



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

Office of Healthcare Inspections

Report No. 14-04389-106

**Review of Community Based
Outpatient Clinics and Other
Outpatient Clinics
of
Erie VA Medical Center
Erie, Pennsylvania**

February 11, 2015

Washington, DC 20420

To Report Suspected Wrongdoing in VA Programs and Operations

Telephone: 1-800-488-8244

E-Mail: vaoighotline@va.gov

(Hotline Information: www.va.gov/oig/hotline)

Glossary

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

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	9
Appendixes	
A. Clinic Profiles.....	10
B. PACT Compass Metrics	11
C. VISN Director Comments	14
D. Facility Director Comments	15
E. Office of Inspector General Contact and Staff Acknowledgments	19
F. Report Distribution	20
G. Endnotes	21

Executive Summary

Review Purpose: The purpose of the review was to evaluate selected patient care activities to determine whether the Community Based Outpatient Clinics (CBOCs) and other outpatient clinics under the oversight of the Erie VA Medical Center and Veterans Integrated Service Network 4 provide safe, consistent, and high-quality health care. The review evaluated the clinics' compliance with selected requirements for alcohol use disorder, human immunodeficiency virus screening, and outpatient documentation. We also randomly selected the Warren, PA, CBOC as a representative site and evaluated the environment of care on December 16, 2014.

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

Environment of Care: Ensure that at the Warren CBOC:

- Review of the hazardous materials inventory occurs twice within a 12-month period.
- Managers develop and communicate an egress plan for the safety of all patients.
- Women veterans can access gender-specific restrooms without entering public areas.

Alcohol Use Disorder: Ensure that:

- Clinic staff consistently complete diagnostic assessments for patients with a positive alcohol screen.
- Clinic staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.
- Registered Nurse Care Managers receive motivational interviewing and health coaching training within 12 months of appointment to Patient Aligned Care Teams.
- Providers and Clinical Associates in the outpatient clinics receive health coaching training within 12 months of appointment to Patient Aligned Care Teams.

Human Immunodeficiency Virus Screening: Ensure that:

- Clinicians provide human immunodeficiency virus testing as part of routine medical care for patients and that compliance is monitored.

Comments

The VISN and Facility Directors agreed with the CBOC and OOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes C and D, pages 14–18, 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 health care centers reporting to the parent facility and was operational and classified as such in VA's Site Tracking Database by October 1, 2014.

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

Table 1. CBOC/OOC Focused Reviews and Study Populations

Review Topic	Study Population
AUD	All CBOC and OOC patients screened within the study period of July 1, 2013, through June 30, 2014, and who had a positive AUDIT-C score; 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 Warren CBOC. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

Table 2. EOC

NM	Areas Reviewed	Findings	Recommendations
	The furnishings are clean and in good repair.		
	The CBOC is clean (walls, floors, and equipment are clean).		
X	The CBOC's inventory of hazardous materials was reviewed for accuracy twice within the prior 12 months.	The CBOC's inventory of hazardous materials and waste was not reviewed for accuracy twice within the prior 12 months.	1. We recommended that managers ensure review of the hazardous materials inventory occurs twice within a 12-month period.
	The CBOC's safety data sheets for chemicals are readily available to staff.		
	If safety data sheets are in electronic form, the staff can demonstrate ability to access the electronic version without coaching.		
	Employees received training on the new chemical label elements and safety data sheet format.		
	Clinic managers ensure that safety inspections of CBOC medical equipment are performed in accordance with Joint Commission standards.		
	Hand hygiene is monitored for compliance.		
	Personal protective equipment is readily available.		
	Sterile commercial supplies are not expired.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	The CBOC staff members minimize the risk of infection when storing and disposing of medical (infectious) waste.		
	The CBOC has procedures to disinfect non-critical reusable medical equipment between patients.		
	There is evidence of fire drills occurring at least every 12 months.		
X	Means of egress from the building are unobstructed.	Means of egress from the building was unobstructed; however, patients with limited mobility would have difficulty using the stairs present in the exit route.	2. We recommended that managers develop and communicate an egress plan for the safety of all patients.
	Access to fire extinguishers is unobstructed.		
	Fire extinguishers are located in large rooms or are obscured from view, and the CBOC has signs identifying the locations of the fire extinguishers.		
	Exit signs are visible from any direction.		
	Multi-dose medication vials are not expired.		
	All medications are secured from unauthorized access.		
	The staff protects patient-identifiable information on laboratory specimens during transport.		
	Documents containing patient-identifiable information are not visible or unsecured.		
X	Adequate privacy is provided at all times.	Gowned women veterans cannot access gender-specific restrooms without entering public areas.	3. We recommended that processes are strengthened to ensure that women veterans can access gender-specific restrooms without entering public areas.
	The women veterans' exam room is equipped with either an electronic or manual door lock.		
	The information technology network room/server closet is locked.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	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 and 40 EHRs. We also validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

