1_VAST.xlsx

^f Based on the number of unique patients seen as defined by VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics*, September 11, 2008, the size of the CBOC facility is categorized as very large (> 10,000), large (5,000-10,000), mid-size (1,500-5,000), or small (< 1,500).

^g Mental Health includes stop codes in the 500 series, excluding 531 and 563, in the primary position.

^h Primary Care includes the stop code list in the primary position: 323 – Primary Care; 322 – Women's Clinic; 348 – Primary Care Group; 350 – Geriatric Primary Care; 531 – MH Primary Care Team-Individual; 563 – MH Primary Care Team-Group; 170 – Home Based Primary Care (HBPC) Physician.

ⁱ All other non-Primary Care and non-MH stop codes in the primary position.

CBOC Services Provided

In addition to primary care integrated with WH and MH care, the CBOCs provide various specialty care, ancillary, and tele-health services. The following table lists the services provided at each CBOC.^j

CBOC	Specialty Care Services^k	Ancillary Services^l	Tele-Health Services^m
Kent County	Podiatry	Social Work Diabetic Retinal Screening MOVE! Program ⁿ	Tele Primary Care
Sussex County	Podiatry Dermatology	Diabetic Retinal Screening Nutrition Social Work	Tele Primary Care
Cumberland County	Podiatry Optometry	Audiology Diabetic Retinal Screening	Tele Primary Care
Atlantic County	Podiatry	Diabetic Retinal Screening	Tele Primary Care
Cape May County	Optometry Podiatry	Diabetic Retinal Screening	Tele Primary Care

^j Source: MedSAS outpatient files; the denoted Specialty Care and Ancillary Services are limited to Primary Clinic Stops with a count ≥ 100 encounters during the July 1, 2012, through June 30, 2013, timeframe at the specified CBOC.

^k Specialty Care Services refer to non-Primary Care and non-Mental Health services provided by a physician.

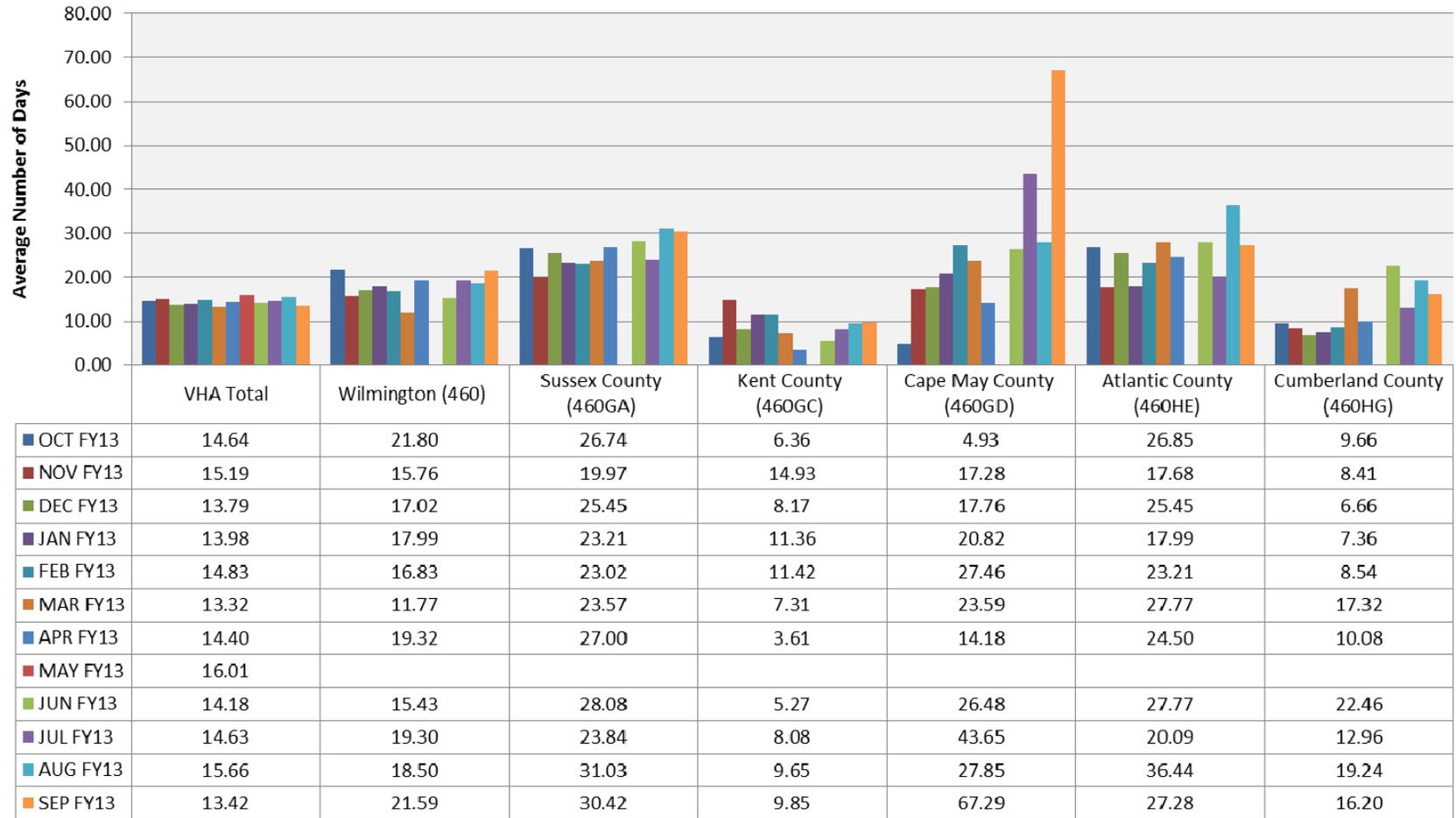
^l Ancillary Services refer to non-Primary Care and non-Mental Health services that are not provided by a physician.

