



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

Office of Healthcare Inspections

Report No. 14-00930-14

**Community Based Outpatient Clinic
and Primary Care Clinic Reviews
at
Central Alabama Veterans Health
Care System
Montgomery, Alabama**

December 4, 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

ACOS	Acting Chief of Staff
AUD	alcohol use disorder
CAVHCS	Central Alabama Veterans Health Care System
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
PCP	primary care provider
RN	registered nurse
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
WH	women's health

Table of Contents

	Page
Executive Summary	i
Objectives, Scope, and Methodology	1
Objectives	1
Scope.....	1
Methodology	1
Results and Recommendations	3
EOC	3
AUD	7
MM.....	9
DWHP Proficiency	10
Appendixes	
A. CBOC Profiles and Services Provided	11
B. PACT Compass Metrics	13
C. VISN Director Comments	17
D. Facility Director Comments	18
E. OIG Contact and Staff Acknowledgments	27
F. Report Distribution	28
G. Endnotes	29

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 August 25, 2014, at the following CBOCs which are under the oversight of the Central Alabama Veterans Health Care System (CAVHCS) and Veterans Integrated Service Network 7:

- Dothan CBOC, Dothan, AL
- Wiregrass CBOC, Fort Rucker, AL

Review Results: We conducted four focused reviews and had no findings for the Designated Women's Health Providers' Proficiency review. However, we made recommendations in the following three review areas:

Environment of Care. Ensure that:

- Processes are improved to ensure review of the hazardous materials inventory occurs twice within a 12-month period at the Dothan and Wiregrass CBOCs.
- Material safety data sheets are readily available to staff at the Wiregrass CBOC.
- Staff can access the electronic version of the hazardous materials inventory at the Dothan CBOC.
- Processes are improved to ensure the tracking of chemical inventories at the Dothan CBOC.
- The effectiveness of the panic alarm system is evaluated at the Wiregrass CBOC.
- Panic alarms are tested and testing is documented at the Dothan and Wiregrass CBOCs.
- No clean items are stored in the medical (infectious) waste storage room at the Wiregrass CBOC.
- Signage is installed to identify the medical (infectious) waste storage room at the Wiregrass CBOC.
- Computer screens are secured to eliminate viewing of personally identifiable information by unauthorized individuals at the Wiregrass CBOC.
- Processes are improved to ensure the use of privacy screens on computers in high-traffic areas at the Wiregrass CBOC.

- The parent facility maintains evidence of the contractor's compliance with facility required education, training, planning, and participation in annual disaster exercises for the Dothan and Wiregrass CBOCs.
- The parent facility's Emergency Management Committee evaluate the Dothan and Wiregrass CBOCs' emergency preparedness activities, participation in annual disaster exercises, and staff training/education relating to emergency preparedness requirements.

Alcohol Use Disorder. Ensure that CBOC/PCC:

- Staff consistently complete diagnostic assessments for patients with a positive alcohol screen.
- Staff document a plan to monitor the alcohol use of patients who decline referral to specialty care.
- 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.
- Registered Nurse Care Managers receive motivational interviewing and health coaching 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.
- Consistently provide written medication information that includes the fluoroquinolone.
- Provide medication counseling/education as required.

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 17–26, for the full text of the Directors' comments.) We consider recommendations 7 and 8 closed. We will follow up on the planned actions for the open recommendations until they are completed.



JOHN D. DAIGH, JR., M.D.
Assistant Inspector General for
Healthcare Inspections

Objectives, Scope, and Methodology

Objectives

The CBOC and 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.¹ Details of the targeted study populations for the AUD, MM, and DWHP Proficiency focused reviews are noted in Table 1.

¹ 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 ² 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.

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 physical inspections of the Dothan and Wiregrass 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.	
X	The CBOC maintains a written, current inventory of hazardous materials and waste that it uses, stores, or generates.	<ul style="list-style-type: none"> • The CBOC's inventory of hazardous materials at the Dothan and Wiregrass CBOCs was not reviewed for accuracy twice within the prior 12 months. • The Wiregrass CBOC's material safety data sheets for chemicals were not readily available to staff. • The staff at the Dothan CBOC could not demonstrate how to access the electronic version of hazardous materials inventory without coaching. • Chemical inventories were not tracked at the Dothan CBOC with the Center for Engineering, Occupational Safety and Health-developed chemical inventory tracking system or in a database that can be downloaded to a Department-wide chemical inventory tracking system.
X	An alarm system and/or panic buttons are installed and tested in high-risk areas (e.g., MH clinic).	<ul style="list-style-type: none"> • The panic alarm activation and response process at the Wiregrass CBOC is not aligned with the parent facility's policy. • Testing of the alarm/panic buttons at the Dothan and Wiregrass CBOCs was not documented.