Table 3. AUD

NM	Areas Reviewed	Findings	Recommendations
X	Diagnostic assessments are completed for patients with a positive alcohol screen.	Staff did not complete diagnostic assessments for 27 of 40 patients (68 percent) who had positive alcohol use screens.	4. 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.		
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 two of six patients diagnosed with alcohol dependence.	5. We recommended that clinic staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.
	For patients with AUD who decline referral to specialty care, clinic staff monitored them and their alcohol use.		
	Counseling, education, and brief treatments for AUD are provided within 2 weeks of positive screening.		

NM	Areas Reviewed (continued)	Findings	Recommendations
X	Clinic RN Care Managers have received motivational interviewing training within 12 months of appointment to PACT.	We found that 8 of 12 RN Care Managers did not receive motivational interviewing training within 12 months of appointment to PACT.	6. We recommended that Clinic Registered Nurse Care Managers receive motivational interviewing and health coaching training within 12 months of appointment to Patient Aligned Care Teams.
X	Clinic RN Care Managers have received VHA National Center for Health Promotion and Disease Prevention-approved health coaching training (most likely TEACH for Success) within 12 months of appointment to PACT.	We found that 4 of 12 RN Care Managers did not receive health coaching training 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 8 of 12 providers did not receive health coaching training within 12 months of appointment to PACT.	7. We recommended that providers and clinical associates in the outpatient clinics receive health coaching training within 12 months of appointment to Patient Aligned Care Teams.
X	Clinical associates in the outpatient clinics have received VHA National Center for Health Promotion and Disease Prevention-approved health coaching training (most likely TEACH for Success) within 12 months of appointment to PACT.	We found that 6 of 13 clinical associates did not receive health coaching training within 12 months of appointment to PACT.	
	The facility complied with any additional elements required by VHA or local policy.		

HIV Screening

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

We reviewed the facility's self-assessment, VHA and local policies, and guidelines to assess administrative controls over the HIV screening process. We also reviewed 39 EHRs and validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

Table 4. HIV Screening

NM	Areas Reviewed	Finding	Recommendation
	The facility has a HIV Lead Clinician to carry out responsibilities as required.		
	The facility has policies and procedures to facilitate HIV testing.		
	The facility had developed policies and procedures that include requirements for the communication of HIV test results.		
	Written patient educational materials utilized prior to or at the time of consent for HIV testing include all required elements.		
X	Clinicians provided HIV testing as part of routine medical care for patients.	Clinicians did not provide HIV testing for 33 of 39 patients (85 percent).	8. We recommended that clinicians provide human immunodeficiency virus testing as part of routine medical care for patients and that compliance is monitored.
	When HIV testing occurred, clinicians consistently documented informed consent.		
	The facility complied with additional elements as required by local policy.		

Outpatient Documentation

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

We reviewed relevant documents and 40 EHRs. We also validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The facility generally met requirements. We made no recommendations.

Table 5. Outpatient Documentation

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

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.

