



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

Office of Healthcare Inspections

Report No. 14-04476-116

**Review of Community Based
Outpatient Clinics and Other
Outpatient Clinics
of
Cincinnati VA Medical Center
Cincinnati, Ohio**

February 19, 2015

Washington, DC 20420

To Report Suspected Wrongdoing in VA Programs and Operations

Telephone: 1-800-488-8244

E-Mail: vaoighotline@va.gov

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

Glossary

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

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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 Cincinnati VA Medical Center and Veterans Integrated Service Network 10 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 Florence, KY, CBOC as a representative site and evaluated the environment of care on October 22, 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:

- Managers ensure staff can access the electronic version of safety data sheets at the Florence CBOC.
- The information technology server closet at the Florence CBOC is maintained according to information technology safety and security standards.
- Staff at the Florence CBOC receive annual emergency management training.

Alcohol Use Disorder: Ensure that:

- 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.
- Clinicians consistently document informed consent for human immunodeficiency virus testing 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 15–18, 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 primary care operations 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 that 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, 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 done 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 Florence 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.		
X	If safety data sheets are in electronic form, the staff can demonstrate ability to access the electronic version without coaching.	The staff at the Florence CBOC could not demonstrate how to access the electronic version without coaching.	1. We recommended that managers ensure staff can access the electronic version of safety data sheets at the Florence CBOC.
	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.		
	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.		
	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.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	The women veterans' exam room is equipped with either an electronic or manual door lock.		
	The information technology network room/server closet is locked.		
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 Florence CBOC was not restricted to personnel authorized by Office of Information and Technology.	2. We recommended that the information technology server closet at the Florence CBOC is maintained according to information technology safety and security standards.
X	Access to the information technology network room/server closet is documented.	Access to the information technology network room/server closet at the Florence CBOC was not comprehensively 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.	The staff at the Florence CBOC did not receive scheduled emergency management training.	3. We recommended that the staff at the Florence CBOC receive scheduled emergency management training.

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 30 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
	Diagnostic assessments are completed for patients with a positive alcohol screen.		
	Education and counseling about drinking levels and adverse consequences of heavy drinking are provided for patients with positive alcohol screens and drinking levels above National Institute on Alcohol Abuse and Alcoholism guidelines.		
	Documentation reflects the offer of further treatment for patients diagnosed with alcohol dependence.		
	For patients with AUD who decline referral to specialty care, clinic staff monitored them and their alcohol use.		
	Counseling, education, and brief treatments for AUD are provided within 2 weeks of positive screening.		

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 10 of 12 RN Care Managers did not receive Motivational Interviewing training within 12 months of appointment to PACT.	4. 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 6 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 13 of 34 providers (38 percent) did not receive health coaching training within 12 months of appointment to PACT.	5. 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 14 of 25 clinical associates (56 percent) 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 30 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	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 23 of 30 patients (77 percent).	6. We recommended that clinicians provide human immunodeficiency virus testing as part of routine medical care for patients and that compliance is monitored.
X	When HIV testing occurred, clinicians consistently documented informed consent.	Clinicians did not document informed consent for HIV testing for two of seven patients.	7. We recommended that clinicians consistently document informed consent for human immunodeficiency virus testing and that compliance is monitored.
	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 44 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 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
Bellevue, KY	539GA	Urban	6,582	5,244	0	N/A	Anti-Coagulation Clinic EKG HBPC MOVE! Program ¹⁰ Nutrition Pharmacy PFT
Cincinnati, OH	539GB	Urban	12,473	6,129	4,751	Immunology Optometry Podiatry	Anti-Coagulation Clinic Audiology Diabetic Retinal Screening EKG HBPC MOVE! Program Nutrition Pharmacy PFT Social Work Rehabilitation Services
Greendale, IN	539GC	Rural	6,525	3,845	2,844	Optometry Podiatry	Anti-Coagulation Clinic Audiology EKG Diabetic Retinal Screening HBPC MOVE! Program Nutrition Pharmacy PFT

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.

