



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

Office of Healthcare Inspections

Report No. 14-04396-142

**Review of Community Based
Outpatient Clinics and Other
Outpatient Clinics
of
VA Central Western Massachusetts
Healthcare System
Leeds, Massachusetts**

March 4, 2015

Washington, DC 20420

To Report Suspected Wrongdoing in VA Programs and Operations

Telephone: 1-800-488-8244

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

Glossary

AUD	alcohol use disorder
CBOC	community based outpatient clinic
EOC	environment of care
ER	emergency room
FY	fiscal year
HIV	human immunodeficiency virus
NM	not met
OIG	Office of Inspector General
OOC	other outpatient clinic
PACT	Patient Aligned Care Teams
RN	registered nurse
VHA	Veterans Health Administration

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Executive Summary

Review Purpose: The purpose of the review was to evaluate selected patient care activities to determine whether the Community Based Outpatient Clinics (CBOCs) and other outpatient clinics under the oversight of the VA Central Western Massachusetts Healthcare System and Veterans Integrated Service Network 1 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 Worcester, MA, CBOC as a representative site and evaluated the environment of care on December 3, 2014.

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

Environment of Care: Ensure that:

- Patient-identifiable information on laboratory specimens is protected during transport from the Worcester CBOC to the parent facility.
- The information technology server closet at the Worcester CBOC is maintained according to information technology safety and security standards.

Alcohol Use Disorder: Ensure that:

- Clinic staff consistently complete diagnostic assessments for patients with a positive alcohol screen.
- Clinic staff document a plan to monitor the alcohol use of patients who decline referral to specialty care.
- Clinic 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.

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 15–19, for the full text of the Directors' comments.) We consider recommendations 1 and 2 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 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, 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 Worcester 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).		
	The CBOC's inventory of hazardous materials was reviewed for accuracy twice within the prior 12 months.		
	The CBOC's safety data sheets for chemicals are readily available to staff.		
	If safety data sheets are in electronic form, the staff can demonstrate ability to access the electronic version without coaching.		
	Employees received training on the new chemical label elements and safety data sheet format.		
	Clinic managers ensure that safety inspections of CBOC medical equipment are performed in accordance with Joint Commission standards.		
	Hand hygiene is monitored for compliance.		
	Personal protective equipment is readily available.		
	Sterile commercial supplies are not expired.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	The CBOC staff members minimize the risk of infection when storing and disposing of medical (infectious) waste.		
	The CBOC has procedures to disinfect non-critical reusable medical equipment between patients.		
	There is evidence of fire drills occurring at least every 12 months.		
	Means of egress from the building are unobstructed.		
	Access to fire extinguishers is unobstructed.		
	Fire extinguishers are located in large rooms or are obscured from view, and the CBOC has signs identifying the locations of the fire extinguishers.		
	Exit signs are visible from any direction.		
	Multi-dose medication vials are not expired.		
	All medications are secured from unauthorized access.		
X	The staff protects patient-identifiable information on laboratory specimens during transport.	At the Worcester CBOC, staff did not protect patient-identifiable information on laboratory specimens during transport.	1. We recommended that staff protect patient-identifiable information on laboratory specimens during transport from the Worcester CBOC to the parent facility.
	Documents containing patient-identifiable information are not visible or unsecured.		
	Adequate privacy is provided at all times.		
	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.		

NM	Areas Reviewed (continued)	Findings	Recommendations
X	Access to the information technology network room/server closet is documented.	Access to the information technology network room/server closet at the Worcester CBOC was not documented.	2. We recommended that the information technology server closet at the Worcester CBOC is maintained according to information technology safety and security standards.
	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 32 electronic health records. 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 5 of 32 patients (16 percent) who had positive alcohol use screens.	3. 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.		
X	For patients with AUD who decline referral to specialty care, clinic staff monitored them and their alcohol use.	Staff did not monitor the alcohol use of two patients who declined referral to specialty care.	4. We recommended that clinic staff document a plan to monitor the alcohol use of patients who decline referral to specialty care.
	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 5 of 16 RN Care Managers did not receive motivational interviewing training within 12 months of appointment to PACT.	5. 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.

NM	Areas Reviewed (continued)	Findings	Recommendations
X	Clinic RN Care Managers have received VHA National Center for Health Promotion and Disease Prevention-approved health coaching training (most likely TEACH for Success) within 12 months of appointment to PACT.	We found that 9 of 16 RN Care Managers did not receive health coaching training within 12 months of appointment to PACT.	See Recommendation 5.
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 3 of 24 providers did not receive health coaching training within 12 months of appointment to PACT.	6. 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 4 of 19 clinical associates did not receive health coaching training within 12 months of appointment to PACT.	See Recommendation 6.
	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 38 electronic health records 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 4. HIV Screening

NM	Areas Reviewed	Findings	Recommendations
	The facility has a Lead HIV 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.		
	Clinicians provided HIV testing as part of routine medical care for patients.		
	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 34 electronic health records. 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 electronic health record.		