^m Tele-Health Services refer to services provided under the VA Telehealth program (<http://www.telehealth.va.gov/>)

ⁿ VHA Handbook 1120.01, *MOVE! Weight Management Program for Veterans*, March 31, 2011.

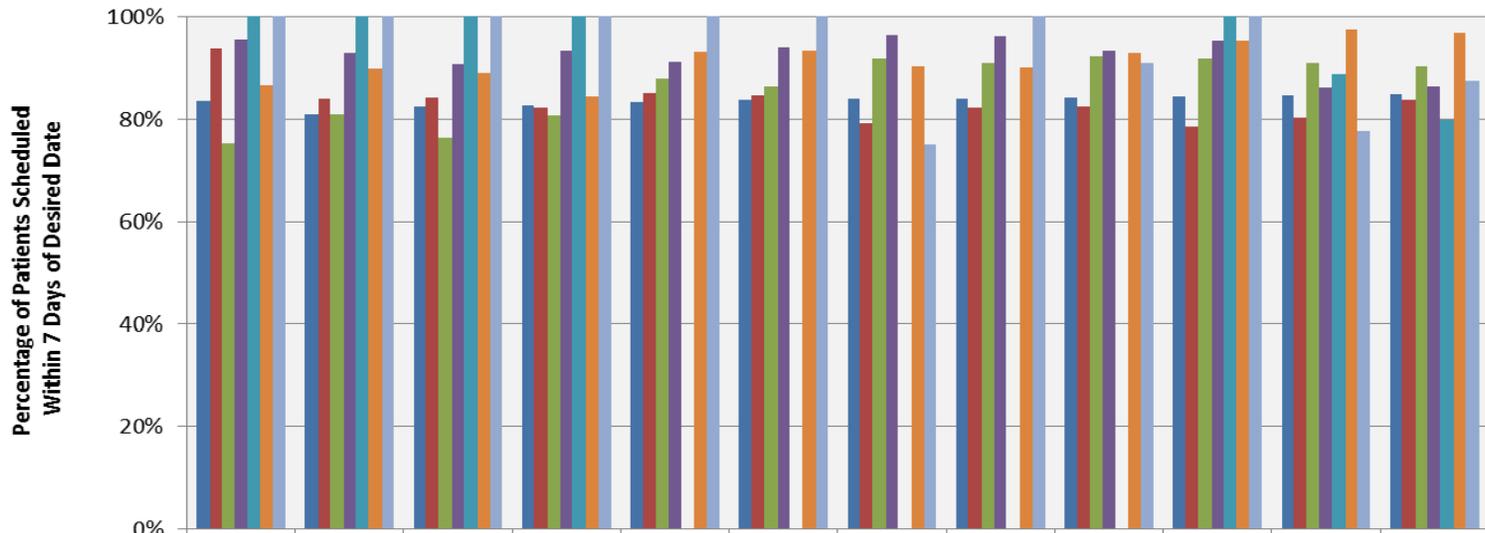
PACT Compass Metrics

FY 2013 Average 3rd Next Available in PC Clinics



Data Definition.⁵ The average waiting time in days until the next third open appointment slot for completed primary care appointments in stop code 350. Completed appointments in stop code 350 for this metric include completed appointments where a 350 stop code is in the primary position on the appointment or one of the telephone stop codes is in the primary position, and 350 stop code is in the secondary position. The data is averaged from the national to the division level. Blank cells indicate the absence of reported data.

