Department of Veterans Affairs
Office of Inspector General

Office of Healthcare Inspections

Report No. 14-04398-340

Review of Community Based Outpatient Clinics and Other Outpatient Clinics of Beckley VA Medical Center Beckley, West Virginia

May 21, 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
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 Beckley VA Medical Center and Veterans Integrated Service Network 6 provide safe, consistent, and high-quality health care.

The review evaluated the clinics' compliance with selected requirements for alcohol use disorder care, human immunodeficiency virus screening, and outpatient documentation. We also randomly selected the Greenbrier County, WV, CBOC as a representative site and evaluated the environment of care on March 17, 2015. We noted ongoing air quality concerns at the CBOC. The facility closed the CBOC on April 13, 2015, and is addressing the issue. The OIG will follow up as necessary and address actions separate from this report.

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:

- Managers ensure review of the hazardous materials inventory occurs twice within a 12-month period at the Greenbrier County CBOC.
- Written procedures are available and staff are trained to properly disinfect non-critical medical equipment as required at the Greenbrier County CBOC.
- The information technology server closet at the Greenbrier County CBOC is maintained according to information technology safety and security standards.
- Staff at the Greenbrier County CBOC receive regular information/updates on their responsibilities in emergency response operations.
- Staff at the Greenbrier County CBOC participate in scheduled emergency management training and exercises.

Alcohol Use Disorder Care: 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.

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 Veterans Integrated Service Network and 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 14–19, for the full text of the Directors' comments.) We will follow up on the planned actions 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 Care
- 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 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 Care, 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 Care	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 Greenbrier County CBOC. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

We noted ongoing air quality concerns at the CBOC. The facility closed the CBOC on April 13, 2015, and is addressing the issue. The OIG will follow up as necessary and address actions separate from this report.

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 at the Greenbrier County CBOC 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 at the Greenbrier County CBOC.
	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.		

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.		
X	The CBOC has procedures to disinfect non-critical reusable medical equipment between patients.	The Greenbrier County CBOC has inconsistent procedures to disinfect selected non-critical reusable medical equipment between patients.	**2.** We recommended that written procedures are available and staff are trained to properly disinfect non-critical medical equipment as required at the Greenbrier County CBOC.
	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.		
	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 at all times.		
	The women veterans' exam room is equipped with either an electronic or manual door lock.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	The information technology network room/server closet is locked.		
X	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 at the Greenbrier County CBOC was not restricted to personnel authorized by Office of Information and Technology.	**3**. We recommended that the information technology server closet at the Greenbrier County CBOC is maintained according to information technology safety and security standards.
	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 (for example, mental health clinic), and the testing is documented.		
X	CBOC staff receive regular information/updates on their responsibilities in emergency response operations.	The staff at the Greenbrier County CBOC did not receive regular information/updates on their responsibilities in emergency response operations.	**4.** We recommended that the staff at the Greenbrier County CBOC receive regular information/updates on their responsibilities in emergency response operations.
X	The staff participates in scheduled emergency management training and exercises.	The staff at the Greenbrier County CBOC did not participate in scheduled emergency management training and exercises.	**5.** We recommended that the staff at the Greenbrier County CBOC participate in scheduled emergency management training and exercises.

AUD Care

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 38 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 Care

NM	Areas Reviewed	Findings	Recommendations
X	Diagnostic assessments are completed for patients with a positive alcohol screen.	Staff did not complete diagnostic assessments for 12 of 38 patients (32 percent) who had positive alcohol use screens.	**6**. 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 of two patients who declined referral to specialty care.	**7**. 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 care 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 3 of 13 RN Care Managers did not receive motivational interviewing training within 12 months of appointment to PACT.	**8**. 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 3 of 13 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 2 of 11 providers did not receive health coaching training within 12 months of appointment to PACT.	**9**. 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 2 of 14 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 37 EHRs and validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The area marked as NM did not meet applicable requirements and needed improvement.

Table 4. HIV Screening

NM	Areas Reviewed	Findings	Recommendations
	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 to 4 of 37 patients (11 percent).	**10.** 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 43 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.		

