Department of Veterans Affairs
Office of Inspector General

Office of Healthcare Inspections

Report No. 14-04380-79

Review of Community Based Outpatient Clinics and Other Outpatient Clinics of Gulf Coast Veterans Health Care System Biloxi, Mississippi

January 12, 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
ER	emergency room
FY	fiscal year
HIV	human immunodeficiency virus
NA	not applicable
NM	not met
OIG	Office of Inspector General
OOC	other outpatient clinic
PACT	Patient Aligned Care Teams
RN	registered nurse
VHA	Veterans Health Administration

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	6
HIV Screening	8
Outpatient Documentation	10
Appendixes	
A. Clinic Profiles	11
B. PACT Compass Metrics	13
C. Interim Veterans Integrated Service Network Director Comments	16
D. Acting Facility Director Comments	17
E. Office of Inspector General Contact and Staff Acknowledgments	22
F. Report Distribution	23
G. Endnotes	24

Executive Summary

Review Purpose: The purpose of the review was to evaluate selected patient care activities to determine whether the Community Based Outpatient Clinics (CBOCs) and other outpatient clinics (OOCs) provide safe, consistent, and high-quality health care. The review evaluated the clinics' compliance with selected requirements for alcohol use disorder, human immunodeficiency virus (HIV) screening, and outpatient documentation. We also randomly selected the Mobile Outpatient Clinic, AL, CBOC as a representative site and evaluated the environment of care on October 20, 2014. The CBOC and OOCs are under the oversight of the Gulf Coast Veterans Health Care System and Veterans Integrated Service Network 16:

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

Environment of Care: Ensure that:

- Employees at the Mobile Outpatient Clinic CBOC receive the required training on hazardous materials.

Alcohol Use Disorder: Ensure that Clinic Staff:

- Consistently complete diagnostic assessments for patients with a positive alcohol screen.
- Registered Nurse Care Managers receive motivational interviewing within 12 months of appointment to Patient Aligned Care Teams.
- Providers in the outpatient clinics receive health coaching training within 12 months of appointment to Patient Aligned Care Teams.

Human Immunodeficiency Virus Screening: Ensure that:

- The Facility Director identifies a Lead HIV Clinician to carry out required responsibilities.
- The Facility Director develops policies and procedures that facilitate HIV testing as part of routine medical care for patients.
- The Facility Director defines the requirements for communication of HIV test results.
- Written patient educational materials are provided to patients prior to or at the time of consent for HIV testing and include all required elements.
- Clinicians provide HIV testing as part of routine medical care for patients and that compliance is monitored.

- Clinicians consistently document informed consent for HIV testing and that compliance is monitored.

Comments

The Interim VISN and Acting Facility Directors agreed with the CBOC 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 for the open recommendations until they are completed.

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

Objectives, Scope, and Methodology

Objectives

The CBOC and OOC reviews are an element of the OIG's efforts to ensure that our Nation's veterans receive high-quality VA health care services. As such, the CBOC and OOC reviews are recurring evaluations of selected outpatient care activities that focus on patient care quality and the EOC. In general, our objectives are to determine whether:

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

Scope

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

- EOC
- AUD
- HIV Screening
- Outpatient Documentation

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

Methodology

The onsite EOC inspection was only conducted at a randomly selected outpatient site of care that had not been previously inspected.[1] Details of the targeted study populations

[1] Each outpatient site selected for physical inspection was randomized from all primary care 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.

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

Table 1. CBOC/OOC Focused Reviews and Study Populations

Review Topic	Study Population
AUD	All CBOC and OOC patients screened within the study period of July 1, 2013, through June 30, 2014, and who had a positive AUDIT-C score;[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.

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.

[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 Mobile Outpatient Clinic CBOC. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement. Any items that did not apply to this facility are marked NA.