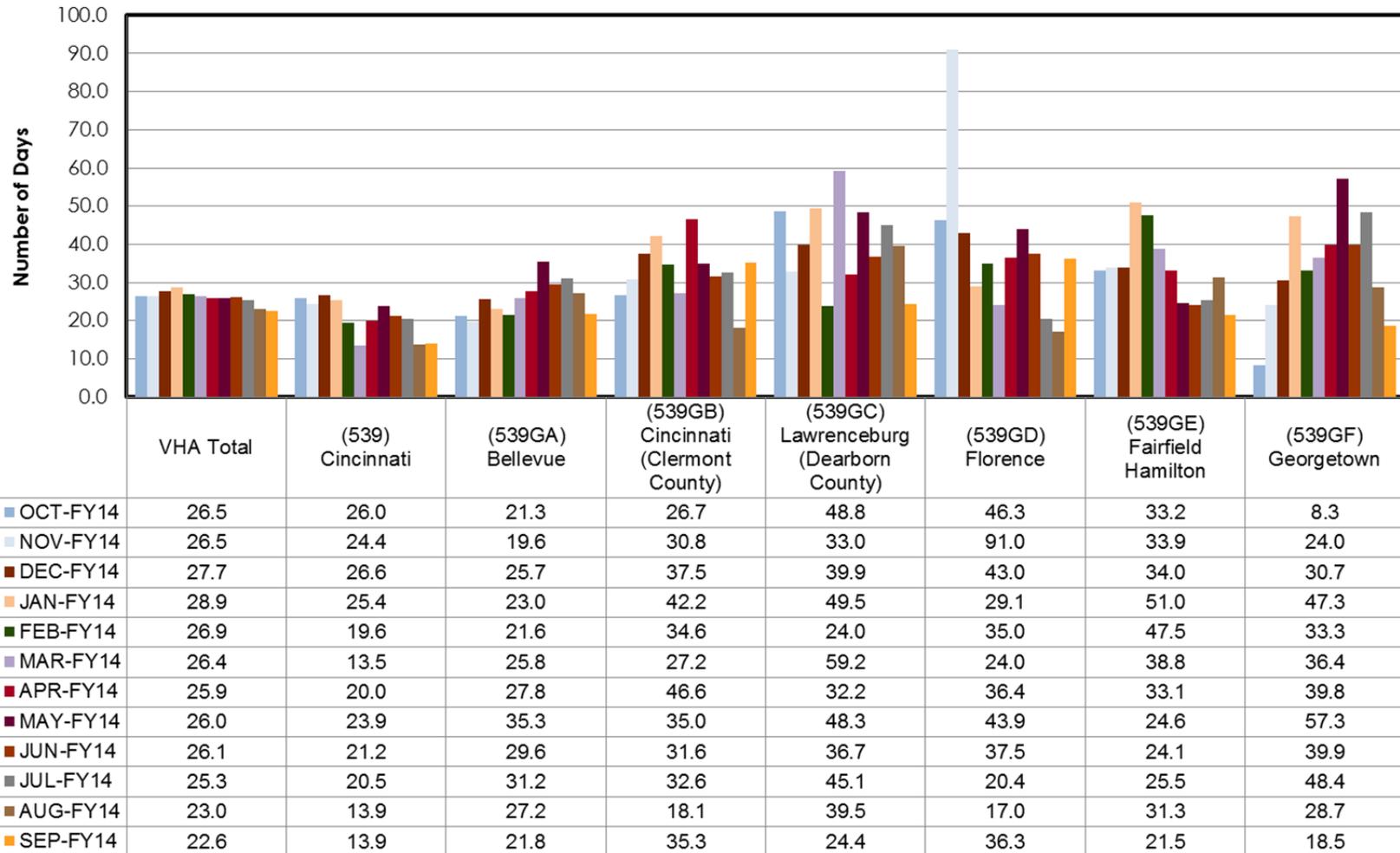
¹⁰ VHA Handbook 1120.01, *MOVE! Weight Management Program for Veterans*, March 31, 2011.