NM	Areas Reviewed (continued)	Findings
	Alcohol hand wash or soap dispenser and sink are available in the examination rooms.	
	Sharps containers are secured.	
	Safety needle devices are available.	
X	The CBOC has a separate storage room for storing medical (infectious) waste.	<ul style="list-style-type: none"> • There were clean items in the medical (infectious) waste storage room at the Wiregrass CBOC. • There was no signage for the medical (infectious) waste storage room at the Wiregrass CBOC.
	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.	
	All medications are secured from unauthorized access.	
	Personally identifiable information is protected on laboratory specimens during transport so that patient privacy is maintained.	
	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.	
	Adequate privacy is provided to women veterans in the examination room.	
	The information technology network room/server closet is locked.	
X	All computer screens are locked when not in use.	<ul style="list-style-type: none"> • Unused computer screens at the Wiregrass CBOC were not locked.
X	Staff use privacy screens on monitors to prevent unauthorized viewing in high-traffic areas.	<ul style="list-style-type: none"> • Staff at the Wiregrass CBOC did not 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.	

NM	Areas Reviewed (continued)	Findings
	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.	<ul style="list-style-type: none"> The parent facility did not maintain evidence of the contractor's Emergency Management Plan specific training for Dothan or Wiregrass CBOC clinical providers.
X	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.	<ul style="list-style-type: none"> The parent facility's Emergency Management Committee did not evaluate the Dothan and Wiregrass CBOCs' emergency preparedness activities, participation in annual disaster exercise, and staff training/education relating to emergency preparedness requirements.

Recommendations

1. We recommended that processes are improved to ensure review of the hazardous materials inventory occurs twice within a 12-month period at the Dothan and Wiregrass CBOCs.
2. We recommended that managers ensure that material safety data sheets are readily available to staff at the Wiregrass CBOC.
3. We recommended that managers ensure staff can access the electronic version of the hazardous materials inventory at the Dothan CBOC.
4. We recommended that processes are improved to ensure the tracking of chemical inventories at the Dothan CBOC.
5. We recommended that the effectiveness of the panic alarm system is evaluated at the Wiregrass CBOC.
6. We recommended that panic alarms are tested and testing is documented at the Dothan and Wiregrass CBOCs.
7. We recommended that no clean items are stored in the medical (infectious) waste storage room at the Wiregrass CBOC.
8. We recommended that signage is installed to identify the medical (infectious) waste storage room at the Wiregrass CBOC.
9. We recommended that computer screens are secured to eliminate viewing of personally identifiable information by unauthorized individuals at the Wiregrass CBOC.

10. We recommended that processes are improved to ensure the use of privacy screens on computers in high-traffic areas at the Wiregrass CBOC.

11. We recommended that the parent facility maintain evidence of the contractor's compliance with facility required education, training, planning, and participation in annual disaster exercises for the Dothan and Wiregrass CBOCs.

12. We recommended that the parent facility's Emergency Management Committee evaluate the Dothan and Wiregrass CBOCs' emergency preparedness activities, participation in annual disaster exercises, and staff training/education relating to emergency preparedness requirements.

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.^b

We reviewed relevant documents. We also reviewed 38 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 9 (24 percent) of 38 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.	
	Documentation reflects the offer of further treatment for patients diagnosed with alcohol dependence.	
X	For patients with AUD who decline referral to specialty care, CBOC/PCC staff monitored them and their alcohol use.	CBOC/PCC staff did not monitor the alcohol use of 2 of 16 patients who declined referral to specialty care.
X	Counseling, education, and brief treatments for AUD are provided within 2 weeks of positive screening.	Treatment was not provided within 2 weeks of positive screening for 4 of 16 patients.
X	CBOC/PCC RN Care Managers have received motivational interviewing training within 12 months of appointment to PACT.	We found that 2 of 14 RN Care Managers did not receive motivational interviewing training within 12 months of appointment to PACT.
X	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.	We found that 4 of 14 RN Care Managers 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.	

Recommendations

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

14. We recommended that CBOC/Primary Care Clinic staff document a plan to monitor the alcohol use of patients who decline referral to specialty care.

15. 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.

16. We recommended that CBOC/Primary Care Clinic Registered Nurse Care Managers receive motivational interviewing and health coaching 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.^c

We reviewed relevant documents. We also reviewed 36 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 (36 percent) of 36 patient EHRs.
X	Written information on the patient's prescribed medications was provided at the end of the outpatient encounter.	We did not find documentation that 20 (56 percent) of 36 patients received written information that included the fluoroquinolone.
X	Medication counseling/education for the fluoroquinolone was documented in the patients' EHRs.	We did not find documentation of medication counseling that included the fluoroquinolone in 12 (33 percent) of 36 patients' EHRs.
	Clinicians documented the evaluation of each patient's level of understanding for the education provided.	
	The facility complied with local policy.	

Recommendations

17. 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.

18. We recommended that staff consistently provide written medication information that includes the fluoroquinolone.

19. We recommended that staff provide medication counseling/education as required.

DWHP Proficiency

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

We reviewed the facility self-assessment, VHA and local policies, Primary Care Management Module data, and supporting documentation for DWHPs' proficiencies. The table below shows the areas reviewed for this topic. The facility generally met requirements. We made no recommendations.

Table 5. DWHP Proficiency

NM	Areas Reviewed	Findings
	CBOC and PCC DWHPs maintained proficiency requirements.	
	CBOC and PCC DWHPs were designated with the WH 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.³ The table below provides information relative to each of the CBOCs.