Table 2. EOC

NM	Areas Reviewed	Findings	Recommendations
	The furnishings are clean and in good repair.		
	The CBOC is clean (walls, floors, and equipment are clean).		
	The CBOC's inventory of hazardous materials was reviewed for accuracy twice within the prior 12 months.		
	The CBOC's safety data sheets for chemicals are readily available to staff.		
	If safety data sheets are in electronic form, the staff can demonstrate ability to access the electronic version without coaching.		
X	Employees received training by December 1, 2013, on the new chemical label elements and safety data sheet format.	Twenty-two of 104 employees (21 percent) at the Mobile Outpatient Clinic CBOC had not received training by December 1, 2013, on the new chemical label elements and safety data sheet format.	**1.** We recommended that employees at the Mobile Outpatient Clinic CBOC receive the required training on hazardous materials.
	Clinic managers ensure that safety inspections of CBOC medical equipment are performed in accordance with Joint Commission standards.		
	Hand hygiene is monitored for compliance.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	Personal protective equipment is readily available.		
	Sterile commercial supplies are not expired.		
	The CBOC staff members minimize the risk of infection when storing and disposing of medical (infectious) waste.		
	The CBOC has procedures to disinfect non-critical reusable medical equipment between patients.		
	There is evidence of fire drills occurring at least every 12 months.		
	Means of egress from the building are unobstructed.		
	Access to fire extinguishers is unobstructed.		
	Fire extinguishers are located in large rooms or are obscured from view, and the CBOC has signs identifying the locations of the fire extinguishers.		
	Exit signs are visible from any direction.		
	Multi-dose medication vials are not expired.		
	All medications are secured from unauthorized access.		
NA	The staff protects patient-identifiable information on laboratory specimens during transport.		
	Documents containing patient-identifiable information are not visible or unsecured.		
	Adequate privacy is provided to patients in examination rooms.		
	Window coverings, if present, provide privacy.		
	Adequate privacy is provided at all times (for example: use of privacy curtains and placement of examination tables).		

NM	Areas Reviewed (continued)	Findings	Recommendations
	The women veterans' exam room is equipped with either an electronic or manual door lock.		
	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.		
	Information is not viewable on monitors in public areas.		
	The CBOC has an automated external defibrillator.		
	There is an alarm system and/or panic buttons installed and tested in high-risk areas (e.g., mental health clinic), and the testing is documented.		
	CBOC staff receive regular information/updates on their responsibilities in emergency response operations.		
	The staff participates in scheduled emergency management training and exercises.		

AUD

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

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 3. AUD

NM	Areas Reviewed	Findings	Recommendations
X	Diagnostic assessments are completed for patients with a positive alcohol screen.	Staff did not complete diagnostic assessments for 7 of 36 patients (19 percent) who had positive alcohol use screens.	**2**. We recommended that clinic staff consistently complete diagnostic assessments for patients with a positive alcohol screen.
	Education and counseling about drinking levels and adverse consequences of heavy drinking are provided for patients with positive alcohol screens and drinking levels above National Institute on Alcohol Abuse and Alcoholism guidelines.		
	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.		
	Counseling, education, and brief treatments for AUD are provided within 2 weeks of positive screening.		
X	Clinic RN Care Managers have received motivational interviewing training within 12 months of appointment to PACT.	We found that 10 of 36 RN Care Managers (28 percent) did not receive motivational interviewing training within 12 months of appointment to PACT.	**3.** We recommended that Clinic Registered Nurse Care Managers receive motivational interviewing within 12 months of appointment to Patient Aligned Care Teams.

NM	Areas Reviewed (continued)	Findings	Recommendations
	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.		
X	Providers in the outpatient clinics have received VHA National Center for Health Promotion and Disease Prevention-approved health coaching training (most likely TEACH for Success) within 12 months of appointment to PACT.	We found that 6 of 39licensed independent providers (16 percent) did not receive health coaching training within 12 months of appointment to PACT.	**4**. We recommended that Providers in the outpatient clinics receive health coaching training within 12 months of appointment to Patient Aligned Care Teams.
	Clinical associates in the outpatient clinics have received VHA National Center for Health Promotion and Disease Prevention-approved health coaching training (most likely TEACH for Success) within 12 months of appointment to PACT.		
	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 37 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. Any items that did not apply to this facility are marked NA.

Table 4. HIV Screening

NM	Areas Reviewed	Findings	Recommendations
X	The facility has a Lead HIV Clinician to carry out responsibilities as required.	The facility did not have a Lead HIV Clinician.	**5**. We recommended that the Facility Director identifies a Lead Human Immunodeficiency Virus Clinician to carry out required responsibilities.
X	The facility has policies and procedures to facilitate HIV testing.	The facility had no policy and procedure for HIV testing.	**6**. We recommended that the Facility Director develops policies and procedures that facilitate human immunodeficiency virus testing as part of routine medical care for patients.
X	The facility had developed policies and procedures that include requirements for the communication of HIV test results.	The facility did not have a policy in place for communication of HIV test results.	**7**. We recommended that the Facility Director defines the requirements for communication of human immunodeficiency virus test results.
X	Written patient educational materials utilized prior to or at the time of consent for HIV testing include all required elements.	Written patient educational materials were not utilized prior to or at the time of informed consent for HIV testing.	**8**. We recommended that clinic staff ensures that written patient educational materials are provided to patients prior to or at the time of consent for human immunodeficiency virus testing and include all required elements.
X	Clinicians provided HIV testing as part of routine medical care for patients.	Clinicians did not provide HIV testing to 31 of 37 patients (84 percent).	**9**. We recommended that clinicians provide human immunodeficiency virus testing as part of routine medical care for patients and that compliance is monitored.