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	
Springfield, MA	631BY	Urban	13,916	18,520	2,858	Infectious Disease Neurology	Podiatry Urology	Diabetes Care EKG HBPC MOVE! Program ¹⁰ Nutrition	Pharmacy Rehabilitation Services Respiratory Therapy
Pittsfield, MA	631GC	Urban	3,467	4,136	36	N/A		EKG HBPC	MOVE! Program Nutrition
Greenfield, MA	631GD	Rural	3,993	2,430	1	N/A		EKG MOVE! Program	Nutrition
Worcester, MA	631GE	Urban	14,492	10,675	8,667	Cardiology Dermatology Neurology Optometry	Pain Clinic Podiatry Rheumatology	EKG HBPC Imaging Services Laboratory MOVE! Program Nutrition	Pharmacy Rehabilitation Services Respiratory Therapy

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.

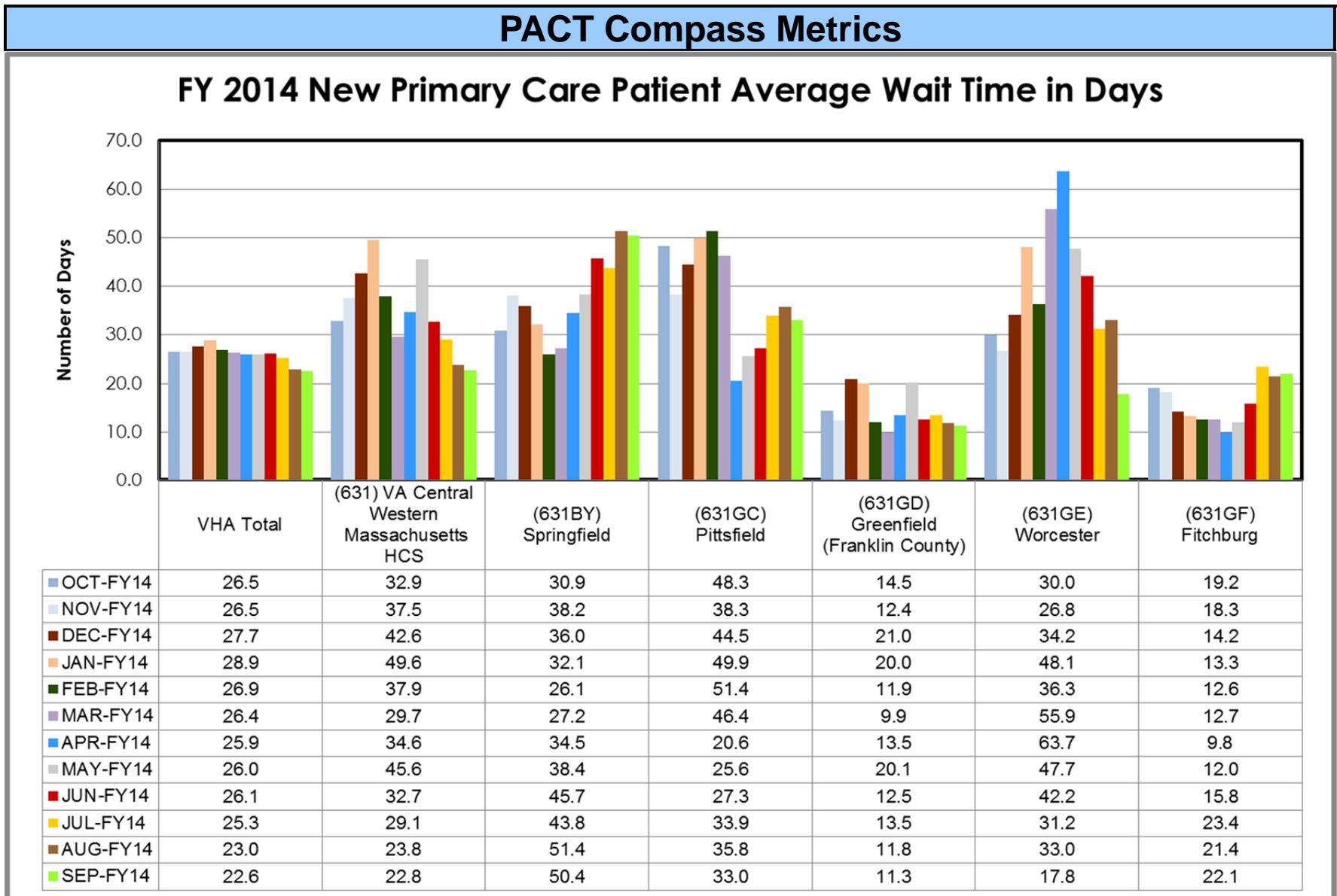
⁸ Specialty Care Services refer to non-Primary Care and non-Mental Health services provided by a physician.