Location	Station #	Rurality ⁶	Outpatient Workload / Encounters ⁴			Services Provided ⁵	
			PC	MH	Specialty Clinics ⁷	Specialty Care ⁸	Ancillary Services ⁹
Meadville, PA	562GA	Rural	6,442	2,727	375	Dermatology Podiatry	Diabetic Retinal Screening MOVE! Program ¹⁰
Ashtabula, OH	562GB	Rural	7,112	2,690	88	NA	Diabetic Retinal Screening MOVE! Program
Bradford, PA	562GC	Rural	2,518	253	15	NA	MOVE! Program
Franklin, PA	562GD	Rural	4,421	2,061	424	Podiatry	Diabetic Retinal Screening Laboratory
Warren, PA	562GE	Rural	4,113	1,857	85	NA	Diabetic Retinal Screening MOVE! Program Nutrition

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.

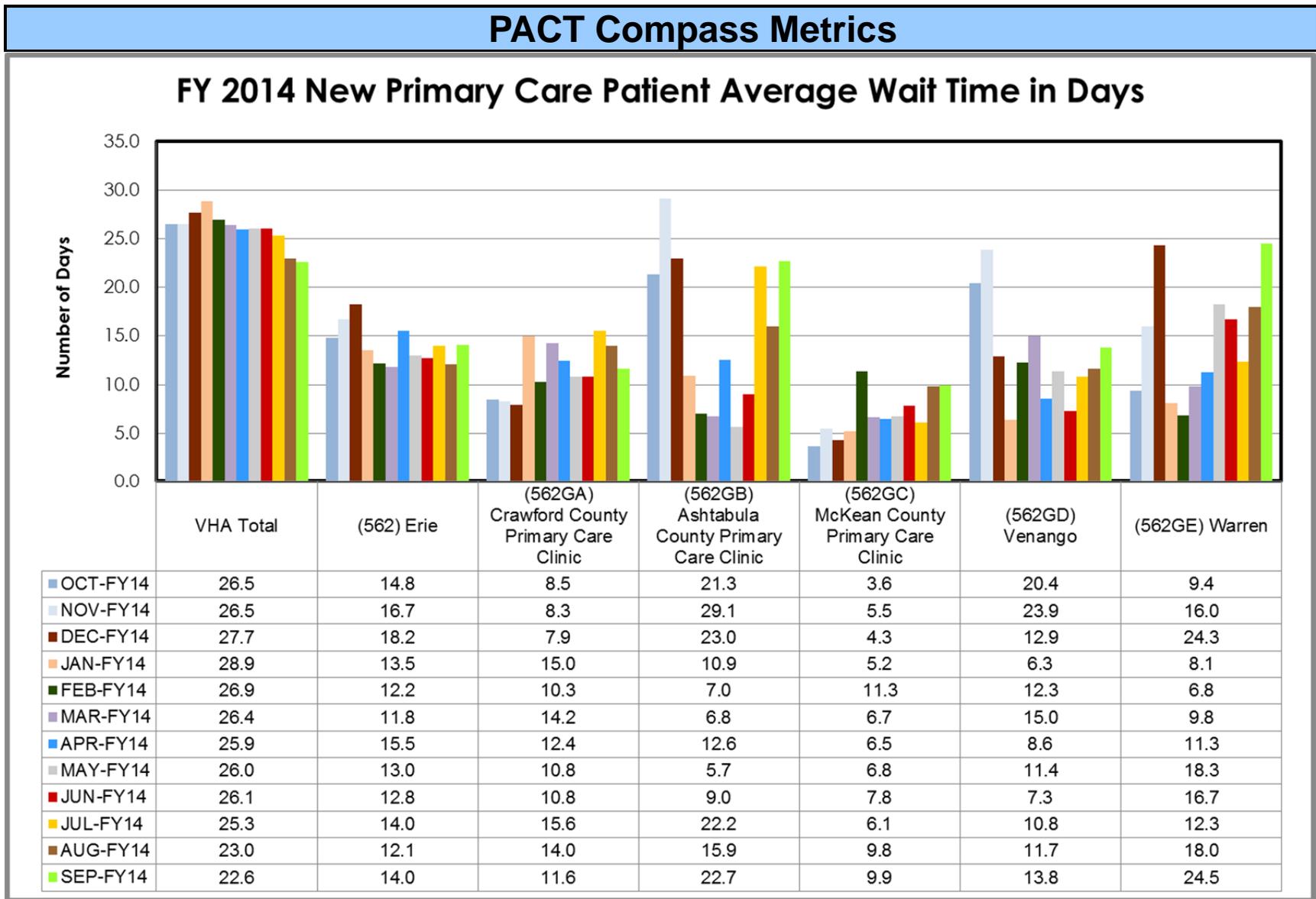
⁶ <http://vssc.med.va.gov/>

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.