NM	Areas Reviewed (continued)	Findings	Recommendations
X	When HIV testing occurred, clinicians consistently documented informed consent.	Clinicians did not document informed consent for HIV testing for three of four patients.	**10**. We recommended that clinicians consistently document informed consent for human immunodeficiency virus testing and that compliance is monitored.
NA	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. We also reviewed 35 EHRs and validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The facility generally met requirements. We made no recommendations.

Table 5. Outpatient Documentation

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

Clinic Profiles

The CBOC/OOC review evaluates the quality of care provided to veterans at all of the outpatient clinics under the parent facility's oversight.[3] In addition to primary care integrated with women's health, mental health, and tele-health services, the CBOCs provide various specialty care and ancillary services. The following table provides information relative to each of the outpatient clinics and lists the additional specialty care and ancillary services provided at each location.

			Outpatient Workload/ Encounters[4]			Services Provided[5]			
Location	**Station #**	**Rurality[6]**	**PC**	**MH**	**Specialty Clinics[7]**	**Specialty Care[8]**		**Ancillary Services[9]**	
Pensacola, FL	520BZ	Urban	34,130	41,427	44,144	Cardiology Dental Dermatology ENT Gastroenterology General Surgery Hematology Hepatology Infectious Disease	Medicine Specialties Neurology Oncology Optometry Orthopedics Podiatry Pulmonary Rheumatology Urology	Audiology Diabetes Care Diabetic Retinal Screening EKG EMG Enterostomal Wound/Skin Care HBPC Imaging Services Kinesiotherapy Laboratory MOVE! Program[10] Nuclear Medicine	Nutrition Pharmacy Polytrauma Prosthetics/ Orthotics PFT Rehabilitation Services Respiratory Therapy Social Work Speech Pathology Spinal Cord Injury Vascular Laboratory VIST

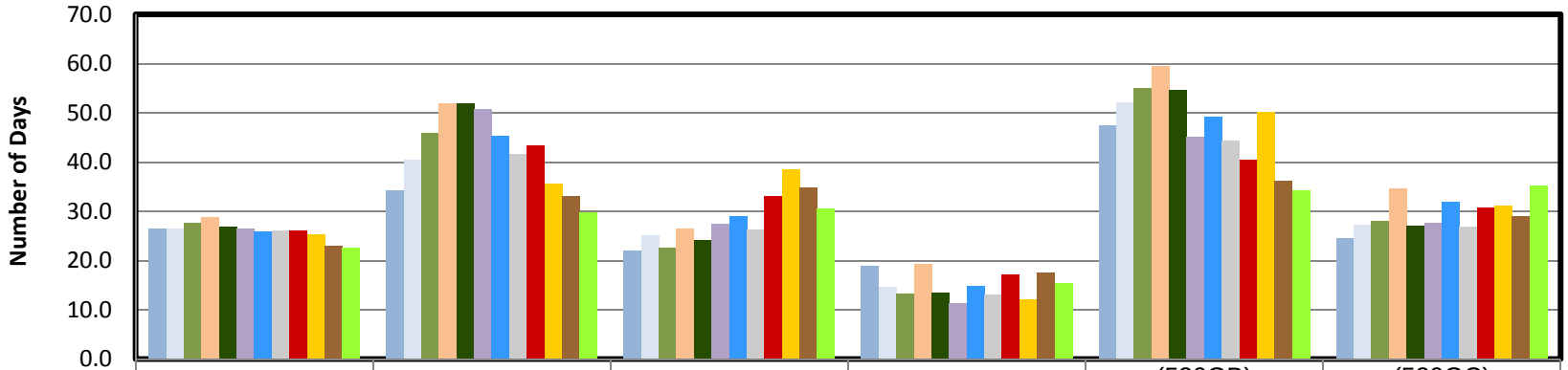
[3] Includes all CBOCs in operation before April 1, 2014.
[4] An encounter is a professional contact between a patient and a practitioner vested with responsibility for diagnosing, evaluating, and treating the patient's condition. Encounters occur in both the outpatient and inpatient setting.
[5] The 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-Primary Care and non-Mental Health services provided by a physician.
[9] Ancillary Services refer to non-Primary Care and non-Mental Health services that are not provided by a physician.
[10] VHA Handbook 1120.01, *MOVE! Weight Management Program for Veterans*, March 31, 2011.