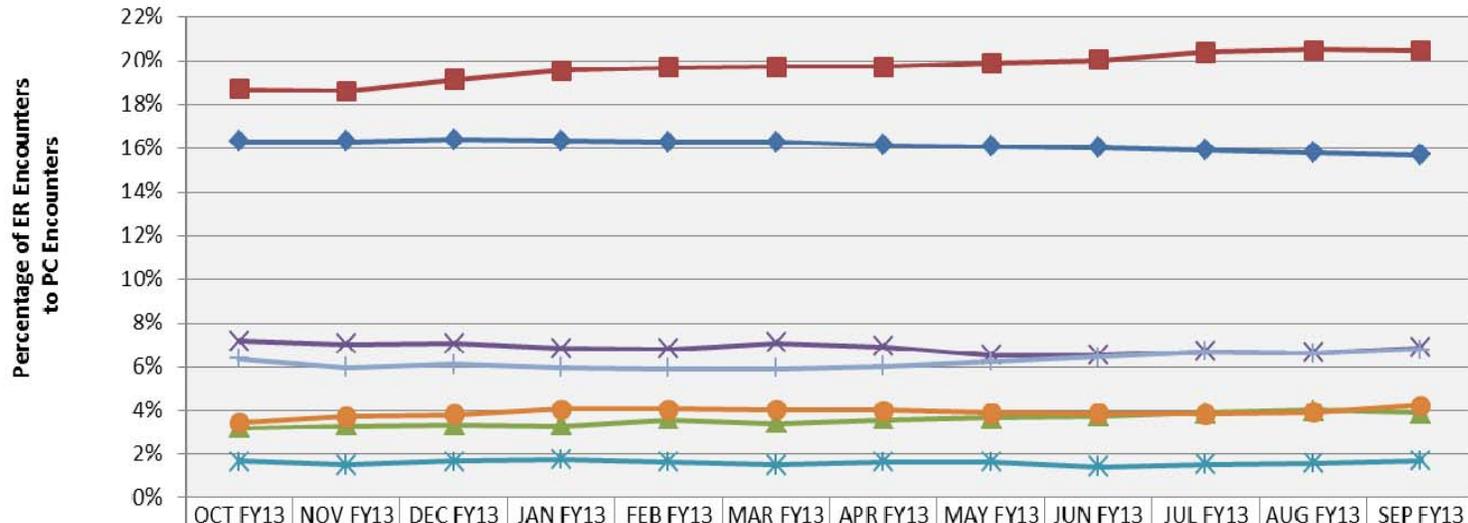
FY 2013 Established PC Prospective Wait Times 7 Days



	OCT FY13	NOV FY13	DEC FY13	JAN FY13	FEB FY13	MAR FY13	APR FY13	MAY FY13	JUN FY13	JUL FY13	AUG FY13	SEP FY13
■ VHA Total	83.5%	81.1%	82.4%	82.6%	83.2%	83.6%	84.0%	84.0%	84.1%	84.3%	84.5%	84.7%
■ Wilmington (460)	93.6%	83.9%	84.2%	82.2%	84.9%	84.6%	79.2%	82.1%	82.3%	78.5%	80.3%	83.6%
■ Sussex County (460GA)	75.2%	80.9%	76.4%	80.7%	88.0%	86.4%	92.0%	91.1%	92.4%	91.8%	91.0%	90.2%
■ Kent County (460GC)	95.5%	92.7%	90.7%	93.1%	91.1%	93.9%	96.3%	96.2%	93.2%	95.2%	86.2%	86.3%
■ Cape May County (460GD)	100.0%	100.0%	100.0%	100.0%						100.0%	88.9%	80.0%
■ Atlantic County (460HE)	86.5%	90.0%	89.0%	84.4%	93.0%	93.3%	90.4%	90.1%	92.7%	95.3%	97.4%	96.8%
■ Cumberland County (460HG)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	75.0%	100.0%	90.9%	100.0%	77.8%	87.5%