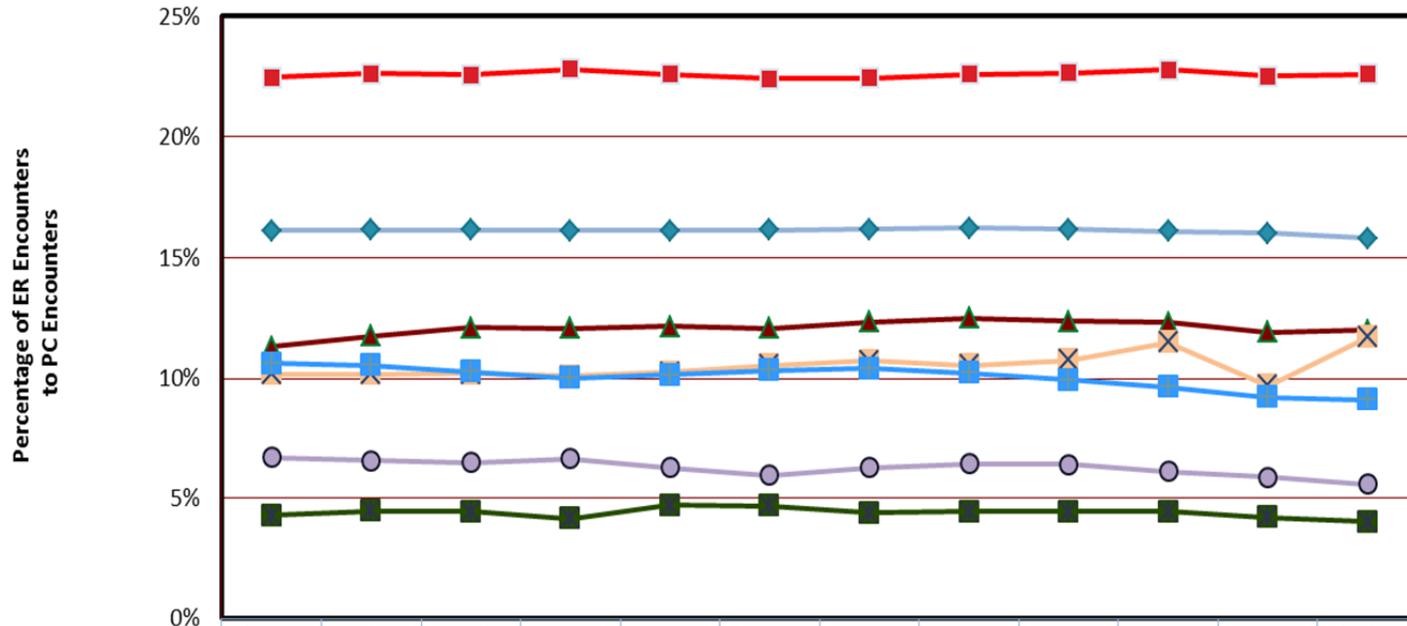
⁹ Ancillary Services refer to non-Primary Care and non-Mental Health services that are not provided by a physician.

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



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.

