



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

**Office of Healthcare Inspections**

**Report No. 15-00121-201**

**Review of Community Based  
Outpatient Clinics and Other  
Outpatient Clinics  
of  
Veterans Health Care System  
of the Ozarks  
Fayetteville, Arkansas**

**April 16, 2015**

**Washington, DC 20420**

**To Report Suspected Wrongdoing in VA Programs and Operations**

**Telephone: 1-800-488-8244**

**E-Mail: [vaoighotline@va.gov](mailto:vaoighotline@va.gov)**

**(Hotline Information: [www.va.gov/oig/hotline](http://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

# Table of Contents

	Page
<b>Executive Summary</b> .....	i
<b>Objectives, Scope, and Methodology</b> .....	1
Objectives .....	1
Scope.....	1
Methodology .....	1
<b>Results and Recommendations</b> .....	3
EOC .....	3
AUD .....	6
HIV Screening.....	8
Outpatient Documentation .....	9
<b>Appendixes</b>	
A. Clinic Profiles.....	10
B. PACT Compass Metrics .....	12
C. Interim Veterans Integrated Service Network Director Comments .....	15
D. Facility Director Comments .....	16
E. Office of Inspector General Contact and Staff Acknowledgments .....	19
F. Report Distribution .....	20
G. Endnotes .....	21

## Executive Summary

**Review Purpose:** The purpose of the review was to evaluate selected patient care activities to determine whether the Community Based Outpatient Clinics (CBOCs) and other outpatient clinics under the oversight of the Veterans Health Care System of the Ozarks and Veterans Integrated Service Network 16 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 Jay, OK, CBOC as a representative site and evaluated the environment of care on February 9, 2015.

**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:

- A functional panic alarm system is installed at the Jay CBOC.

Alcohol Use Disorder: Ensure that:

- 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 and that 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:

- The Facility Director develops policies and procedures that facilitate human immunodeficiency virus testing as part of routine medical care for patients.
- 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 Interim Veterans Integrated Service Network Director and Facility Director 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 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 conducted at a randomly selected outpatient site of care that had not been previously inspected.<sup>1</sup> Details of the targeted study populations

---

<sup>1</sup> 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**

<b>Review Topic</b>	<b>Study Population</b>
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; <sup>2</sup> 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.

---

<sup>2</sup> 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.<sup>a</sup>

We reviewed relevant documents and conducted a physical inspection of the Jay CBOC. The table below shows the areas reviewed for this topic. The area 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.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	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.		
	The women veterans' exam room is equipped with either an electronic or manual door lock.		
	The information technology network room/server closet is locked.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	Access to the information technology network room/server closet is restricted to personnel authorized by Office of Information and Technology.		
	Access to the information technology network room/server closet is documented.		
	All computer screens are locked when not in use.		
	Information is not viewable on monitors in public areas.		
	The CBOC has an automated external defibrillator.		
X	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.	The Jay CBOC provides mental health services but did not have a functional alarm system or panic buttons.	1. We recommended that a functional panic alarm system is installed at the Jay CBOC.
	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.<sup>b</sup>

We reviewed relevant documents and 39 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
	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.		
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 six of eight patients who declined referral to specialty care.	<b>2.</b> 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.		

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 11 of 34 RN Care Managers (32 percent) did not receive motivational interviewing training within 12 months of appointment to PACT.	3. We recommended that Clinic Registered Nurse Care Managers receive motivational interviewing and health coaching training and that providers and clinical associates in the outpatient clinics receive 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 34 RN Care Managers (18 percent) did not receive health coaching training within 12 months of appointment to PACT.	
X	Providers in the outpatient clinics have received VHA National Center for Health Promotion and Disease Prevention-approved health coaching training (most likely TEACH for Success) within 12 months of appointment to PACT.	We found that 8 of 35 providers (23 percent) did not receive health coaching training within 12 months of appointment to PACT.	
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 21 of 38 clinical associates (55 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.<sup>c</sup>

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 electronic health records 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.		
X	The facility has policies and procedures to facilitate HIV testing.	Facility policies did not require HIV testing as part of routine medical care for patients.	<b>4.</b> We recommended that the Facility Director develops policies and procedures that facilitate human immunodeficiency virus testing as part of routine medical care for patients.
	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 10 of 37 patients (27 percent).	<b>5.</b> 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 2 of 12 patients.	<b>6.</b> 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.<sup>d</sup>

We reviewed relevant documents and 40 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 records.		

## 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.<sup>3</sup> 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 <sup>6</sup>	Outpatient Workload / Encounters <sup>4</sup>			Services Provided <sup>5</sup>		
			PC	MH	Specialty Clinics <sup>7</sup>	Specialty Care <sup>8</sup>	Ancillary Services <sup>9</sup>	
Mt. Vernon, MO	564BY	Rural	29,623	17,074	14,514	Cardiology General Surgery Gynecology Optometry Podiatry	Audiology Diabetic Retinal Screening EKG HBPC Imaging Services	Laboratory MOVE! Program <sup>10</sup> Nutrition Prosthetics/Orthotics Social Work
Harrison, AR	564GA	Rural	2,958	396	N/A	N/A	HBPC	Laboratory
Fort Smith, AR	564GB	Urban	18,345	12,590	166	Cardiology	Diabetes Care Diabetic Retinal Screening Imaging Services	Laboratory Nutrition Social Work
Branson, MO	564GC	Rural	9,022	7,120	4,854	Cardiology Optometry	Audiology Diabetic Retinal Screening EKG	Imaging Services Laboratory Nutrition

<sup>3</sup> Includes all CBOCs in operation before April 1, 2014.