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.

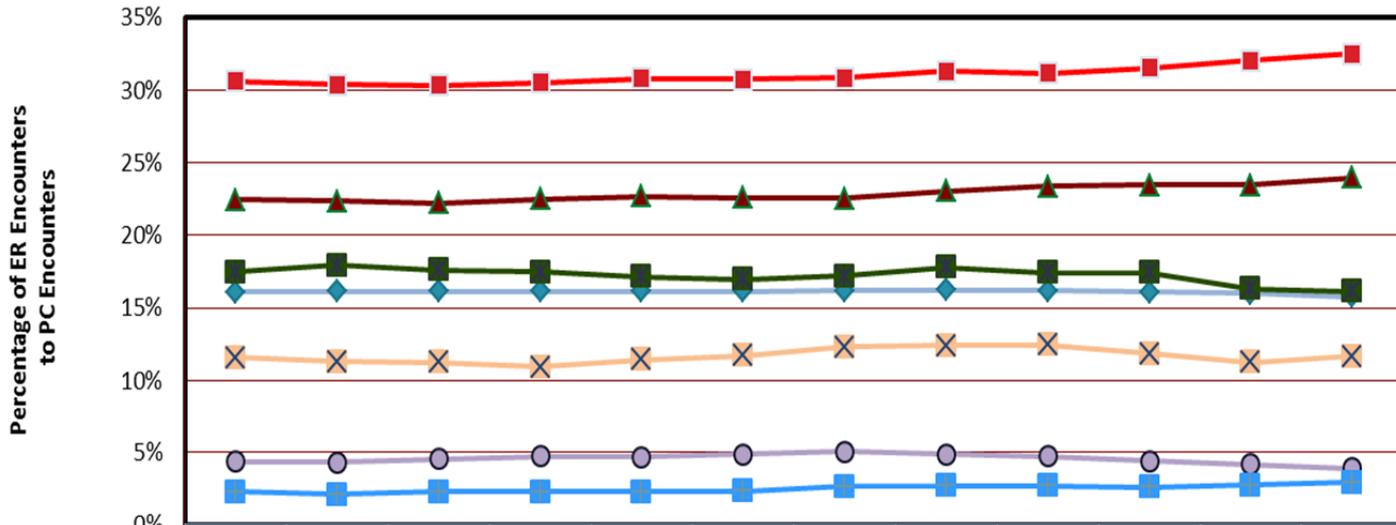
Location (continued)	Station #	Rurality	Outpatient Workload / Encounters			Services Provided	
			PC	MH	Specialty Clinics	Specialty Care	Ancillary Services
Fitchburg, MA	631GF	Urban	4,458	1,861	5	N/A	HBPC MOVE! Program Nutrition

EKG=Electrocardiography; HBPC=Home Based Primary Care



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.