Location (continued)	Station #	Rurality	Outpatient Workload / Encounters			Services Provided	
			PC	MH	Specialty Clinics	Specialty Care	Ancillary Services
Florence, KY	539GD	Urban	7,132	3,666	4,034	Optometry Podiatry	EKG Diabetic Retinal Screening HBPC MOVE! Program Nutrition Pharmacy
Hamilton, OH	539GE	Urban	7,998	4,289	2,087	Optometry Podiatry	Anti-Coagulation Clinic Audiology Diabetic Retinal Screening EKG HBPC MOVE! Program Nutrition Pharmacy PFT Rehabilitation Services Social Work
Georgetown, OH	539GF	Rural	3,198	931	0	N/A	Anti-Coagulation Clinic EKG Pharmacy

EKG=Electrocardiography; HBPC=Home Based Primary Care; PFT=Pulmonary Function Test

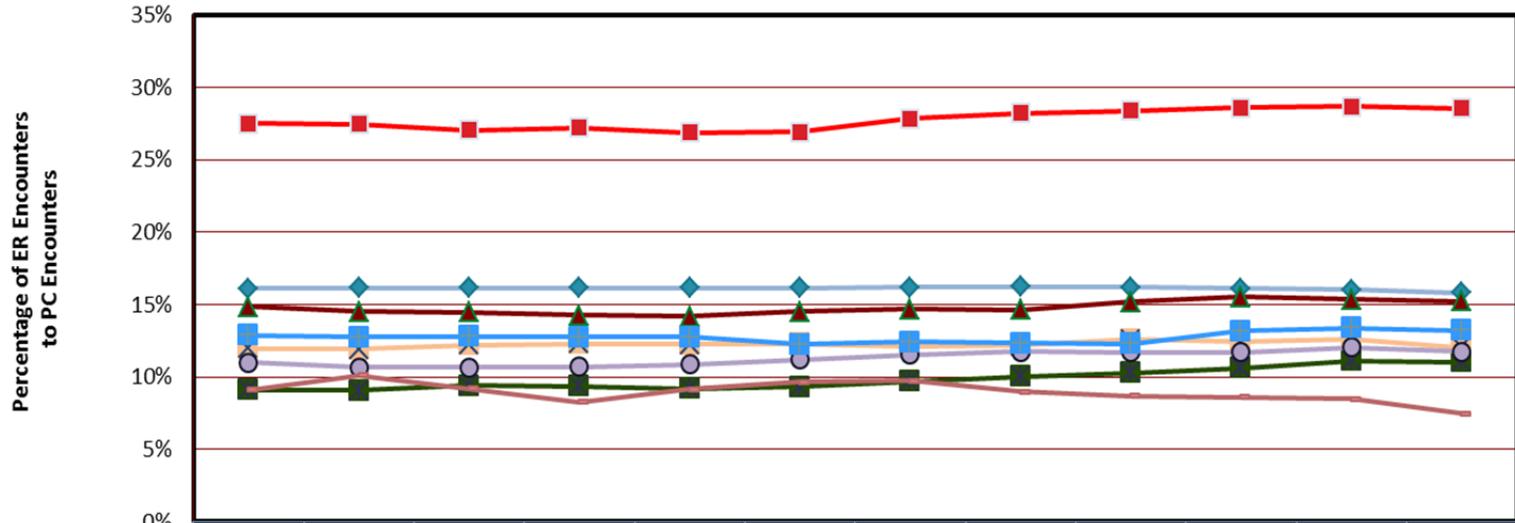
PACT Compass Metrics

FY 2014 New Primary Care Patient Average Wait Time in Days



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.