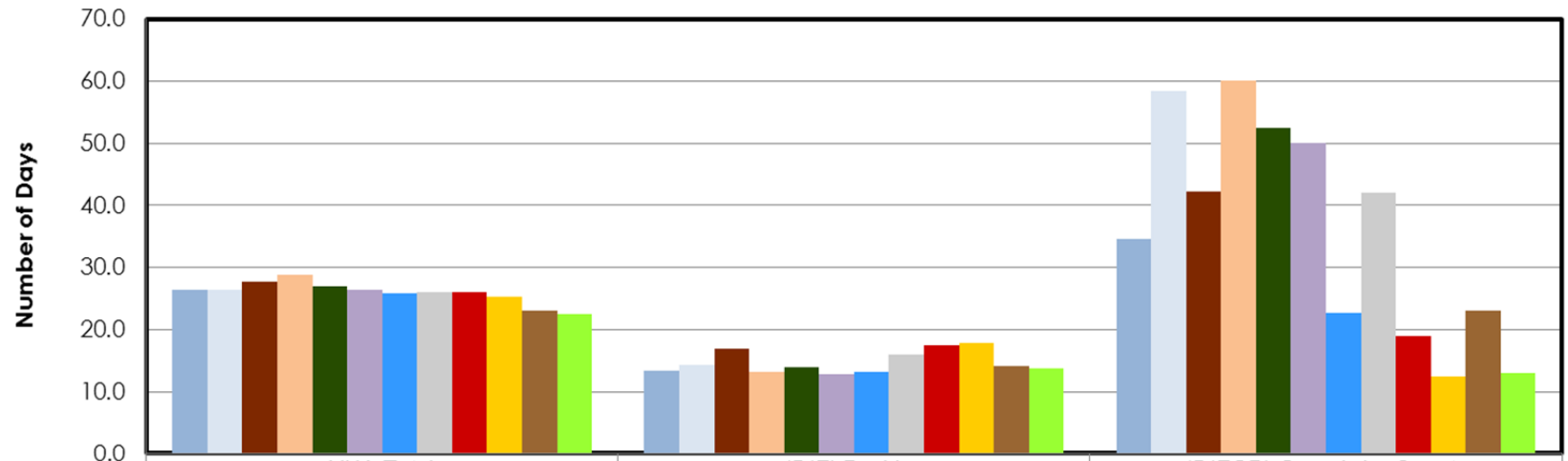
Clinic Profiles

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.

			Outpatient Workload / Encounters[4]			Services Provided[5]	
Location	**Station #**	**Rurality [6]**	**PC**	**MH**	**Specialty Clinics[7]**	**Specialty Care[8]**	**Ancillary Services[9]**
Maxwelton, WV	517GB	Rural	2,926	4,063	93	N/A	Diabetic Retinal Screening Home-Based Primary Care Pharmacy