			Outpatient Workload / Encounters			Services Provided			
Location (continued)	**Station #**	**Rurality**	**PC**	**MH**	**Specialty Clinics**	**Specialty Care**		**Ancillary Services**	
Mobile, AL	520GA	Urban	21,306	22,718	9,362	General Surgery Gynecology Hepatology Neurology	Optometry Orthopedics Podiatry	Audiology Diabetes Care HBPC Imaging Services Laboratory	Pharmacy MOVE! Program Nutrition Social Work Speech Pathology
Panama City Beach, FL	520GB	Urban	12,228	12,562	1,878	Cardiology	Dental	Diabetic Retinal Screening Imaging Services Laboratory	Pharmacy MOVE! Program Nutrition
Eglin Air Force Base, FL	520GC	Urban	13,174	12,052	1,097	Dental		Diabetic Retinal Screening HBPC Imaging Services Laboratory	MOVE! Program Nutrition Pharmacy Rehabilitation Services

EKG=Electrocardiography; EMG=Electromyography; ENT=Ear, Nose, and Throat; HBPC=Home Based Primary Care; PFT=Pulmonary Function Test; VIST=Visually Impaired Services Team

PACT Compass Metrics

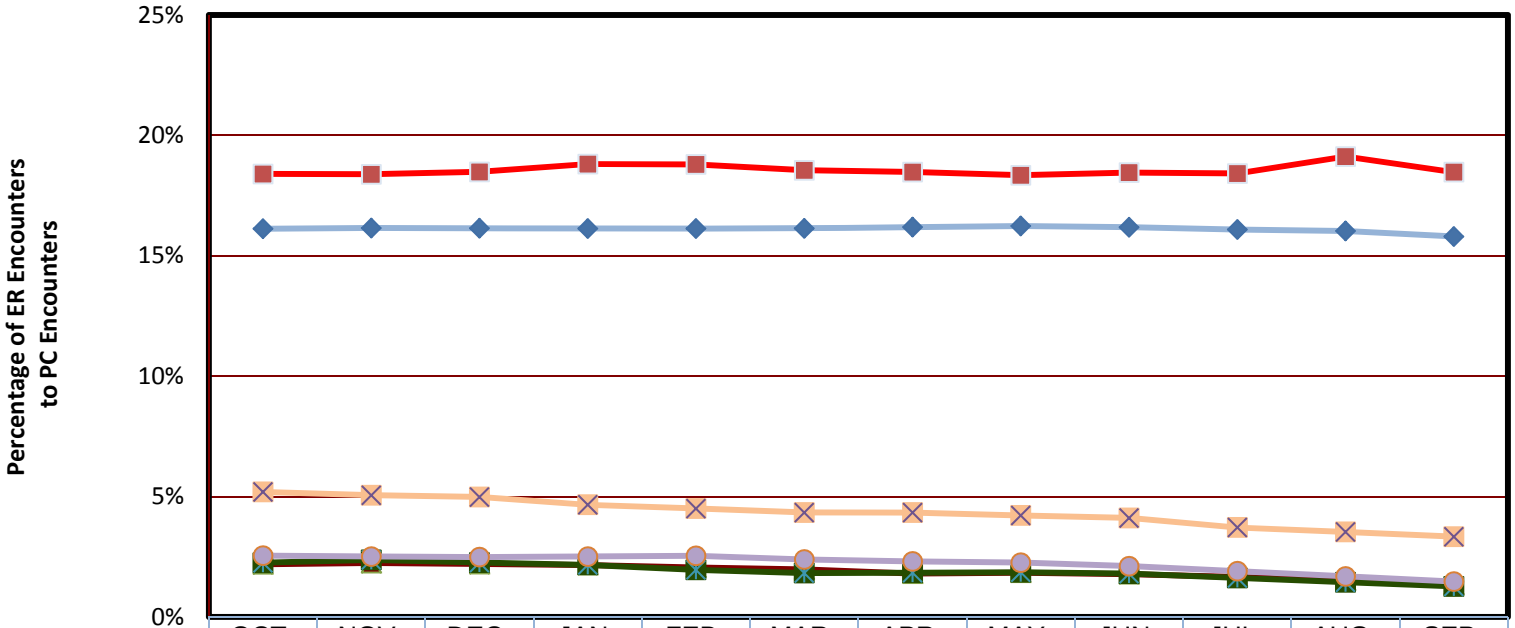
FY 2014 New Primary Care Patient Average Wait Time in Days