Location	State	Station #	Locality ⁵	CBOC Size ⁶	Uniques ⁴				Encounters ⁴			
					MH ⁷	PC ⁸	Other ⁹	All	MH ⁷	PC ⁸	Other ⁹	All
Columbus	GA	619GA	Urban	Large	3,320	7,858	4,363	9,344	11,695	18,492	11,607	41,794
Wiregrass	AL	619GD	Rural	Large	941	3,220	4,892	5,679	2,613	10,017	9,381	22,011
Dothan	AL	619GB	Urban	Mid-Size	1,563	4,374	64	4,888	7,998	9,685	66	17,749

³ Includes all CBOCs in operation before March 31, 2013.

⁴ 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.

⁵ http://vaww.pssg.med.va.gov/PSSG/DVDC/FY2013_Q1_VAST.xlsx

⁶ 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).

⁷ Mental Health includes stop codes in the 500 series, excluding 531 and 563, in the primary position.

⁸ 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.

⁹ 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.¹⁰

CBOC	Specialty Care Services ¹¹	Ancillary Services ¹²	Tele-Health Services ¹³
Columbus	Optometry	Social Work Nutrition Pharmacy MOVE! Program ¹⁴ Diabetes Care	Tele Primary Care
Wiregrass	Optometry	Nutrition Audiology Pharmacy MOVE! Program	Tele Primary Care
Dothan	---	---	---

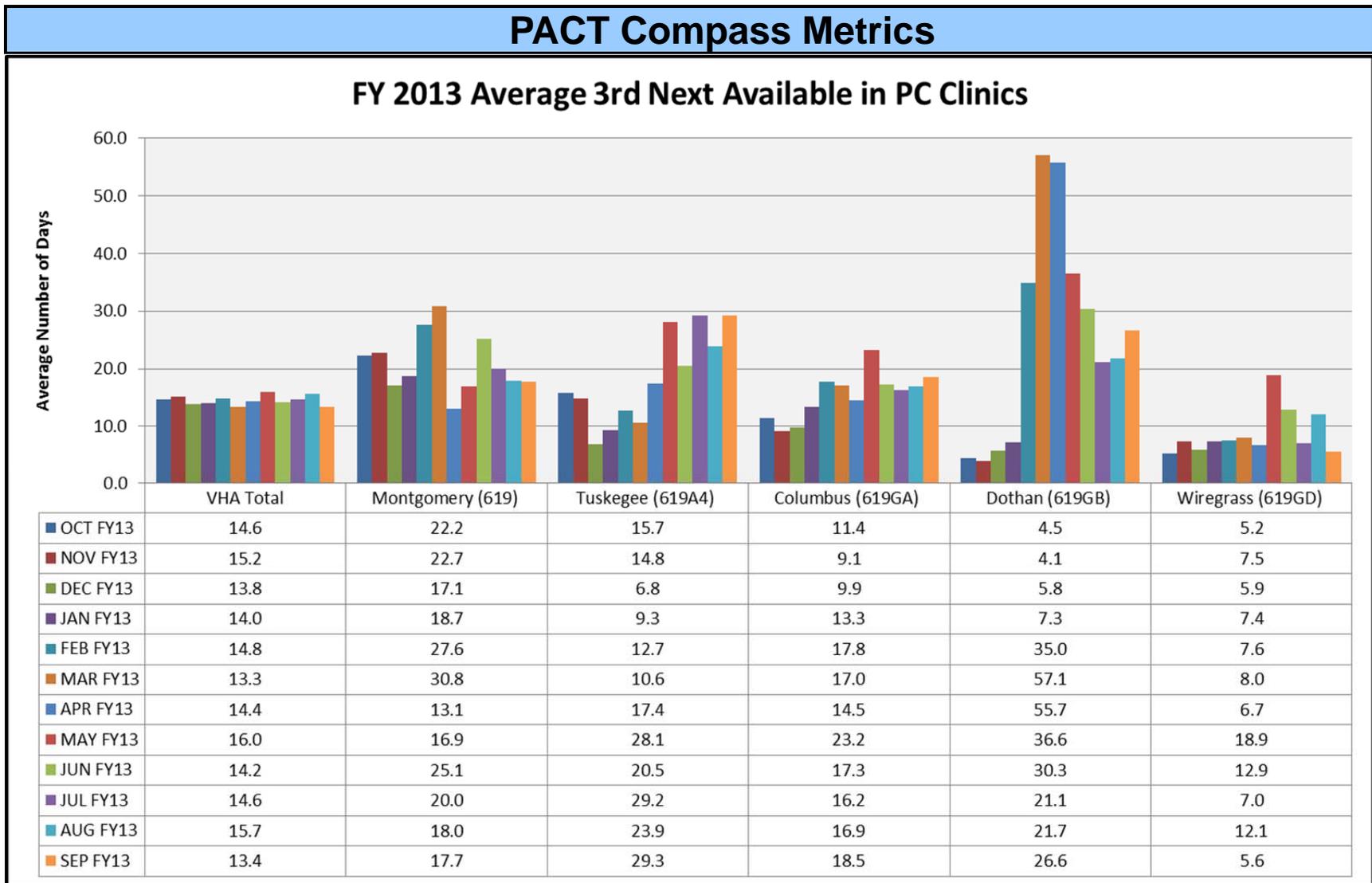
¹⁰ Source: MedSAS outpatient files; the denoted Specialty Care and Ancillary Services are limited to Primary Clinic Stops with a count ≥ 100 encounters during the October 1, 2012, through September 30, 2013, timeframe at the specified CBOC.