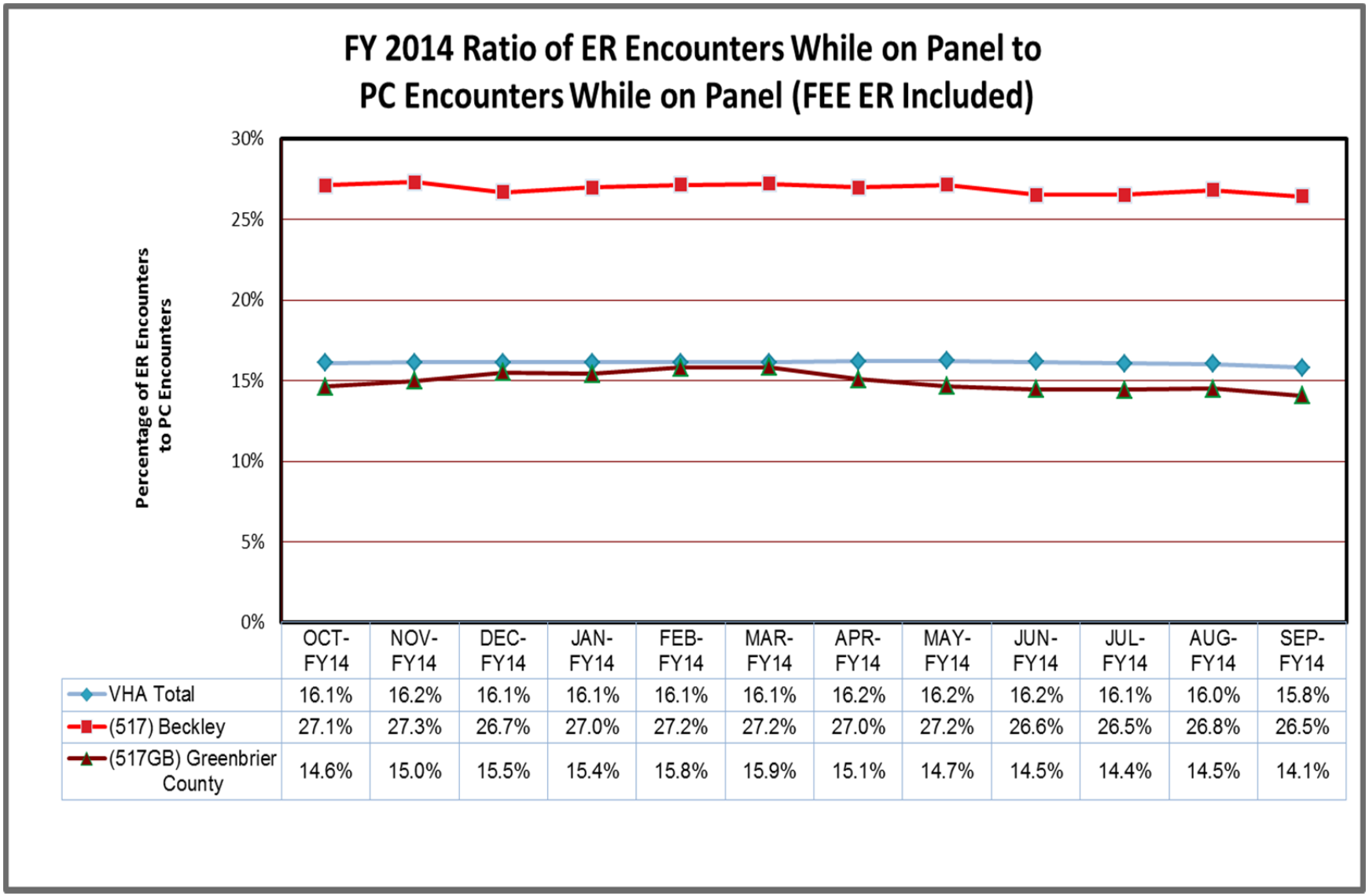
[3] Includes all CBOCs in operation before April 1, 2014.
[4] An encounter is a professional contact between a patient and a practitioner vested with responsibility for diagnosing, evaluating, and treating the patient's condition. Encounters occur in both the outpatient and inpatient setting.
[5] The 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.