	VHA Total	(520) Biloxi	(520BZ) Pensacola	(520GA) Mobile	(520GB) Panama City	(520GC) Eglin AFB
OCT-FY14	26.5	34.3	22.0	18.8	47.5	24.6
NOV-FY14	26.5	40.4	25.2	14.6	52.2	27.3
DEC-FY14	27.7	46.0	22.7	13.3	55.1	28.0
JAN-FY14	28.9	51.9	26.5	19.4	59.4	34.7
FEB-FY14	26.9	51.9	24.3	13.5	54.6	27.2
MAR-FY14	26.4	50.7	27.4	11.4	45.2	27.6
APR-FY14	25.9	45.4	28.9	14.8	49.1	31.9
MAY-FY14	26.0	41.6	26.3	13.1	44.4	26.9
JUN-FY14	26.1	43.3	33.0	17.3	40.4	30.8
JUL-FY14	25.3	35.7	38.6	12.2	50.1	31.2
AUG-FY14	23.0	33.1	35.0	17.5	36.2	29.0
SEP-FY14	22.6	29.8	30.6	15.5	34.2	35.2

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

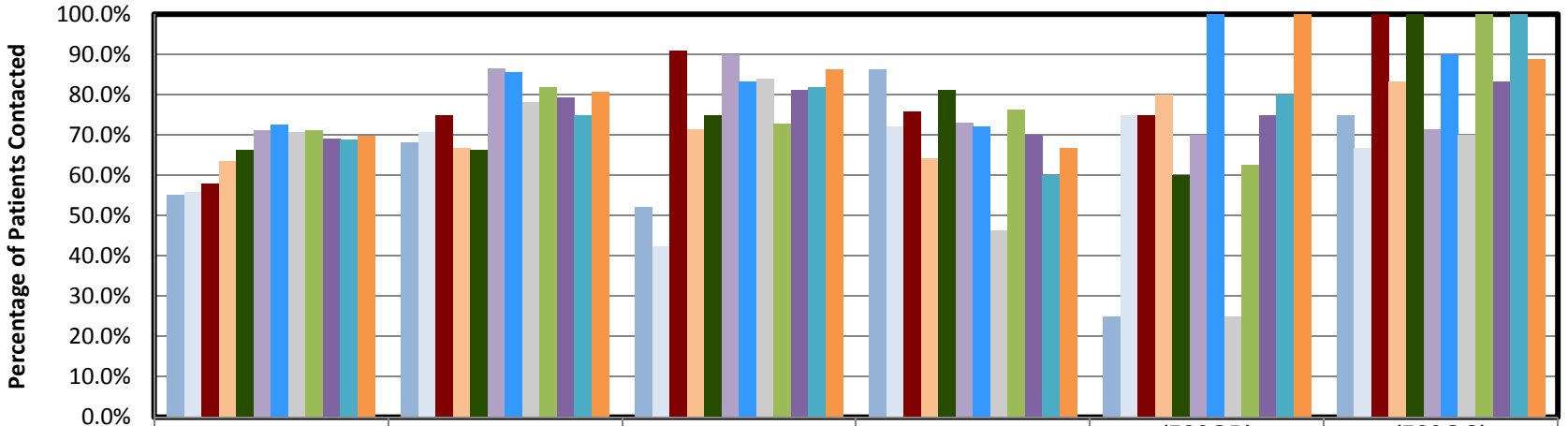
FY 2014 Ratio of ER Encounters While on Panel to PC Encounters While on Panel (FEE ER Included)



	OCT-FY14	NOV-FY14	DEC-FY14	JAN-FY14	FEB-FY14	MAR-FY14	APR-FY14	MAY-FY14	JUN-FY14	JUL-FY14	AUG-FY14	SEP-FY14
VHA Total	16.1%	16.2%	16.1%	16.1%	16.1%	16.1%	16.2%	16.2%	16.2%	16.1%	16.0%	15.8%
(520) Biloxi	18.4%	18.4%	18.5%	18.8%	18.8%	18.6%	18.5%	18.3%	18.5%	18.4%	19.1%	18.5%
(520BZ) Pensacola	2.2%	2.2%	2.2%	2.1%	2.0%	2.0%	1.8%	1.8%	1.8%	1.7%	1.5%	1.3%
(520GA) Mobile	5.2%	5.1%	5.0%	4.7%	4.5%	4.3%	4.3%	4.2%	4.1%	3.7%	3.5%	3.3%
(520GB) Panama City	2.2%	2.4%	2.3%	2.2%	2.0%	1.8%	1.8%	1.9%	1.8%	1.6%	1.4%	1.3%
(520GC) Eglin AFB	2.5%	2.5%	2.5%	2.5%	2.5%	2.4%	2.3%	2.3%	2.1%	1.9%	1.7%	1.5%

Data Definition.[e] This is a measure of where the patient receives his primary care and by whom. A low percentage is better. The formula is the total VHA ER/Urgent Care/FEE ER encounters while on panel (including FEE ER visits) divided by the number of Primary Care encounters while on panel with the patient's assigned primary care (or associate) provider plus the total VHA ER/Urgent Care/FEE ER encounters (including FEE ER visits) while on panel plus the number of Primary Care encounters while on panel with a provider other than the patient's Primary Care Provider/Associate Provider.