¹¹ Specialty Care Services refer to non-Primary Care and non-MH services provided by a physician.

¹² Ancillary Services refer to non-Primary Care and non-MH services that are not provided by a physician.

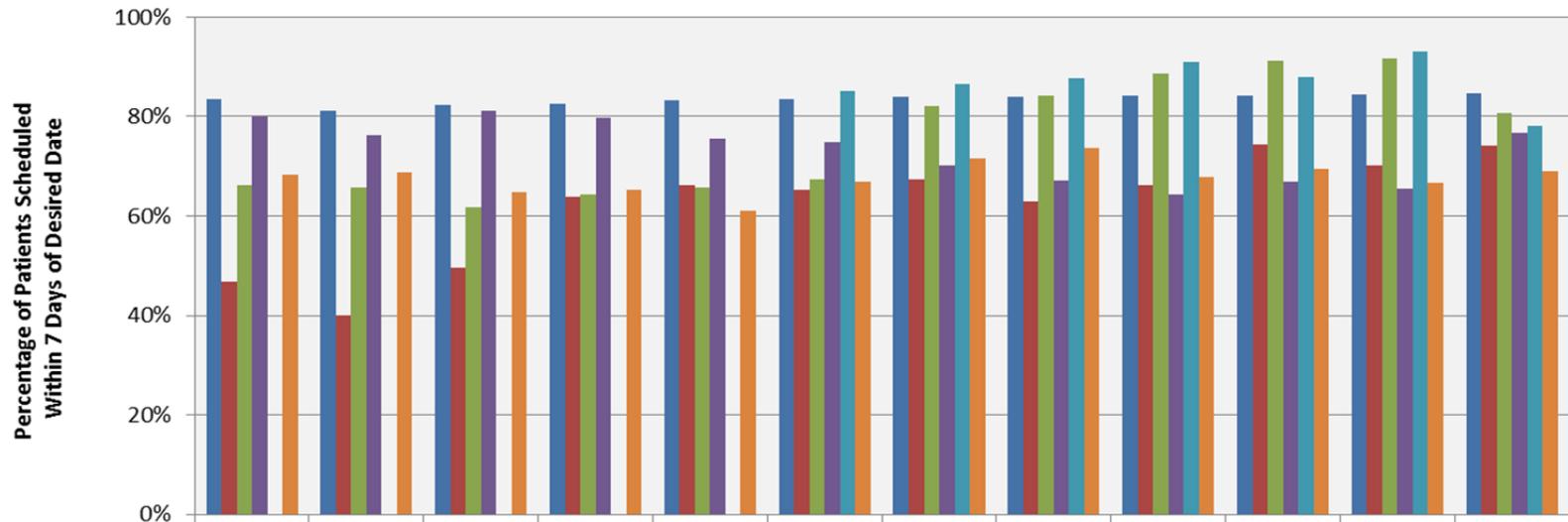
¹³ Tele-Health Services refer to services provided under the VA Telehealth program (<http://www.telehealth.va.gov/>)

¹⁴ VHA Handbook 1120.01, *MOVE! Weight Management Program for Veterans*, March 31, 2011.



Data Definition.^e 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.

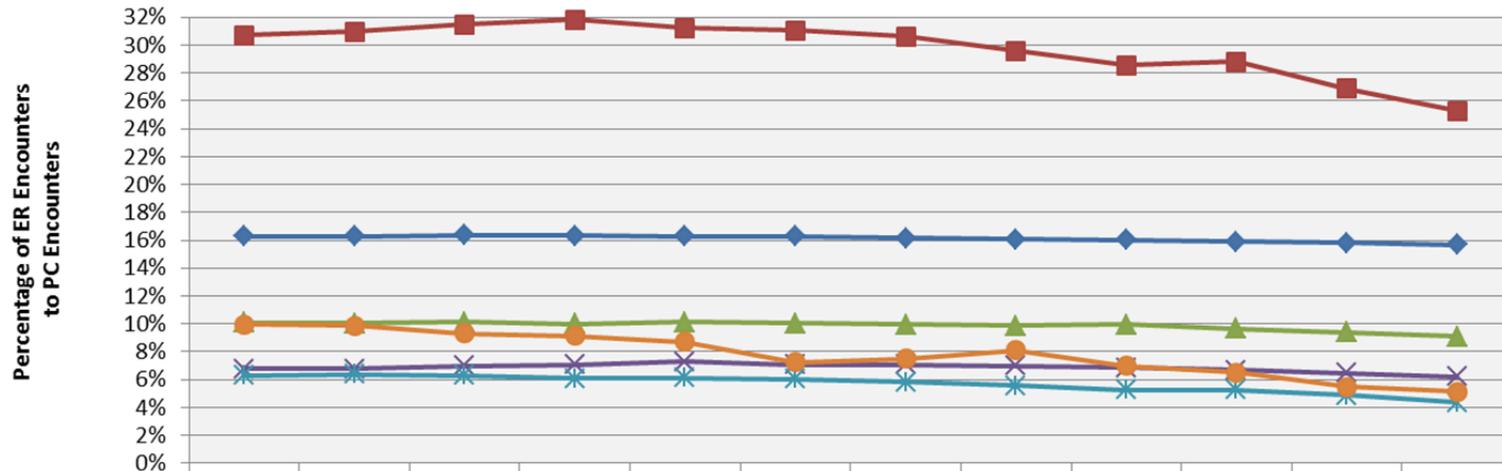
FY 2013 Established PC Prospective Wait Times 7 Days