PACT Compass Metrics



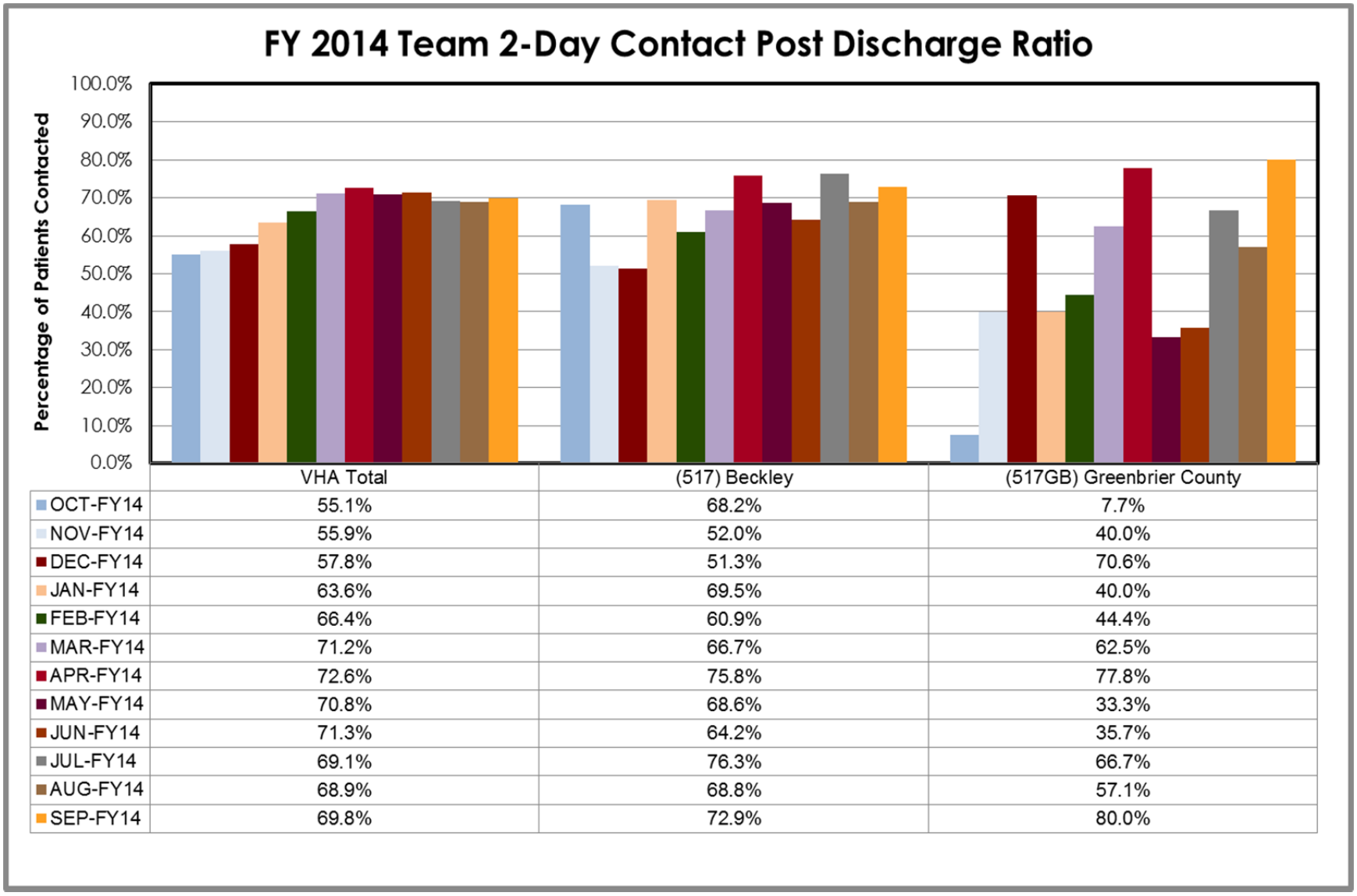
	VHA Total	(517) Beckley	(517GB) Greenbrier County
OCT-FY14	26.5	13.4	34.7
NOV-FY14	26.5	14.3	58.4
DEC-FY14	27.7	17.0	42.2
JAN-FY14	28.9	13.3	60.1
FEB-FY14	26.9	14.0	52.4
MAR-FY14	26.4	12.8	50.1
APR-FY14	25.9	13.3	22.7
MAY-FY14	26.0	16.0	42.0
JUN-FY14	26.1	17.5	19.0
JUL-FY14	25.3	17.9	12.4
AUG-FY14	23.0	14.2	23.0
SEP-FY14	22.6	13.7	13.0

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.



	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%
(517) Beckley	27.1%	27.3%	26.7%	27.0%	27.2%	27.2%	27.0%	27.2%	26.6%	26.5%	26.8%	26.5%
(517GB) Greenbrier County	14.6%	15.0%	15.5%	15.4%	15.8%	15.9%	15.1%	14.7%	14.5%	14.4%	14.5%	14.1%

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.



	VHA Total	(517) Beckley	(517GB) Greenbrier County
OCT-FY14	55.1%	68.2%	7.7%
NOV-FY14	55.9%	52.0%	40.0%
DEC-FY14	57.8%	51.3%	70.6%
JAN-FY14	63.6%	69.5%	40.0%
FEB-FY14	66.4%	60.9%	44.4%
MAR-FY14	71.2%	66.7%	62.5%
APR-FY14	72.6%	75.8%	77.8%
MAY-FY14	70.8%	68.6%	33.3%
JUN-FY14	71.3%	64.2%	35.7%
JUL-FY14	69.1%	76.3%	66.7%
AUG-FY14	68.9%	68.8%	57.1%
SEP-FY14	69.8%	72.9%	80.0%

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.