FY 2014 Team 2-Day Contact Post Discharge Ratio



	VHA Total	(520) Biloxi	(520BZ) Pensacola	(520GA) Mobile	(520GB) Panama City	(520GC) Eglin AFB
OCT-FY14	55.1%	68.2%	52.0%	86.2%	25.0%	75.0%
NOV-FY14	55.9%	70.8%	42.3%	72.0%	75.0%	66.7%
DEC-FY14	57.8%	75.0%	90.9%	75.9%	75.0%	100.0%
JAN-FY14	63.6%	66.7%	71.4%	64.3%	80.0%	83.3%
FEB-FY14	66.4%	66.3%	75.0%	81.3%	60.0%	100.0%
MAR-FY14	71.2%	86.5%	90.0%	73.0%	70.0%	71.4%
APR-FY14	72.6%	85.6%	83.3%	72.0%	100.0%	90.0%
MAY-FY14	70.8%	78.1%	84.0%	46.4%	25.0%	70.0%
JUN-FY14	71.3%	81.7%	72.7%	76.2%	62.5%	100.0%
JUL-FY14	69.1%	79.2%	81.3%	70.0%	75.0%	83.3%
AUG-FY14	68.9%	75.0%	81.8%	60.0%	80.0%	100.0%
SEP-FY14	69.8%	80.6%	86.4%	66.7%	100.0%	88.9%

Data Definition.[e] The percent of discharges (VHA inpatient discharges) for the reporting timeframe for assigned Primary Care patients where the patient was contacted by a member of the Patient Aligned Care Team the patient is assigned to within 2 business days post discharge. Discharges resulting in death and discharges where a patient is readmitted within 2 days of discharge are excluded from this metric.

Interim Veterans Integrated Service Network Director Comments

Department of Veterans Affairs

Memorandum

Date: December 10, 2014

From: Interim Director, South Central VA Health Care Network (10N16)

Subject: **Review of CBOCs and OOCs of Gulf Coast Veterans Health Care System, Biloxi, MS**

To: Director, Dallas Office of Healthcare Inspections (54DA)

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

1. The South Central VA Health Care Network (VISN 16) has reviewed and concur with the findings and recommendations included in the CBOC draft report submitted by the Gulf Coast Veterans Health Care System, Biloxi, MS.

2. If you have questions regarding the information submitted, please contact Reba T. Moore, VISN 16 Accreditation Specialist at (601) 206-7022.

Susan Easter

Susan Easter, MS, BSN, ANE-BC, NE-BC, CPHQ, VHA-CM
for and in the absence of
Gregg Parker, M.D., MHA
Interim Network Director
South Central VA Health Care Network (10N16)

Acting Facility Director Comments

Department of Veterans Affairs

Memorandum

Date: December 9, 2014

From: Acting Director, Gulf Coast Veterans Health Care System (520/00)

Subject: **Review of CBOCs and OOCs of Gulf Coast Veterans Health Care System, Biloxi, MS**

To: Interim Director, South Central VA Health Care Network (10N16)

1. Thank you for the opportunity to review this report. The professionalism of the OIG staff is worth noting as this contributed greatly to a thorough and beneficial assessment of health care system operations.

2. I concur with the recommendations outlined in the attached report. All findings have been reviewed and facility level action plans initiated as required.

3. If you have any questions, please feel free to contact Kelly D. Woods, PhD, Chief, Quality & Performance Management at (228) 523-4206.

Sincerely,

Bryan C. Matthews, MBA
Acting Medical Center Director

Comments to OIG's Report

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

OIG Recommendations

Recommendation 1. We recommended that employees at the Mobile Outpatient Clinic CBOC receive the required training on hazardous materials.

Concur

Target date for completion: January 31, 2015

Facility response: Staff requiring training on hazardous materials have been identified and training has been initiated. To ensure that staff remain current with training requirements, random audits of employee training records will be initiated by the Safety Office on Outpatient Clinic employees to determine compliance with required training on hazardous materials. A minimum of 30 audits will be conducted per month. A compliance benchmark of 90% or greater is expected for at least three consecutive months. Findings will be reported to the Environment of Care Committee and the Quality, Safety and Value Committee for tracking purposes.

Recommendation 2. We recommended that clinic staff consistently complete diagnostic assessments for patients with a positive alcohol screen.