	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%
■ Montgomery (619)	46.9%	40.1%	49.6%	63.8%	66.3%	65.2%	67.3%	63.0%	66.1%	74.5%	70.3%	74.1%
■ Tuskegee (619A4)	66.2%	65.7%	61.8%	64.3%	65.7%	67.3%	82.1%	84.2%	88.6%	91.3%	91.7%	80.8%
■ Columbus (619GA)	79.9%	76.3%	81.3%	79.9%	75.5%	74.9%	70.3%	67.1%	64.3%	66.8%	65.5%	76.8%
■ Dothan (619GB)						85.1%	86.5%	87.8%	91.0%	87.9%	93.0%	78.0%
■ Wiregrass (619GD)	68.3%	68.9%	64.8%	65.3%	61.1%	66.8%	71.5%	73.6%	67.8%	69.5%	66.7%	69.0%

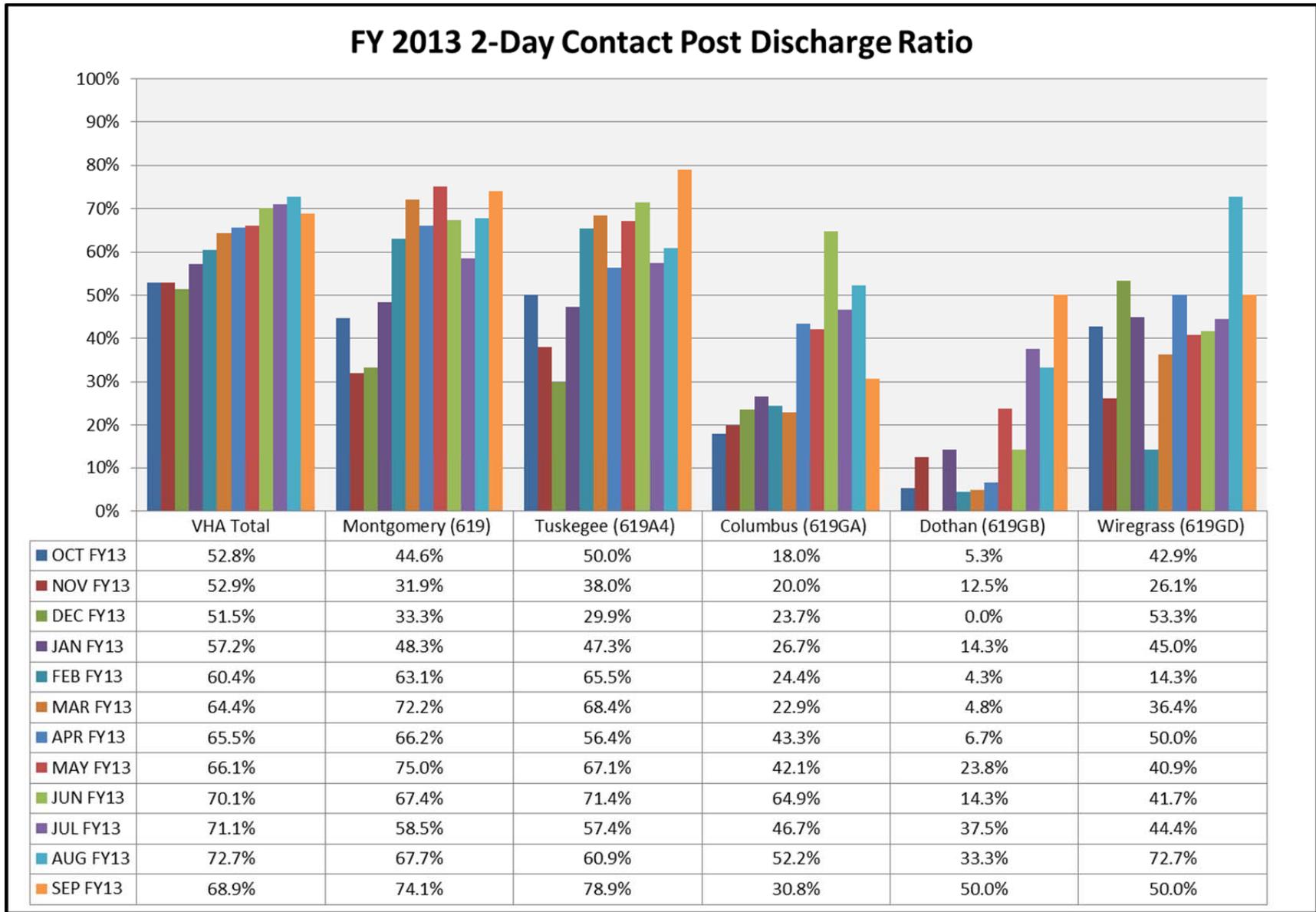
Data Definition.^c The percent of patients scheduled within 7 days of the desired date. Data source is the Wait Times Prospective Wait Times measures. The total number of scheduled appointments for primary care-assigned patients in primary care clinics 322, 323 and 350. Data is collected twice a month 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%
■ Montgomery (619)	30.7%	31.0%	31.5%	31.8%	31.2%	31.0%	30.6%	29.6%	28.5%	28.8%	26.9%	25.3%
▲ Tuskegee (619A4)	10.1%	10.0%	10.1%	10.0%	10.1%	10.0%	9.9%	9.9%	10.0%	9.7%	9.4%	9.1%
× Columbus (619GA)	6.8%	6.8%	7.0%	7.1%	7.3%	7.1%	7.0%	7.0%	6.9%	6.7%	6.5%	6.2%
* Dothan (619GB)	6.3%	6.4%	6.3%	6.1%	6.1%	6.1%	5.8%	5.5%	5.3%	5.3%	4.9%	4.4%
● Wiregrass (619GD)	10.0%	9.9%	9.3%	9.2%	8.7%	7.2%	7.5%	8.1%	7.0%	6.5%	5.5%	5.1%