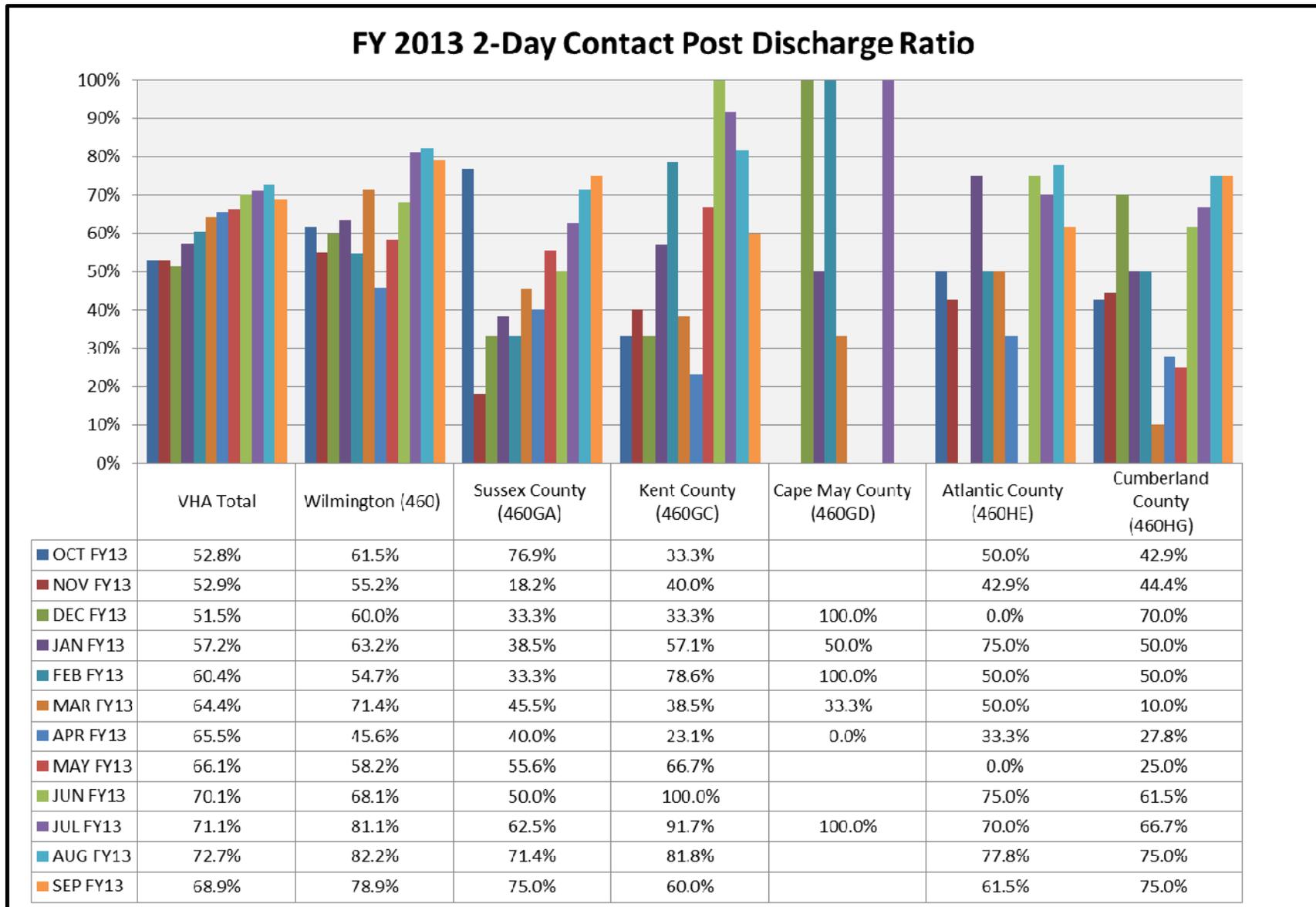
Data Definition.⁵ The percent of patients scheduled within 7 days of the desired date. Data source is the Wait Times Prospective Wait Times measures. The total number of scheduled appointments for primary care-assigned patients in primary care clinics 322, 323 and 350. Data is collected twice a month on the 1st and the 15th. Data reported is for the data pulled on the 15th of the month. There is no FY to date score for this measure. Blank cells indicate the absence of reported data.