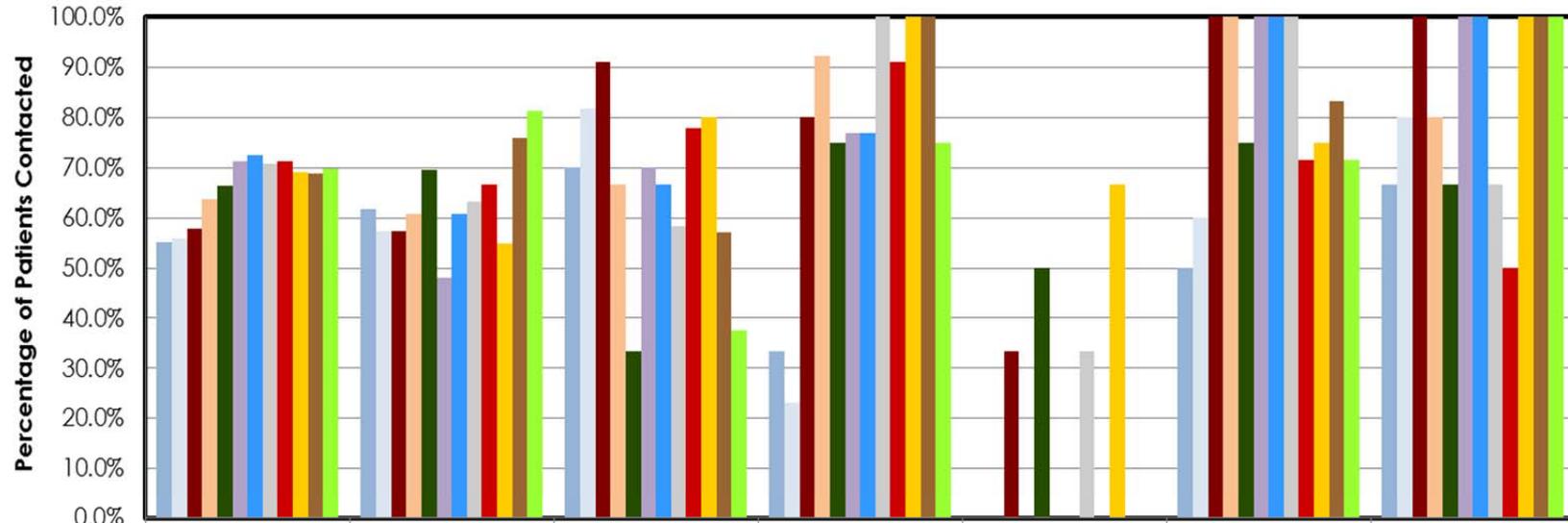
FY 2014 Ratio of ER Encounters While on Panel to PC Encounters While on Panel (FEE ER Included)



	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%
(562) Erie	22.5%	22.6%	22.6%	22.8%	22.6%	22.4%	22.5%	22.6%	22.7%	22.8%	22.5%	22.6%
(562GA) Crawford County PCC	11.3%	11.8%	12.1%	12.1%	12.2%	12.1%	12.3%	12.5%	12.4%	12.3%	11.9%	12.0%
(562GB) Ashtabula County PCC	10.2%	10.2%	10.2%	10.1%	10.3%	10.5%	10.7%	10.5%	10.8%	11.5%	9.7%	11.7%
(562GC) McKean County PCC	4.3%	4.5%	4.4%	4.1%	4.7%	4.7%	4.4%	4.5%	4.4%	4.4%	4.2%	4.0%
(562GD) Venango	6.7%	6.5%	6.5%	6.6%	6.3%	5.9%	6.3%	6.4%	6.4%	6.1%	5.9%	5.6%
(562GE) Warren	10.6%	10.6%	10.3%	10.0%	10.2%	10.3%	10.4%	10.2%	9.9%	9.7%	9.2%	9.1%