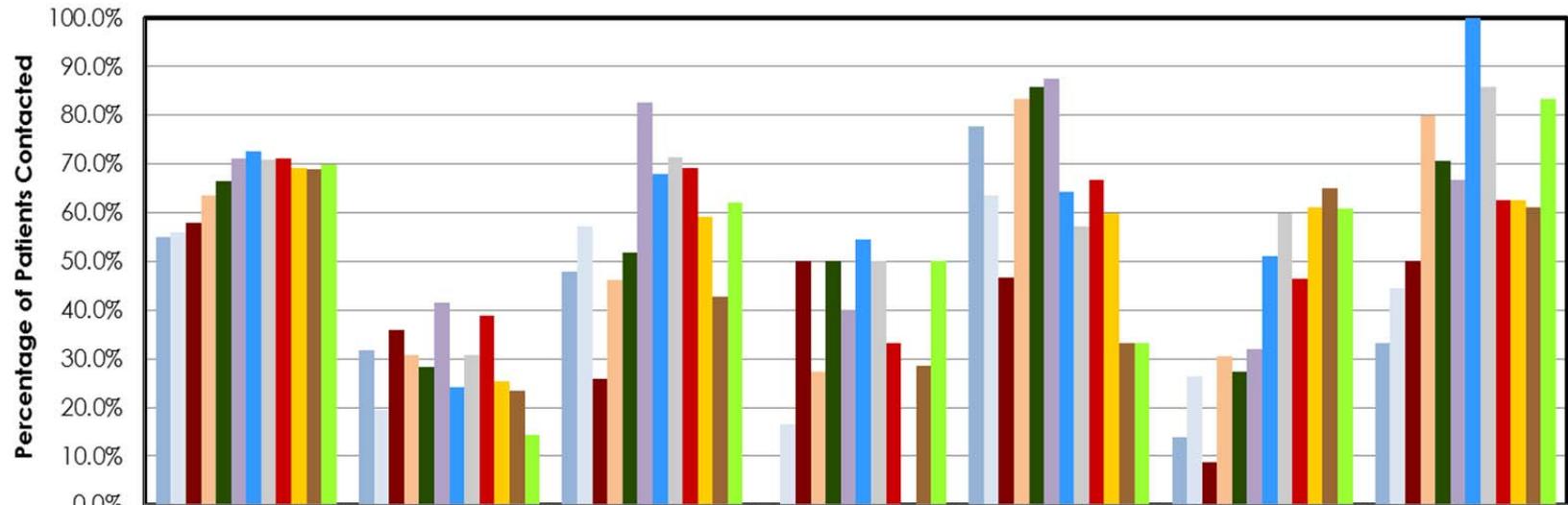
FY 2014 Ratio of ER Encounters While on Panel to PC Encounters While on Panel (FEE ER Included)



	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%
■ (631) VA Central Western Massachusetts HCS	30.6%	30.4%	30.3%	30.5%	30.8%	30.8%	30.9%	31.3%	31.2%	31.5%	32.0%	32.5%
▲ (631BY) Springfield	22.5%	22.4%	22.2%	22.5%	22.7%	22.6%	22.5%	23.1%	23.4%	23.5%	23.5%	24.0%
× (631GC) Pittsfield	11.6%	11.3%	11.3%	10.9%	11.5%	11.7%	12.3%	12.4%	12.5%	11.9%	11.3%	11.7%
■ (631GD) Greenfield (Franklin County)	17.5%	17.9%	17.6%	17.5%	17.2%	17.0%	17.2%	17.8%	17.4%	17.4%	16.3%	16.1%
● (631GE) Worcester	4.3%	4.3%	4.5%	4.7%	4.7%	4.9%	5.0%	4.9%	4.7%	4.4%	4.2%	3.9%
■ (631GF) Fitchburg	2.3%	2.1%	2.3%	2.3%	2.3%	2.3%	2.6%	2.7%	2.7%	2.6%	2.7%	2.9%

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	(631) VA Central Western Massachusetts HCS	(631BY) Springfield	(631GC) Pittsfield	(631GD) Greenfield (Franklin County)	(631GE) Worcester	(631GF) Fitchburg
■ OCT-FY14	55.1%	31.7%	48.0%	0.0%	77.8%	14.0%	33.3%
■ NOV-FY14	55.9%	19.5%	57.1%	16.7%	63.6%	26.5%	44.4%
■ DEC-FY14	57.8%	35.8%	25.8%	50.0%	46.7%	8.7%	50.0%
■ JAN-FY14	63.6%	30.9%	46.2%	27.3%	83.3%	30.6%	80.0%
■ FEB-FY14	66.4%	28.3%	51.7%	50.0%	85.7%	27.3%	70.6%
■ MAR-FY14	71.2%	41.5%	82.6%	40.0%	87.5%	32.0%	66.7%
■ APR-FY14	72.6%	24.2%	68.0%	54.5%	64.3%	51.1%	100.0%
■ MAY-FY14	70.8%	30.8%	71.4%	50.0%	57.1%	60.0%	85.7%
■ JUN-FY14	71.3%	38.9%	69.2%	33.3%	66.7%	46.4%	62.5%
■ JUL-FY14	69.1%	25.4%	59.1%		60.0%	61.1%	62.5%
■ AUG-FY14	68.9%	23.4%	42.9%	28.6%	33.3%	65.0%	61.1%
■ SEP-FY14	69.8%	14.3%	62.2%	50.0%	33.3%	60.9%	83.3%

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. Blank cells indicate the absence of reported data.

Veterans Integrated Service Network Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: February 11, 2015

From: Director, VA New England Healthcare System (10N1)

**Subject: Review of CBOCs and OOCs of VA Central Western
Massachusetts Healthcare System, Leeds, MA**

To: Director, Bedford Office of Healthcare Inspections (54BN)

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

I have reviewed and concur with the action plans regarding the Review of Community Based Outpatient Clinics and Other Outpatient Clinics of VA Central Western Massachusetts Healthcare System, Leeds, MA.