FY 2013 Ratio of ER Encounters While on Panel to PC Encounters While on Panel (FEE ER Included)



	OCT FY13	NOV FY13	DEC FY13	JAN FY13	FEB FY13	MAR FY13	APR FY13	MAY FY13	JUN FY13	JUL FY13	AUG FY13	SEP FY13
VHA Total	16.3%	16.3%	16.4%	16.3%	16.3%	16.3%	16.1%	16.1%	16.0%	15.9%	15.8%	15.7%
Wilmington (460)	18.7%	18.6%	19.1%	19.5%	19.7%	19.7%	19.7%	19.9%	20.0%	20.4%	20.5%	20.5%
Sussex County (460GA)	3.2%	3.3%	3.3%	3.3%	3.6%	3.4%	3.6%	3.6%	3.7%	3.9%	4.0%	3.9%
Kent County (460GC)	7.2%	7.0%	7.0%	6.8%	6.8%	7.1%	6.9%	6.5%	6.5%	6.7%	6.6%	6.9%
Cape May County (460GD)	1.7%	1.5%	1.7%	1.7%	1.6%	1.5%	1.6%	1.6%	1.4%	1.5%	1.6%	1.7%
Atlantic County (460HE)	3.4%	3.7%	3.8%	4.0%	4.0%	4.0%	4.0%	3.9%	3.9%	3.8%	3.9%	4.2%
Cumberland County (460HG)	6.3%	6.0%	6.1%	6.0%	5.9%	5.9%	6.0%	6.2%	6.4%	6.7%	6.6%	6.8%

Data Definition.⁵ This is a measure of where the patient receives his or her primary care and by whom. A low percentage is better. The formula is the total VHA ER/Urgent Care/FEE ER Encounters WOP (including FEE ER visits) *divided by* the number of primary care encounters WOP with the patient’s assigned primary care (or associate) provider plus the total VHA ER/Urgent Care/FEE ER Encounters (including FEE ER visits) WOP plus the number of primary care encounters WOP with a provider other than the patient’s PCP/AP.



Data Definition.⁵ Total Discharges Included in 2-day Contact Post Discharge Ratio: The total VHA and FEE Inpatient Discharges for assigned primary care patients for the reporting timeframe. 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: May 20, 2014

From: Interim Network Director, VA Healthcare VISN 4 (10N4)

Subject: Draft Report: Community Based Outpatient Clinic and Primary Care Clinic Reviews at the Wilmington VA Medical Center, Wilmington, DE

To: VHA 10AR MRS OIG CAP Reviews
OIG Follow-Up Staff (53B)

I have reviewed the responses provided by the Wilmington VA Medical Center and I am submitting it to your office as requested. I concur with all responses.

If you have any questions or require additional information, please contact Moira Hughes, Acting VISN 4 Quality Management Officer at 412-822-3294.

(original signed by:)

Gary W. Devansky

Attachments

Facility Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: 5/15/2014

From: Director, Wilmington VA Medical Center (460/00)

Subject: **CBOC and PCC Reviews of the Wilmington VA Medical Center, Wilmington, DE**

To: Director, VA Healthcare VISN 4 (10N4)

I have reviewed the draft report of the Inspector General's CBOC and PCC programs at the Wilmington VA Medical Center. We concur with the findings and recommendations.

I appreciate the opportunity for this review as continuing process to improve care to our Veterans.

(original signed by:)

ROBIN C. AUBE-WARREN, FACHE

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 a panic alarm system is installed at the Cape May County CBOC.

Concur

Target date for completion: August 29, 2014

Facility response: The Cape May Coast Guard Base CBOC has an emergency phone hard wired directly to the Base Security office in place at the reception desk. The Facility will install a panic alarm system, consisting of wireless transmitters in the exam rooms with an audible alarm at the nurse station, to alarm from the patient care areas to the reception desk.

Recommendation 2. We recommended that managers ensure that personally identifiable information is protected by securing laboratory specimens.