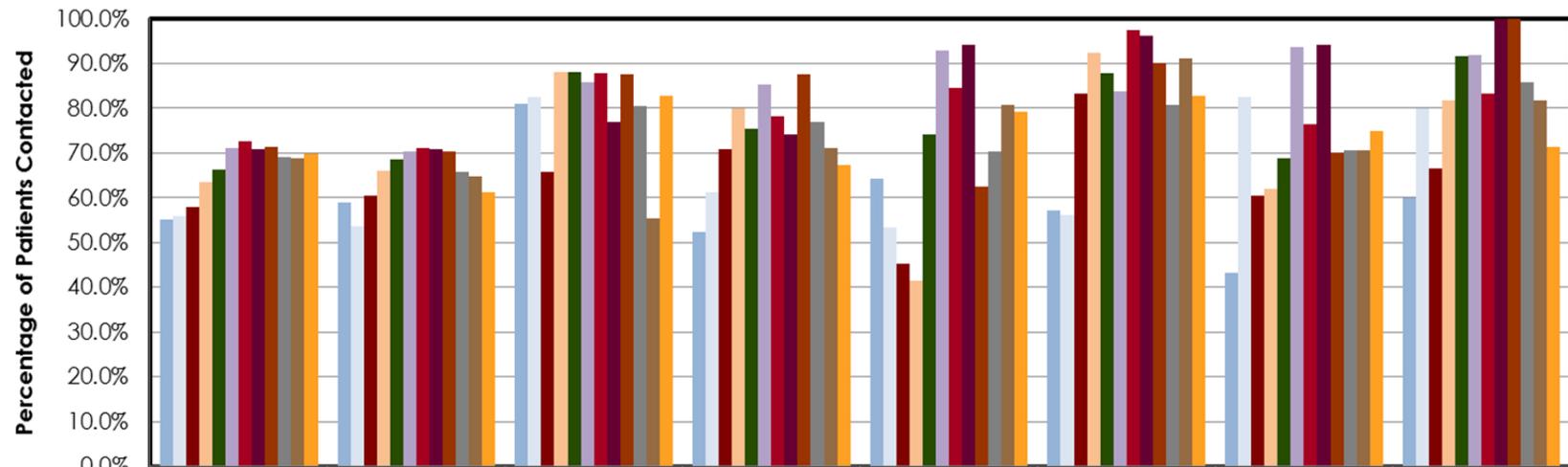
FY 2014 Ratio of ER Encounters While on Panel to PC Encounters While on Panel (FEE ER Included)



	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%
(539) Cincinnati	27.5%	27.5%	27.0%	27.2%	26.9%	26.9%	27.8%	28.2%	28.4%	28.6%	28.7%	28.5%
(539GA) Bellevue	14.8%	14.5%	14.5%	14.2%	14.2%	14.5%	14.7%	14.6%	15.2%	15.5%	15.4%	15.2%
(539GB) Cincinnati (Clermont County)	12.0%	11.9%	12.2%	12.3%	12.3%	12.3%	12.1%	12.2%	12.6%	12.4%	12.6%	12.0%
(539GC) Lawrenceburg (Dearborn County)	9.1%	9.1%	9.4%	9.4%	9.2%	9.3%	9.7%	10.0%	10.3%	10.6%	11.1%	11.0%
(539GD) Florence	11.0%	10.7%	10.7%	10.7%	10.9%	11.2%	11.5%	11.7%	11.7%	11.7%	12.0%	11.8%
(539GE) Fairfield Hamilton	12.9%	12.8%	12.8%	12.7%	12.7%	12.2%	12.4%	12.3%	12.3%	13.2%	13.4%	13.2%
(539GF) Georgetown	9.1%	10.1%	9.2%	8.2%	9.1%	9.7%	9.7%	9.0%	8.7%	8.6%	8.5%	7.5%

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

FY 2014 Team 2-Day Contact Post Discharge Ratio



	VHA Total	(539) Cincinnati	(539GA) Bellevue	(539GB) Cincinnati (Clermont County)	(539GC) Lawrenceburg (Dearborn County)	(539GD) Florence	(539GE) Fairfield Hamilton	(539GF) Georgetown
OCT-FY14	55.1%	59.0%	81.0%	52.4%	64.3%	57.1%	43.3%	60.0%
NOV-FY14	55.9%	53.6%	82.5%	61.2%	53.3%	56.3%	82.5%	80.0%
DEC-FY14	57.8%	60.6%	65.8%	70.8%	45.2%	83.3%	60.5%	66.7%
JAN-FY14	63.6%	65.9%	88.1%	80.0%	41.4%	92.3%	62.1%	81.8%
FEB-FY14	66.4%	68.5%	88.0%	75.4%	74.1%	87.8%	68.8%	91.7%
MAR-FY14	71.2%	70.3%	85.7%	85.2%	92.9%	83.7%	93.8%	92.0%
APR-FY14	72.6%	71.0%	87.9%	78.1%	84.6%	97.4%	76.5%	83.3%
MAY-FY14	70.8%	70.8%	76.9%	74.1%	94.1%	96.3%	94.1%	100.0%
JUN-FY14	71.3%	70.4%	87.5%	87.5%	62.5%	90.0%	70.0%	100.0%
JUL-FY14	69.1%	65.7%	80.6%	76.9%	70.4%	80.6%	70.7%	85.7%
AUG-FY14	68.9%	64.9%	55.3%	71.2%	80.6%	91.2%	70.7%	81.8%
SEP-FY14	69.8%	61.3%	82.9%	67.4%	79.2%	82.9%	75.0%	71.4%