Data Definition.^e 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.^e 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.

VISN Director Comments**Department of
Veterans Affairs****Memorandum**

Date: October 10, 2014
From: Director, VISN 7 (10N7)
Subject: **CBOC and PCC Reviews of the Central Alabama
Veterans Health Care System, Montgomery, AL**
To: Director, Atlanta Office of Healthcare Inspections (54AT)

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

1. I have reviewed Central Alabama Health Care System
OIG-Community Based Outpatient Clinic and Primary Care
Clinic Review Report and concur with the report, which
indicated 19 findings. We appreciate the OIG's efforts to
support CAVHCS' delivery of the highest quality of care to
our Veterans.

2. CAVHCS has developed a corrective action plan to
address each of the recommendations timely with a
projected completion date including appropriate monitoring
of sustained compliance. The actions to improve care are
attached.

3. If there are any questions, please contact Ms. Judy
Finley, Acting VISN 7 Quality Management Officer, at (770)
279-3419.


for Charles E. Serich, FACHE

Facility Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: October 10, 2014

From: Director, Central Alabama Veterans Health Care System (CAVHCS), Montgomery, AL (619/00)

Subject: **CBOC and PCC Reviews of the Central Alabama Veterans Health Care System, Montgomery, AL**

To: Director, VISN 7 (10N7)

1. I have reviewed Central Alabama Health Care System OIG-Community Based Outpatient Clinic and Primary Care Clinic Review Report and concur with the report, which indicated 19 findings. We appreciate the OIG's efforts to support CAVHCS' delivery of the highest quality of care to our Veterans.

2. CAVHCS has developed a corrective action plan to address each of the recommendations timely with a projected completion date including appropriate monitoring of sustained compliance. The actions to improve care are attached.

3. If there are any questions, please contact Ms. Brenda Winston, Chief, Quality Management, at 334-272-4670, extension 6297.

(original signed by:)

Robin E. Jackson, PhD, MSW

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 processes are improved to ensure review of the hazardous materials inventory occurs twice within a 12-month period at the Dothan and Wiregrass CBOCs.

Concur

Target date for completion: 10/9/14

Facility response:

A. Review of the hazardous materials inventory occurs twice within a 12-month period for the Wiregrass CBOCs. Reports from the March 19, 2014 and August 22, 2014 inventory reviews are on file at the facility.

B. The CAVHCS Industrial Hygienist visited the Dothan CBOC to ensure their knowledge of and compliance with the need for and management of the Hazardous Materials Inventory. The facility submitted a hazardous Material Inventory to the Industrial Hygienist on October 9, 2014. Subsequent inventories will be submitted biannually in January and July of each year.

Recommendation 2. We recommended that managers ensure that material safety data sheets are readily available to staff at the Wiregrass CBOC.

Concur

Target date for completion: 10/31/2014

Facility response:

At the time of the survey, Material Safety Data Sheets (MSDS) were placed in a three ring binder and placed at the nurses' station at the Wiregrass CBOCs. Staff were instructed on the location of the MSDS sheets and the notebook. To ensure monitoring and compliance, the Material Safety Data Monitoring Reports will be provided to Quality Management following the Environment of Care rounds at Wiregrass to monitor compliance.

A work order was placed (9/18/14) to have an icon installed on all computers to provide instant access to the MSDS Sheet. Projected completion date is 10/20/2014. The Industrial Hygienist and Information Technology staff will ensure each staff member at the CBOC has access to and be trained on obtaining the list electronically by

10/30/2014. Compliance will be reported to the Environmental Safety Committee at the November 2014 meeting.

Recommendation 3. We recommended that managers ensure staff can access the electronic version of the hazardous materials inventory at the Dothan CBOC.