Concur

Target date for completion: Completed March 14, 2014

Facility response: The Laboratory Manager coordinated with the Nurse Manager of the CBOCs, to discuss the overall security of collected blood and urine specimens. The resulting following actions have been completed. The CBOC nursing staff has been instructed to keep all phlebotomy doors closed and locked when the rooms are not in use, preventing unauthorized access and safeguarding any protected patient information (PPI) detailed on specimen containers and test tubes. This was reviewed with all nursing staff at each CBOC by conducting rounds and during the CBOC nursing meeting on March 14, 2014. All CBOCs use "sealed plastic bags" protecting patient ID information on labs. As part of Laboratory CBOC visits, the Ancillary Testing Coordinator reviews specimen security with staff to ensure compliance, and annotates on inspections checklist. If remedial action is necessary, it would be immediately brought to the attention of the actual site and the nurse manager, then reported to the Ancillary Testing Committee.

Recommendation 3. We recommended processes are strengthened to ensure women veterans can access gender-specific restrooms without entering public areas at the Kent County CBOC.

Concur

Target date for completion: Completed March 14, 2014

Facility response: At the Kent County CBOC, privacy is provided to women Veterans by the use of curtains and exam tables positioned facing away from doors to the exam rooms. Within the current structure, the nearest toilet facilities are not located in the exam rooms and there is not a gender specific restroom available. Due to these physical structure limitations, as suggested in VHA Handbook 1330.01, Health Services for Women Veterans, women are discreetly offered the use of the toilet facilities prior to asking them to disrobe for an exam. Going forward, the privacy and security needs of women Veterans will be addressed when the facility remodels the current structure, to improve care and compliance. To ensure that the environment promotes dignity, privacy, safety and security, for women Veterans, VHA Handbook 1330.01 guidelines will be followed and the Women's Health Program Manager will participate in the annual review of the CBOC health care environment assessment scheduled to be completed during Environment of Care Rounds on August 7, 2014.

Recommendation 4. We recommended that the parent facility document Emergency Management Plan-specific training completed for the Cape May County CBOC clinical providers.

Concur

Target date for completion: Completed March 21, 2014

Facility response: Training was provided on March 21, 2014 with the assigned Cape May county CBOC clinical providers. Each Clinical Provider was provided a copy of the Emergency Management Quick Reference Guidebooks to review. The proper actions and response activities were also reviewed to include: The importance of knowing the location of the Bomb Threat Checklist located as an icon, on their desktop PCs, a review of all steps on the PC Icon Bomb Threat Checklist, knowledge of the location of and how to use the Quick Reference Guide's hardcopy Bomb Threat Checklist located in their facility, reviewing the important phone numbers listed in the Quick Reference Guide, and documentation of the training.

Recommendation 5. We recommended that CBOC/Primary Care Clinic staff consistently complete diagnostic assessments for patients with a positive alcohol screen.

Concur

Target date for completion: August 31, 2014

Facility response: The facility has provided education to the primary care providers to consistently complete the diagnostic assessments on patients who present with positive alcohol screens. This was reviewed with the Ambulatory Care Council on March 14, 2014, and with the primary care providers at the main facility on March 21, 2014. CBOC providers will also receive the same educational training by August 31, 2014.

Recommendation 6. We recommended that CBOC/Primary Care Clinic staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.

Concur

Target date for completion: August 31, 2014

Facility response: The facility has provided education to the primary care providers to consistently complete the diagnostic assessments on patients who present with positive alcohol screens. This was reviewed with the Ambulatory Care Council on March 14, 2014, and with the primary care providers at the main facility on March 21, 2014. CBOC providers will also receive the same educational training by August 31, 2014. The Clinical reminder for follow up of a positive alcohol screen will be modified to make the diagnostic assessments and offer of further treatments check box mandatory.

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

Concur

Target date for completion: May 29, 2015

Facility response: The Wilmington VAMC will enter all Motivational Interviewing Training into the Talent management System (TMS) to track training. The facility will ensure that all CBOC and Primary Care Registered Nurse Care Managers will receive the mandatory training in the next 12 months and have it documented. All newly assigned CBOC and Primary care Nurse Care Managers will receive training within 12 months of appointment to Patient Aligned Care Teams as is required.

Recommendation 8. We recommended that staff document that medication reconciliation was completed at each episode of care where the newly prescribed fluoroquinolone was administered, prescribed, or modified.

Concur

Target date for completion: September 30, 2014

Facility response: This item has been added to Pharmacy and Therapeutics committee agenda for the May meeting. Our current quinolone prescribing template will be reviewed and modified to rectify any policy deficiencies in administration, during initial prescription, or during prescription modification. Prescription template changes will be forwarded to the Medical Executive Board for approval prior to implementation.