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: December 24, 2014

From: Director, VA Healthcare System of Ohio (10N10)

Subject: **Review of CBOCs and OOCs of Cincinnati VA Medical Center,
Cincinnati, Ohio**

To: Director, Washington DC Office of Healthcare Inspections (54DC)

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

1. I have reviewed the recommendations and concur with responses and action plans submitted by the Cincinnati VA Medical Center.
2. If you have questions or require additional information, please contact Jane Johnson, VISN 10 Deputy Quality Management Officer at (513) 247-4631.

(original signed by T. Jane Johnson, Acting Network Director, for:)

Jack G. Hetrick, FACHE
Director, VA Healthcare System of Ohio (10N10)

Facility Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: December 24, 2014

From: Acting Director, Cincinnati VA Medical Center (539/00)

Subject: **Review of CBOCs and OOCs of Cincinnati VA Medical Center,
Cincinnati, Ohio**

To: Director, VA Healthcare System of Ohio (10N10)

1. Attached please find the VHACIN responses and relevant action plan for the seven recommendations from the Office of the Inspector General CBOC review conducted October 20-24, 2014.
2. We appreciate the professionalism demonstrated by the OIG Team and the consultative attitude demonstrated during the review process.
3. If you have any questions regarding this report, please contact Lisa Veite, Cincinnati VA Medical Center Accreditation Specialist, at 513 861-3100, extension 5249.

(original signed by David Ninneman, Associate Director, for:)

Susan Fuehrer
Acting Director, Cincinnati VA Medical Center

Comments to OIG's Report

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

Recommendation 1. We recommended that managers ensure staff can access the electronic version of safety data sheets at the Florence CBOC.

Concur

Target date for completion: October 27, 2014

Facility response: Staff have been re-educated that the electronic version of the safety data sheets at the Florence CBOC can be found on the Cincinnati VA Intranet homepage by clicking the icon and following the instructions. Staff are aware where to locate the on-site paper copy which was shared with the surveyor.

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

Concur

Target date for completion: Target date for completion: November 6, 2014

Facility response: The Office manager controls the key for the closet and controls the sign in log. All persons who enter into the Information Technology server closet will sign the log. The closets are also continuously monitored by a camera which dates and time stamps all entries.

Recommendation 3. We recommended that the staff at the Florence CBOC receive scheduled emergency management training.

Concur

Target date for completion: October 24, 2014

Facility response: Scheduled emergency management training by the Florence CBOC staff has been 100% completed. Managers will ensure continual staff compliance.

Recommendation 4. 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: September 30, 2015

Facility response: A training schedule has been implemented to complete motivational interviewing and health coaching training for Clinic Registered Nurse Care Managers appointed to Patient Aligned Care Teams.

Recommendation 5. 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: September 30, 2015

Facility response: A training schedule has been implemented to complete health coaching training to clinical associates appointed in Patient Aligned Care Teams in the outpatient clinics.

Recommendation 6. 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: March 31, 2015

Facility response: December 2013 an electronic clinical reminder was created and is available to all clinicians. Compliance will be monitored for HIV testing as routine care. Re-education will be provided to specific providers as needed.

Recommendation 7. We recommended that clinicians consistently document informed consent for human immunodeficiency virus testing and that compliance is monitored.

Concur

Target date for completion: March 31, 2015

Facility response: Based upon the retrospective audit from October 1, 2013, thru March 31, 2014, the two informed consents which were not located were from testing done prior to August 1, 2009, and prior to electronic consents. In December 2013 an electronic consent form was created to improve the process. Compliance will be monitored to ensure consents are completed timely.

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	Gail Bozzelli, RN, Team Leader Myra Conway, RN
Other Contributors	Shirley Carlile, BA Lin Clegg, PhD Marnette Dhooghe, MS Donna Giroux, RN Jennifer Reed, RN, MSHI Natalie Sadow, MBA Patrick Smith, M. Stat Randall Snow, JD Marilyn Stones, BS Mary Toy, RN, MSN Jarvis Yu, MS

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U.S. House of Representatives: John A. Boehner, Steve Chabot, Thomas Massie, Luke Messer, Brad Wenstrup

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.
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