Concur

Target date for completion: July 31, 2015

Facility response: The rationale and process for completion of the diagnostic assessment for Veterans with a positive alcohol screen will be reviewed with outpatient clinical staff. Random audits of patient electronic health records will then be initiated by assigned staff to determine if clinical staff are consistently completing the diagnostic assessment for patients with a positive alcohol screen as required. A minimum of 30 audits will be conducted per month. A compliance benchmark of 90% or greater is expected for at least three consecutive months. Findings will be reported to the Outpatient Operations Leadership group and Quality, Safety and Value Committee for tracking purposes.

Recommendation 3. We recommended that Clinic Registered Nurse Care Managers receive motivational interviewing within 12 months of appointment to Patient Aligned Care Teams.

Concur

Target date for completion: June 30, 2015

Facility response: To ensure all newly hired Clinic Registered Nurse Care Managers receive motivational interviewing training within 12 months of appointment to a PACT Team, the facility will incorporate the training into program/unit-level orientation. A monitor has been established to track Clinic Registered Nurse Care Managers who require motivational interviewing training within 12 months of appointment to a Patient Aligned Care Team. A compliance benchmark of 90% or greater is expected for at least three consecutive months. Progress will be reviewed during monthly Primary Care Leadership Meetings. Results will be reported to the Quality, Safety and Value Committee for tracking purposes.

Recommendation 4. We recommended that licensed Providers in the outpatient clinics receive health coaching training within 12 months of appointment to Patient Aligned Care Teams.

Concur

Target date for completion: June 30, 2015

Facility response: To ensure all newly hired licensed providers in the outpatient clinics receive health coach training within 12 months of appointment to a PACT Team, the facility will incorporate the training into program/unit-level orientation. A monitor has been established track licensed Providers in the outpatient setting who require health coach training within 12 months of appointment to a Patient Aligned Care Team. A compliance benchmark of 90% or greater is expected for at least three consecutive months. Progress will be reviewed during monthly Primary Care Leadership Meetings. Results will be reported to the Quality, Safety and Value Committee for tracking purposes.

Recommendation 5. We recommended that the Facility Director identifies a Lead Human Immunodeficiency Virus Clinician to carry out required responsibilities.

Concur

Target date for completion: February 28, 2015

Facility response: Efforts have been initiated to identify a Lead Human Immunodeficiency Virus (HIV) Clinician for the health care system. A tentative designation has been made with an in-house staff member with an HIV/Infectious Diseases background. Finalization is pending the adjustment of clinical duties to allow for program participation and development of the HIV Program. Implementation is expected to take 60–90 days.

Recommendation 6. We recommended that the Facility Director develops policies and procedures that facilitate human immunodeficiency virus testing as part of routine medical care for patients.

Concur

Target date for completion: January 31, 2015

Facility response: An interdisciplinary workgroup (e.g., Health Promotion and Disease Prevention Coordinator, Veteran's Health Education Coordinator, Women's Health Representative, Pathology & Laboratory Medicine Service, Outpatient Operations-Primary Care, Patient Education, Medicine Service-Specialty Care, Pharmacy Service and Quality Management) will be established to develop a comprehensive policy that will outline policy and procedures for HIV testing as part of routine medical care, the requirements for communication of test results, and the provision of proper educational materials to the patient at the appropriate time(s).

Recommendation 7. We recommended that the Facility Director defines the requirements for communication of human immunodeficiency virus test results.

Concur

Target date for completion: January 31, 2015

Facility response: An interdisciplinary workgroup (e.g., Health Promotion and Disease Prevention Coordinator, Veteran's Health Education Coordinator, Women's Health Representative, Pathology & Laboratory Medicine Service, Outpatient Operations-Primary Care, Patient Education, Medicine Service-Specialty Care, Pharmacy Service and Quality Management) will be established to develop a comprehensive policy that will outline policy and procedures for HIV testing as part of routine medical care, the requirements for communication of test results, and the provision of proper educational materials to the patient at the appropriate time(s).

Recommendation 8. We recommended that clinic staff ensures that written patient educational materials are provided to patients prior to or at the time of consent for human immunodeficiency virus testing and include all required elements.

Concur

Target date for completion: July 31, 2015

Facility response: Staff requiring training on the newly-developed, comprehensive policy concerning the HIV program, informed consent, testing, and communication of patient results have been identified. To ensure that staff are compliant with providing patients with educational materials prior to or at the time of consent for HIV testing in accordance with the newly-developed station policy, random audits of patient electronic health records will be completed by assigned staff. The audits will determine if appropriate education was provided prior to, or at the time of informed consent for HIV testing. A minimum of 30 record reviews will be conducted per month. A compliance benchmark of 90% or greater is expected for at least three consecutive months. Findings will be reported to the Outpatient Operations Leadership group and the Quality, Safety and Value Committee for tracking purposes.