Concur

Target date for completion: 10/31/2014

Facility response:

In addition to a paper copy of the hazardous material inventory sheet, a work order was placed (9/18/14) to have an icon installed on all computers at the Dothan CBOC to provide instant access to the Hazardous materials inventory. Projected completion date is 10/20/2014. The Industrial Hygienist and Information Technology staff will ensure each staff member at the CBOC has access to and are trained on obtaining the list electronically by 10/30/2014. Compliance will be reported to the Environmental Safety Committee at their November 2014 meeting.

Recommendation 4. We recommended that processes are improved to ensure the tracking of chemical inventories at the Dothan CBOC.

Concur

Target date for completion: 12/31/2014

Facility response:

The Dothan CBOC is a contracted Clinic. The Contract Officer Representative (COR) will ensure all chemical inventory sheets be completed and scanned to Industrial hygienist at least twice per year. The first inventory will be expected no later than October 31, 2014. To ensure compliance, a second inventory list will be requested and evaluated by 12/31/2014.

Copies to be kept with the Material Safety Data Sheets (MSDS) at CBOC. Compliance will be monitored by the Industrial Hygienist and reported to the Environmental Safety Committee.

Recommendation 5. We recommended that the effectiveness of the panic alarm system is evaluated at the Wiregrass CBOC.

Concur

Target date for completion: 12/31/2014

Facility response:

Wiregrass CBOC's security and alarms management is under the jurisdiction of the Lyster Fort Rucker military authority. Arrangements were made with the Military Base and CAVHCS Police to receive quarterly panic alarm testing reports to evaluate effectiveness of response.

By 10/30/2014, CAVHCS police will review and update the appropriate policy to ensure the language is consistent with practice in the CBOCs. CAVHCS police will submit a quarterly summary of the findings and report the findings to the Safety Committee.

Recommendation 6. We recommended that panic alarms are tested and testing is documented at the Dothan and Wiregrass CBOCs.

Concur

Target date for completion: 12/31/2014

Facility response:

CAVHCS police will test panic alarms at the Dothan CBOC monthly and maintain a file of the results. A designated officer will monitor the reports monthly and provide a summary report to the Quality Management Office.

Panic Alarm testing at the Wiregrass CBOC will be conducted by the military facility and reported quarterly to CAVHCS Police. This report will be included in the monthly summary provided by CAVHCS Police.

Dothan PC Clinic: The contractor has been asked to test the panic alarm system at the Dothan CBOCs and document quarterly with results transmitted to CAVHCS Chief of Police. The Police Officer assigned to monitor panic alarms will track for compliance.

Recommendation 7. We recommended that no clean items are stored in the medical (infectious) waste storage room at the Wiregrass CBOC.

Concur

Target date for completion: 10/1/2014

Facility response:

During the time of the survey (8/24/14), the Environmental Management Service staff removed the clean items from the dirty utility room.

During the time of the survey (8/24/2014), the medical (infectious) waste storage room was relocated to an area and designated a medical waste storage room. Signage was placed to identify the medical waste storage. The area will be reassessed during a random Environment of Care visits to ensure compliance.

Recommendation 8. We recommended that signage is installed to identify the medical (infectious) waste storage room at the Wiregrass CBOC.

Concur

Target date for completion: 8/25/14

Facility response:

During the time of the Survey (8/25/2014), signage was installed to identify the medical (infectious) waste storage room at the Wiregrass CBOC.

Recommendation 9. We recommended that computer screens are secured to eliminate viewing of personally identifiable information by unauthorized individuals at the Wiregrass CBOC.

Concur

Target date for completion: 10/31/2014

Facility response:

During the time of the survey, instructions were provided to Wiregrass CBOC staff on properly securing computer screens when the computer is not in use. Privacy computer screens have been ordered for each computer.

Recommendation 10. We recommended that processes are improved to ensure the use of privacy screens on computers in high-traffic areas at the Wiregrass CBOC.

Concur

Target date for completion: 10/31/2014

During the time of the Survey, the staff were trained on how to secure computer screens. Privacy Computer screens have been ordered for the computers. The staff demonstrated understanding of the required action. The staff will be observed and evaluated for compliance during Environmental Rounds.

Recommendation 11. We recommended that the parent facility maintain evidence of the contractor's compliance with facility required education, training, planning, and participation in annual disaster exercises for the Dothan and Wiregrass CBOCs.

Concur

Target date for completion: 10/31/2014

Facility response:

Wiregrass CBOC: On August 8, 2014, CAVHCS' Emergency Manager met with Fort Rucker and Lyster Army Hospital Emergency and Disaster planning team (Emergency Operation Center, Installation Emergency Manager and Anti -Terrorism office staff) reviewed and discussed the emergency and disaster plan for the facility. CAVHCS staff and the Hospital completed the rough draft of the Wiregrass emergency response plan for the contracted areas occupied by CAVHCS. The emergency manager will work with Lyster Army Hospital Clinic Chief of Planning, Training, Mobilization and Security personnel to coordinate staff training and disaster exercise participation. By October 31, 2104, CAVHCS Emergency Manager will conduct a disaster drill with the hospital and ensure all staff have completed all required training/education.

Dothan PC: CAVHCS Emergency Management Office obtained a copy of the Dothan CBOC emergency plan. The document was reviewed and discussed with the contracting unit and the contract staff to ensure the CBOC response plan and training is integrated with the response plans which are consistent with CAVHCS. A record of the drills and staff completing the training has been requested.