Sincerely,

For
Michael F. Mayo-Smith, MD, MPH
Network Director

(original signed by:)
Gerald Culliton
Acting Network Director

Facility Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: January 26, 2015

From: Director, VA Central Western Massachusetts Healthcare System (631/00)

Subject: **Review of CBOCs and OOCs of VA Central Western Massachusetts Healthcare System, Leeds, MA**

To: Director, VA New England Healthcare System (10N1)

I concur with the recommendations outlined in the attached report. All findings have been reviewed and facility level action plans initiated addressing each recommendation.

Sincerely,

(original signed by:)
John P. Collins, FACHE
Director

Comments to OIG's Report

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

OIG Recommendations

Recommendation 1. We recommended that staff protect patient-identifiable information on laboratory specimens during transport from the Worcester CBOC to the parent facility.

Concur

Target date for completion: Completed January 2, 2015

Facility response: Effective January 2, 2015, CBOCs began using secure tamper-evident opaque specimen transport bags for transporting specimens from the community based outpatient clinics to the Medical Center. The facility conferred with the VISN 1 Lab Quality Assurance Manager in selecting this product. A procedure was developed and signed on December 30, 2014, describing this process.

Recommendation 2. We recommended that the information technology server closet at the Worcester CBOC is maintained according to information technology safety and security standards.

Concur

Target date for completion: Completed December 9, 2014

Facility response: Effective December 9, 2014, a sign in log was implemented in the information technology server closet at the Worcester CBOC which will track entry into this location. It meets the requirements as outlined in VHA Handbook 6500 Information Security Program. The log will be sent to the Chief Information Officer and Information Security Officer quarterly for review. In addition, the list of approved staff that may access the information technology server closet at the Worcester CBOC was updated and posted in the closet.

Recommendation 3. We recommended that clinic staff consistently complete diagnostic assessments for patients with a positive alcohol screen.

Concur

Target date for completion: June 30, 2015

Facility response: The process for completion of diagnostic assessments will be reviewed with outpatient clinical staff in primary care and mental health. In addition, modification of the current VISN 1 clinical reminder is being explored to improve

documentation. Monthly monitoring of a random selection of 30 records per month of patients scoring 5 or greater on Audit C will begin in February 2015 to determine completion of diagnostic assessment until 90 percent compliance has been achieved. Findings will be reported to the Performance Improvement Committee quarterly.

Recommendation 4. We recommended that clinic staff document a plan to monitor the alcohol use of patients who decline referral to specialty care.

Concur

Target date for completion: June 30, 2015

Facility response: The need and rationale for documentation of a plan to monitor alcohol use of patients who decline referral to specialty care will be reviewed with outpatient clinical staff in primary care and mental health. In addition, modification of the current VISN 1 clinical reminder is being explored to improve documentation. Ongoing monitoring of a random selection of 30 records per month of patients scoring 5 or greater on Audit C will begin in February 2015. Review will determine whether the plan to monitor alcohol use is documented for patients who were offered and declined referral to specialty care. Findings will be reported to Performance Improvement Committee quarterly.

Recommendation 5. 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: June 30, 2015

Facility response: Effective January 30, 2015, assignment of motivational interviewing and health coach training will be initiated at job hire and tracked through the Talent Management System to ensure completion within 12 months of assignment to Patient Aligned Care Teams. There is currently only one RN Care Manager who has not completed training within 12 months of appointment to Patient Aligned Care Teams and this will be accomplished by January 31, 2015. Motivational interviewing and health coach training has been scheduled at the facility on April 29, 2015. In addition, training opportunities at other VISN 1 sites will be utilized to complete training for all RN care managers within 12 months of appointment to Patient Aligned Care Teams. This will be completed by June 30, 2015. This will be monitored monthly by Primary Care until 90 percent or better compliance has been achieved.

Recommendation 6. 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: June 30, 2015

Facility response: Effective January 30, 2015, assignment of motivational interviewing and health coach training will be initiated at job hire and tracked through the Talent Management System. Training will be provided at the facility as needed to ensure completion within 12 months of assignment to Patient Aligned Care Teams. In addition, training opportunities at other VISN 1 sites will be utilized to complete timely training for all providers and clinical associates. This will be completed by June 30, 2015. This will be monitored monthly by Primary Care until 90 percent or better compliance has been achieved.

Office of Inspector General Contact and Staff Acknowledgments

Contact	For more information about this report, please contact the OIG at (202) 461-4720.
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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.
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