Recommendation 9. We recommended that the facility medication reconciliation policy complies with VHA policy.

Concur

Target date for completion: May 12, 2014

Facility response: The Wilmington VAMC reviewed and updated the facility's Center Memoranda to include Medication Reconciliation occurring at all episodes of care where medication is prescribed according to VHA policy. All staff have been educated to the updated policy by inclusion in the facilities weekly newsletter, and training materials were developed by pharmacy for service line leaders to utilize.

Recommendation 10. We recommended that the Chief of Staff consistently ensure that all Designated Women's Health Providers are designated with the Women's Health indicator in the Primary Care Management Module.

Concur

Target date for completion: Completed May 15, 2014

Facility response: The Chief of Staff, Women's Health (WH) Program Manager, and Health Administration Services (HAS), reviewed and ensured that all current designated Women's Health (WH) providers are labeled with the *WH* indicator in the Primary Care Management Module (PCMM). New providers, once completing the designated WH training and certification, will have the WH Program Manager verify completion, then notify HAS personnel to assign the *WH* indicator in the PCMM. The facility currently has 3 PACT Teams that are led by designated WH providers, with the proper WH indicator listed in the PCMM.

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This report is available at www.va.gov/oig.

Endnotes

¹ References used for the EOC review included:

- US Access Board, *Americans with Disabilities Act Accessibility Guidelines (ADAAG)*, September 2, 2002.
- US Department of Health and Human Services, Health Insurance Portability and Accountability Act, *The Privacy Rule*, August 14, 2002.
- US Department of Labor, Occupational Safety and Health Administration, *Laws and Regulations*.
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- Joint Commission, *Joint Commission Comprehensive Accreditation and Certification Manual*, July 1, 2013.
- VA Directive 0324, *Test, Training, Exercise, and Evaluation Program*, April 5, 2012.
- VA Directive 0059, *VA Chemicals Management and Pollution Prevention*, May 25, 2012.
- VA Handbook 6500, *Risk Management Framework for VA Information System*, September 20, 2012.
- VHA Center for Engineering, Occupational Safety, and Health, *Emergency Management Program Guidebook*, March 2011.
- VHA Center for Engineering, Occupational Safety, and Health, *Online National Fire Protection Association Codes, Standards, Handbooks, and Annotated Editions of Select Codes and Standards*, July 9, 2013.
- VHA Deputy Under Secretary for Health for Operations and Management, Memorandum: *Environmental Rounds*, March 5, 2007.
- 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 1330.01, *Health Care Services for Women Veterans*, May 21, 2010.
- VHA Handbook 1850.05, *Interior Design Operations and Signage*, July 1, 2011.

² References used for the AUD review included:

- National Center for Health Promotion and Disease Prevention (NCP), Veteran Health Education and Information (NVEI) Program, *Patient Education: TEACH for Success*. Retrieved from http://www.prevention.va.gov/Publications/Newsletters/2013/HealthPOWER_Prevention_News_Winter_2012_2013_FY12_TEACH_MI_Facilitator_Training.asp on January 17, 2014.
- VHA Handbook 1120.02, *Health Promotion Disease Prevention (HPDP) Program*, July 5, 2012.
- VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics*, September 11, 2008.

³ References used for the Medication Management review included:

- VHA Directive 2011-012, *Medication Reconciliation*, March 9, 2011.
- VHA Directive 2012-011, *Primary Care Standards*, April 11, 2012.
- VHA Handbook 1108.05, *Outpatient Pharmacy Services*, May 30, 2006.
- VHA Handbook 1108.07, *Pharmacy General Requirements*, April 17, 2008.
- Joint Commission, *Joint Commission Comprehensive Accreditation and Certification Manual*, July 1, 2013.

⁴ References used for the DWHP review included:

- VHA Deputy Under Secretary for Health for Operations and Management, Memorandum: *Health Care Services for Women Veterans*, Veterans Health Administration (VHA) Handbook 1330.01; Women's Health (WH) Primary Care Provider (PCP) Proficiency, July 8, 2013.
- VHA Handbook 1330.01 *Health Care Services for Women Veterans*, May 21, 2010.
- VHA Handbook 1100.19, *Credentialing and Privileging*, November 14, 2008.

⁵ Reference used for PACT Compass data graphs:

- Department of Veterans' Affairs, *Patient Aligned Care Teams Compass Data Definitions*, August 29, 2013.