Recommendation 12. We recommended that the parent facility's Emergency Management Committee evaluate the Dothan and Wiregrass CBOCs' emergency preparedness activities, participation in annual disaster exercises, and staff training/education relating to emergency preparedness requirements.

Concur

Target date for completion: 10/31/2014

Facility response:

The CAVHCS Emergency Management office has completed the rough draft of the Wiregrass emergency response plan and will work with Lyster Army Hospital safety personnel to coordinate staff training and disaster exercise participation.

The CAVHCS Emergency Management office will also initiate contact with Dothan CBOC organization to ensure CBOC is integrated with CAVHCS response plans.

Recommendation 13. We recommended that CBOC/Primary Care Clinic staff consistently complete diagnostic assessments for patients with a positive alcohol screen.

Concur

Target date for completion: 12/31/2014

Facility response:

The AUD External Peer Review Program (EPRP) data results demonstrated moderate improvement from the previous quarter for this indicator, from 79% to 81%. The year to

date result for CAVHCS is 69%; this is below our target of 70% due to poor performance in the first quarter, FY14.

Repeat instructions will be given to the provider regarding the appropriate completion of the clinical reminder for a positive alcohol screening.

CBOC/Primary Care Clinic staff will consistently complete diagnostic assessments for patients with a positive alcohol screen.

The ACOS for Ambulatory Care will Review the Clinical Reminder report daily to catch the reminders that are not addressed. The average compliance is expected to be 85% within two months, 90% in four months and 95% compliance in three months for patients with a positive AUD Screening.

Recommendation 14. We recommended that CBOC/Primary Care Clinic staff document a plan to monitor the alcohol use of patients who decline referral to specialty care.

Concur

Target date for completion: 12/31/2014

Facility response:

The ACOS for Ambulatory Care and the Associate Chief Nurse will educate the staff on completing the Clinical reminder for a positive alcohol screen and ensure the reminder is completely addressed by the primary care providers or the clinical nurse. The clinical nurse or provider will provide education to the patient at the time the patient declines a referral to specialty care. The provider or nurse will refer the patient to follow up with the Primary Care Mental Health Integration. The ACOS/designee of primary care will monitor compliance with the process by reviewing the clinical reminder report to determine compliance and reviewing the medical record to monitor the referral process and follow through. Clinical Informatics will add a response to clinical reminder to -- refer to Primary Care Mental Health Integration Staff. Once the warm handoff is made, the nurse/provider will check the box to indicate the handoff was done.

Recommendation 15. 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: 12/31/2014

Facility response:

The provider will review the clinical reminder for a positive alcohol screen. The provider will complete the reminder to ensure compliance with documenting a plan to monitor

those patients with excessive, persistent alcohol use receive brief treatment or are evaluated by a specialty provider within 2 weeks of the screening.

The ACOS/designee will monitor the clinical reminder report monthly to ensure all AUD patients have a reminder completed and a plan documented. The Chief of Staff's office is also monitoring the clinical reminder report for compliance and completion. This will be reported to the Clinical Leadership Board to monitor and ensure compliance.

Recommendation 16. We recommended that CBOC/Primary Care 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: 12/31/2014

Facility response:

Motivational interviewing and health coaching training will be included in the orientation for new employees assigned to Ambulatory Care.

The nurses who did not receive the motivational training will be trained by October 31, 2014.

The Registered Nurses assigned to the CBOC/Primary Care Clinic will have motivational interviewing and health coaching training added to their competency profile. The training will be documented as completed within 12 months of appointment to Patient Aligned Care Teams. At the first annual evaluation, the nurse manager will ensure the RN has met the required training to receive fully successful.

Recommendation 17. 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: 12/31/2014

Facility response:

A review of the appropriate completion of the clinical reminder for medication reconciliation will be completed, especially when a Fluoroquinolone is prescribed. The facility is working with Clinical Informatics to add Fluoroquinolone to the clinical reminder. The provider will be required to address the reminder. The ACOS will randomly select EHR documentation entries made by the providers monthly to monitor compliance.

Recommendation 18. We recommended that staff consistently provide written medication information that includes the Fluoroquinolone.

Concur

Target date for completion: 10/31/2014

Facility response:

In the September medical staff meetings, the ACOS for Ambulatory Care Services conducted discussions and reviewed the appropriate completion of the clinical reminder for medication reconciliation that includes providing the appropriate written medication information, especially when a Fluoroquinolone is prescribed. The discussion also included a review of how information is already provided by pharmacy on medications filled and how it is documented in CPRS. The ACOS will randomly select EHR documentation entries made by the providers monthly to monitor compliance.

Recommendation 19. We recommended that staff provide medication counseling/education as required.

Concur

Target date for completion: 12/31/2014

Facility response:

The Chief of Pharmacy and ACOS of Ambulatory Care have discussed the recommendations and reviewed the education requirement with the staff. The ACOS and Pharmacist will consult with Clinical Informatics before 10/31/2014 to devise a method (for example template or note) to document all education provided.

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Endnotes

^a 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.
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- 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.

^b 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.

^c 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.

^d 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.

^e Reference used for PACT Compass data graphs:

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