Appendix C

Veterans Integrated Service Network Director Comments

Department of Veterans Affairs

Memorandum

Date: April 21, 2015

From: Director, VA Mid-Atlantic Health Care Network (10N6)

Subject: **Review of CBOCs and OOCs of Beckley VA Medical Center, Beckley, WV**

To: Director**,** Atlanta Office of Healthcare Inspections (54AT)

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

1. I would like to express my appreciation to the Office of Inspector General (OIG) Survey Team for their professional and comprehensive review conducted March 17, 2015.

2. I have reviewed the draft report for the VA Medical Center, Beckley, WV, and concur with the findings and recommendations.

3. Please express my thanks to the Survey Team for their professionalism and assistance to us in our continuing efforts to improve the care we provide to our veterans.

(original signed by:)

DANIEL F. HOFFMANN, FACHE

Director, VA Mid-Atlantic Health Care Network (10N6)

Facility Director Comments

Department of Veterans Affairs

Memorandum

Date: April 21, 2015

From: Director, Beckley VA Medical Center (517/00)

Subject: **Review of CBOCs and OOCs of Beckley VA Medical Center, Beckley, WV**

To: Director, VA Mid-Atlantic Health Care Network (10N6)

1. I would like to express my appreciation to the Office of Inspector General (OIG) Survey Team for their professional and comprehensive review conducted March 17, 2015.

2. I have reviewed the draft report for the VA Medical Center, Beckley, WV, and concur with the findings and recommendations.

3. Please express my gratitude to the Survey Team for their professionalism and assistance to us in our continuing efforts to improve the care we provide to our veterans.

(original signed by:)
Karin L. McGraw, MSN, FACHE

Director, Beckley VA Medical Center (517/00)

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 at the Greenbrier County CBOC.

Concur

Target date for completion: 11-30-15

Facility response: Beckley VAMC Occupational Safety and Health Manager has obtained the hazardous chemical list located at the CBOC and will review, update and notify staff of any modifications. EOC Rounds are conducted semi-annually at the CBOC and the CBOC inventory will be reviewed for accuracy during these inspections to assure the semiannual review requirement is accomplished. Effective April 13, 2015, the Greenbrier County CBOC is closed due to safety concerns and a reopening date has not been determined.

Recommendation 2. We recommended that written procedures are available and staff are trained to properly disinfect non-critical medical equipment as required at the Greenbrier County CBOC.

Concur

Target date for completion: 6-30-2015

Facility response: The Standard Operating Procedure Manual for disinfecting non-critical reusable medical equipment is being streamlined and updated to mirror the medical center's standard operating procedure manual. The completion date is planned for May 15, 2015. RN's and LPN CBOC staff will be educated on the updated standard operating procedure manual for disinfecting non-critical reusable medical equipment by June 30, 2015.

Recommendation 3. We recommended that the information technology server closet at the Greenbrier County CBOC is maintained according to information technology safety and security standards.

Concur

Target date for completion: 4-17-15

Facility response: To ensure compliance with VA Directive 6500 Risk Management Framework for VA information Systems-Tier 3: VA Information Security Program and VA Directive 0730 Security and Law Enforcement, the OI&T employees at the Beckley VAMC are the only employees authorized to access the communication closets. This requirement was communicated on November 30, 2014 and reinforced with the CBOC Staff through a second memorandum dated April 17, 2015. The access to the closet is restricted and the appropriate staff has been re-educated. The Greenbrier CBOC is closed effective April 13, 2015.The date to re-open has not been determined.

Recommendation 4. We recommended that the staff at the Greenbrier County CBOC receive regular information/updates on their responsibilities in emergency response operations.

Concur

Target date for completion: 6-30-15

Facility response: To ensure the CBOC staff receives education on their responsibilities in emergency response operations, VA TMS Course No.1341136-Emergency Management has been added to the learning plan of the CBOC staff. The target for completion of this educational requirement is May 31, 2015. This is an annual requirement. Course completion will be monitored through the TMS training report.

Recommendation 5. We recommended that the staff at the Greenbrier County CBOC participate in scheduled emergency management training and exercises.

Concur

Target date for completion: 3-13-15

Facility response: The Beckley VA Medical Center Safety Manager has ensured the participation of the Greenbrier County CBOC staff in emergency management training exercise. The Greenbrier CBOC staff was involved in an emergency evacuation of the CBOC on June 5, 2014 and the staff participated in a fire drill on October 10, 2014. On 3/13/15, the CBOC staff participated in an emergency drill on the influx of Ebola patients. Per the Life Safety Code, the CBOC is designated as a business occupancy which requires only one emergency management drill annually; therefore this requirement was met on 3/13/15.