Data Definition.⁶ 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	(562) Erie	(562GA) Crawford County PCC	(562GB) Ashtabula County PCC	(562GC) McKean County PCC	(562GD) Venango	(562GE) Warren
■ OCT-FY14	55.1%	61.7%	70.0%	33.3%	0.0%	50.0%	66.7%
■ NOV-FY14	55.9%	57.4%	81.8%	23.1%	0.0%	60.0%	80.0%
■ DEC-FY14	57.8%	57.4%	90.9%	80.0%	33.3%	100.0%	100.0%
■ JAN-FY14	63.6%	60.8%	66.7%	92.3%	0.0%	100.0%	80.0%
■ FEB-FY14	66.4%	69.4%	33.3%	75.0%	50.0%	75.0%	66.7%
■ MAR-FY14	71.2%	48.0%	70.0%	76.9%	0.0%	100.0%	100.0%
■ APR-FY14	72.6%	60.7%	66.7%	76.9%	0.0%	100.0%	100.0%
■ MAY-FY14	70.8%	63.2%	58.3%	100.0%	33.3%	100.0%	66.7%
■ JUN-FY14	71.3%	66.7%	77.8%	90.9%	0.0%	71.4%	50.0%
■ JUL-FY14	69.1%	55.0%	80.0%	100.0%	66.7%	75.0%	100.0%
■ AUG-FY14	68.9%	75.9%	57.1%	100.0%	0.0%	83.3%	100.0%
■ SEP-FY14	69.8%	81.3%	37.5%	75.0%	0.0%	71.4%	100.0%

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.

VISN Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: January 20, 2015

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

Subject: Review of CBOCs and OOCs of Erie VA Medical Center

To: Director, Baltimore Office of Healthcare Inspections (54BA)
VHA 10AR MRS OIG CAP Reviews
OIG Follow Up Staff (53B)

1. I have reviewed the response provided by the Erie VA Medical Center and I am submitting to your office as requested. I concur with all responses.
2. If you have any questions or require additional information, please contact Moira Hughes, Acting VISN 4 Quality Management officer at 412-822-3294.


Carla A. Sivek
Acting VISN 4 Network Director

Attachment

Facility Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: January 14, 2015

From: Director, Erie VA Medical Center (562/00)

Subject: Review of CBOCs and OOCs of Erie VA Medical Center, Erie, PA

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

1. I have reviewed the draft report of the Inspector General Community Based Outpatient Clinic Review of the Erie VA Medical Center. I concur with the findings outlined in this report and have included corrective action plans for each recommendation.

(Original signed by:)

X 

David Cord

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 managers ensure review of the hazardous materials inventory occurs twice within a 12-month period.

Concur

Target date for completion: July 30, 2015

Facility response: The Safety Manager developed a plan to review the hazardous materials inventory twice a year and update as needed with new inventory or with changes in the current inventory. The hazardous material inventory reviews will be conducted in January and July.

Recommendation 2. We recommended that managers develop and communicate an egress plan for the safety of all patients.

Concur

Target date for completion: March 30, 2015

Facility response: The Safety Manager developed a fire response plan which addresses activities related to the secondary emergency exit and staff actions to be taken regarding the Area of Refuge. The CBOC Manager will train the CBOC staff by providing the written fire response plan to each Warren CBOC employee. Staff training documentation will be maintained in the Warren CBOC Environment of Care tracking binder in the Emergency Response/Drills section. The Warren CBOC will conduct a fire drill using the new Fire Drill Response Plan within the next 3 months.

Recommendation 3. We recommended that processes are strengthened to ensure that women veterans can access gender-specific restrooms without entering public areas.

Concur

Target date for completion: February 1, 2015

Facility response: The CBOC manager trained staff via email to reinforce education and awareness about offering and encouraging Women Veterans to use restroom facilities prior to gowning for examinations in an examination room that does not have direct access to a female restroom. CBOC staff acknowledgement of the receipt and understanding of the email training is due back to the CBOC Manager by 1/23/2015.

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

Concur

Target date for completion: April 15, 2015

Facility response: All CBOC providers were sent an email that a positive prescreen pops the reminder to complete the diagnostic assessment. Providers were educated on the need to complete the diagnostic assessment if a positive alcohol prescreening is assessed. The CBOC Manager will review a minimum of 10 charts per month to assure appropriate use of the reminder and documentation of the diagnostic assessment for patients with a positive screen. Target for compliance for appropriate use of the reminder and completion of diagnostic assessments is 90% for three months.

Recommendation 5. We recommended that clinic staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.