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: July 31, 2015

Facility response: Staff requiring training on the newly-developed, comprehensive policy concerning the HIV program, informed consent, testing, and communication of patient results have been identified. To ensure that staff are compliant with providing HIV testing as part of routine medical care in accordance with the newly-developed station policy, random audits of patient electronic health records will be completed by assigned staff. The audits will determine if clinic staff are consistently testing as part of routine medical care. A minimum of 30 record reviews will be conducted per month. A compliance benchmark of 90% or greater is expected for at least three consecutive months. Findings will be reported to the Outpatient Operations Leadership group and the Quality, Safety and Value Committee for tracking purposes.

Recommendation 10. We recommended that clinicians consistently document informed consent for human immunodeficiency virus testing and that compliance is monitored.

Concur

Target date for completion: July 31, 2015

Facility response: Staff requiring training on the newly-developed, comprehensive policy concerning the HIV program, informed consent, testing, and communication of patient results have been identified. To ensure that staff are compliant with consistently documenting informed consent for HIV testing in accordance with the newly-developed station policy, random audits of patient electronic health records will be completed by assigned staff. The audits will determine if clinic staff are consistently obtaining and documenting informed consent for HIV testing as part of routine medical care. A minimum of 30 record reviews will be conducted per month. A compliance benchmark of 90% or greater is expected for at least three consecutive months. Findings will be reported to the Outpatient Operations Leadership group and the Quality, Safety and Value Committee for tracking purposes.

Office of Inspector General
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Endnotes

[a] References used for the EOC review included:

- International Association of Healthcare Central Services Materiel Management, *Central Service Technical Manual*, 7th ed.
- Joint Commission, *Joint Commission Comprehensive Accreditation and Certification Manua*l, July 1, 2014.
- US Department of Health and Human Services, Health Insurance Portability and Accountability Act, *The Privacy Rule*, February 16, 2006.
- US Department of Labor, Occupational Safety and Health Administration, *Laws and Regulations*, *1910 General Industry Standards*.
- US Department of Labor, Occupational Safety and Health Administration, *Guidelines for Preventing Workplace Violence*, 2004.
- 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, *Online National Fire Protection Association Codes, Standards, Handbooks, and Annotated Editions of Select Codes and Standards*, July 9, 2013.
- 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.

[b] References used for the AUD review included:

- VHA Handbook 1101.10, *Patient Aligned Care Teams (PACT),* February 5, 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.
- VHA National Center for Health Promotion and Disease Prevention (NCP), HealthPOWER Prevention News, *Motivational Interviewing,* Summer 2011. Accessed from:
- http://www.prevention.va.gov/Publications/Newsletters/2011/HealthPOWER_Prevention_News_Summer_2011.asp
- VHA National Center for Prevention (NCP). *NCP Training Resources*. Accessed from: http://vaww.infoshare.va.gov/sites/prevention/NCP_Training_Resources/Shared%20Documents/Forms/AllItems.aspx

[c] References used for the HIV Screening review included:

- Centers for Disease Control and Prevention, *Testing in Clinical Settings*, June 25, 2014. http://www.cdc.gov/hiv/testing/clinical/ Accessed July 18, 2014.
- VHA Assistant Deputy Under Secretary for Health for Clinical Operations Memorandum, *VAIQ #741734 – Documentation of Oral Consent for Human Immunodeficiency Virus (HIV) Testing*, January 10, 2014.
- VHA Directive 2008-082, *National HIV Program,* December 5, 2008.
- VHA Directive 2009-019, *Ordering and Reporting Test Results,* March 24, 2009.
- VHA Directive 2009-036, *Testing for Human Immunodeficiency Virus in Veterans Health Administration Facilities*, August 14, 2009.
- VHA Handbook 1004.01, *Informed Consent for Clinical Treatments and Procedures*, August 14, 2009.
- VHA National Center for Health Promotion and Disease Prevention (NCP), *Screening for HIV*, June 23, 2014. http://vaww.prevention.va.gov/Screening_for_HIV.asp Accessed July 18, 2014.
- VHA Under Secretary for Health Information, *Letter IL 10-2010-006, Use of Rapid Tests for Routine Human Immunodeficiency Virus Screening*, February 16, 2010.

[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] Reference used for PACT Compass data graphs:

- Department of Veterans' Affairs, *Patient Aligned Care Teams Compass Data Definitions*, June 24, 2014.