Recommendation 6. We recommended that clinic staff consistently complete diagnostic assessments for patients with a positive alcohol screen.

Concur

Target date for completion: 11-30-15

Facility response: To ensure compliance with clinic staff consistently completing diagnostic assessments for patients with a positive alcohol screen, staff will follow the

Management of Substance Use Disorders guideline - Module A from the VA/DoD Clinical Practice Guideline For Management of Substance Use Disorders and complete the Audit C Clinical reminder annually. The clinical reminder will be revised to trigger for completion at each return visit if the patient initially screens positive and declines intervention. This will allow staff to reinforce safe drinking limits, offer substance abuse counseling, or other appropriate interventions with every visit. The PACT team providers, licensed practical nurses, and RN Care Managers will be educated on this requirement by May 31, 2015.Compliance will be measured through a review of 10 charts per month by the PCSL with findings reported monthly in the Primary Care Service Line meetings until a 90 percent compliance rate is reached; data trends will be reported quarterly to the Clinical Executive Board for 6 months once the 90 percent compliance rate has been sustained.

Recommendation 7. 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: 11-30-15

Facility response: To ensure clinic staff documents a plan to monitor the alcohol use of patients who decline a referral to specialty care, the clinical reminder will be revised by 7/30/2015 to trigger for completion at each return visit if the patient initially screens positive and declines intervention. This will allow staff to reinforce safe drinking limits, offer substance abuse counseling, or other appropriate interventions with every visit. The PACT team Providers, licensed practical nurses, and RN Care Managers will be educated on this requirement by May 31, 2015. Compliance will be measured through a review of 10 charts per month by the PCSL with findings reported monthly in the Primary Care Service Line meetings until a 90 percent compliance rate is reached; data trends will be reported quarterly to the Clinical Executive Board for 6 months once the 90 percent compliance rate has been sustained.

Recommendation 8. 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: 8-31-15

Facility response: To ensure new Registered Nurse Care Manager receives motivational interviewing and health coaching training within 12 months of appointment to PACT, motivational interviewing and Teach training are offered every other month. New RN Care Managers will be required to complete these training offerings within 90 days of hire or appointment to a PACT position. The Primary Care Clinical Care Coordinator is maintaining a spread sheet that documents the date of appointment to PACT and the completion dates for Motivational Interviewing and Teach courses. The requirements for Motivational Interviewing and Teach training have been added to the

PACT RN Care Manager's orientation checklist. Compliance will be measured by the number of new PACT RN Care Managers completing these requirements in 90 days of hire or appointment to PACT as an internal candidate.

Recommendation 9. 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: 8-31-15

Facility response: To ensure new providers and clinical associates (Licensed Practical Nurse) receive health coaching training within 12 months of appointment to PACT, Teach training is offered every other month. New Providers and clinical associates will be required to complete these training offerings within 90 days of hire or appointment to a PACT position. The Primary Care Clinical Care Coordinator is maintaining a spread sheet that documents the date of appointment to PACT and the completion date for Teach/health coaching training course. The requirement for Teach training has been added to the Providers and clinical associate's orientation checklists. Compliance will be measured by the number of new providers and/or clinical associates (Licensed Practical Nurses) completing this requirements in 90 days of hire or appointment to PACT as an internal candidate.

Recommendation 10. 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: 9-30-15

Facility response: To ensure clinicians provide HIV testing as part of routine medical care, an HIV Consent and Education dialog template has been approved and will be implemented by June 15, 2015, following education of the medical and nursing staff. The new template will replace all other facility documentation for HIV testing consent and education; it will be a standalone note in CPRS which will allow easier research for veteran status for consent or declination of testing. Compliance will be measured by monitoring 30 records per month until a compliance of 90 percent is reached. Data trends and required actions for improvement will be reported monthly to the Infection Control Committee and quarterly to the Clinical Executive Board for a minimum of 6 months until a 90 percent compliance is sustained.

Office of Inspector General
Contact and Staff Acknowledgments

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Endnotes

[a] References used for the EOC review included:
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