Concur

Target date for completion: April 15, 2015

Facility response: All CBOC providers were emailed to assure that the offer for alcohol dependence counseling has been offered and documentation if the counseling was accepted or refused. Provider acknowledgement of receipt and understanding of the email training is due by 1/23/2015. A minimum of 10 charts will be reviewed to assure appropriate use of the templates and appropriate documentation of patient acceptance or refusal of the offer for further alcohol dependence treatment. Target for compliance of documentation of patient acceptance or refusal of alcohol dependence counseling is 90% for three months.

Recommendation 6. We recommended that Clinic Registered Nurse Care Managers receive motivational interviewing and health coaching training within 12 months of appointment to Patient Aligned Care Teams.

Concur

Target date for completion: April 15, 2015

Facility response: The Orientation Competency for all Clinic Registered Nurse (RN) Case Managers has been updated to include motivational interviewing and health coach training to assure training is completed within 12 months of appointment to Patient Aligned Care Teams (PACT). The CBOC Manager is responsible to ensure the training is completed within 12 months of appointment. There have not been any new CBOC employees hired in the past two months since the site visit. Completion of motivational interviewing and health coaching training by RN Case Managers within 12 months of appointment to PACT will be tracked for the next three months for 100% compliance.

Recommendation 7. We recommended that providers and clinical associates in the outpatient clinics receive health coaching training within 12 months of appointment to Patient Aligned Care Teams.

Concur

Target date for completion: April 15, 2015

Facility response: TEACH was added to the orientation checklist for all new CBOC employees, including Providers, Registered Nurses, Licensed Practical Nurses, and Health Care Technicians. TEACH was added to the Clinic Registered Nurse Case Manager orientation competency validation form to ensure the training is completed within 12 months of appointment to the Patient Aligned Care Team (PACT). The CBOC Manager is responsible to ensure the training is completed within 12 months of appointment. Completion of motivational interviewing and health coaching training by providers and clinical associates within 12 months of appointment to PACT will be tracked for the next three months for 100% compliance.

Recommendation 8. 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: April 15, 2015

Facility response: All CBOC providers were educated via email to assure the Human Immunodeficiency Virus (HIV) reminder is capturing and HIV testing is part of routine medical care. The implementation date of the HIV Reminder was August 4, 2014. Provider acknowledgement or receipt and understanding of the email training are due back to the CBOC Manager by 1/23/2015. A minimum of 10 patient charts will be audited to assure appropriate use and documentation of HIV testing as a part of routine care. Target for compliance for documentation of HIV testing as part of routine care and is 90% for three months.

Office of Inspector General Contact and Staff Acknowledgments

Contact	For more information about this report, please contact the OIG at (202) 461-4720.
Inspection Team	Sonia Whig, MS, LDN, Team Leader Terri Julian, Ph.D. Melanie Oppat, M.Ed., LDN Jennifer Reed, RN, MSHI
Other Contributors	Shirley Carlile, BA Lin Clegg, PhD Marnette Dhooghe, MS Patrick Smith, M. Stat Marilyn Stones, BS Mary Toy, RN, MSN Jarvis Yu, MS

Report Distribution

VA Distribution

Office of the Secretary
Veterans Health Administration
Assistant Secretaries
General Counsel
Director, VA Healthcare – VISN 4 (10N4)
Director, Erie VA Medical Center (562/00)

Non-VA Distribution

House Committee on Veterans' Affairs
House Appropriations Subcommittee on Military Construction, Veterans Affairs, and
Related Agencies
House Committee on Oversight and Government Reform
Senate Committee on Veterans' Affairs
Senate Appropriations Subcommittee on Military Construction, Veterans Affairs, and
Related Agencies
Senate Committee on Homeland Security and Governmental Affairs
National Veterans Service Organizations
Government Accountability Office
Office of Management and Budget
U.S. Senate: Sherrod Brown, Robert Casey, Rob Portman, Pat Toomey
U.S. House of Representatives: David Joyce, Mike Kelly, Glenn Thompson

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

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 Manual*, 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.