<sup>4</sup> 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.

<sup>5</sup> The denoted Specialty Care and Ancillary Services are limited to Primary Clinic Stops with a count  $\geq 100$  encounters during the October 1, 2013, through September 30, 2014, timeframe at the specified CBOC.

<sup>6</sup> <http://vssc.med.va.gov/>

<sup>7</sup> The total number of encounters for the services provided in the "Specialty Care" column.

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

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

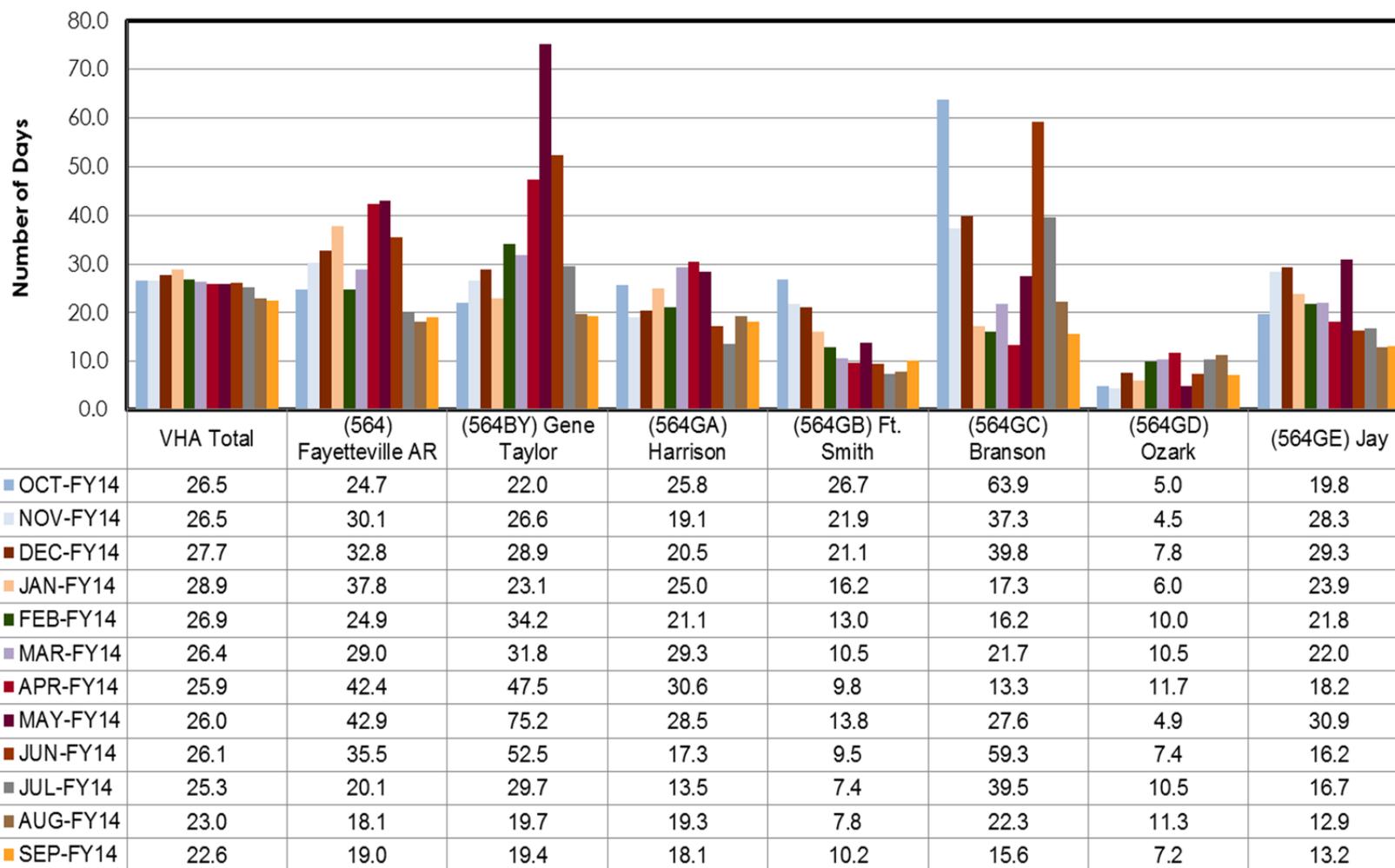
<sup>10</sup> VHA Handbook 1120.01, *MOVE! Weight Management Program for Veterans*, March 31, 2011.

Location (continued)	Station #	Rurality	Outpatient Workload / Encounters			Services Provided	
			PC	MH	Specialty Clinics	Specialty Care	Ancillary Services
Ozark, AR	564GD	Rural	2,488	829	N/A	N/A	Nutrition
Jay, OK	564GE	Rural	3,743	2,149	10	N/A	Nutrition

EKG=Electrocardiography; HBPC=Home Based Primary Care

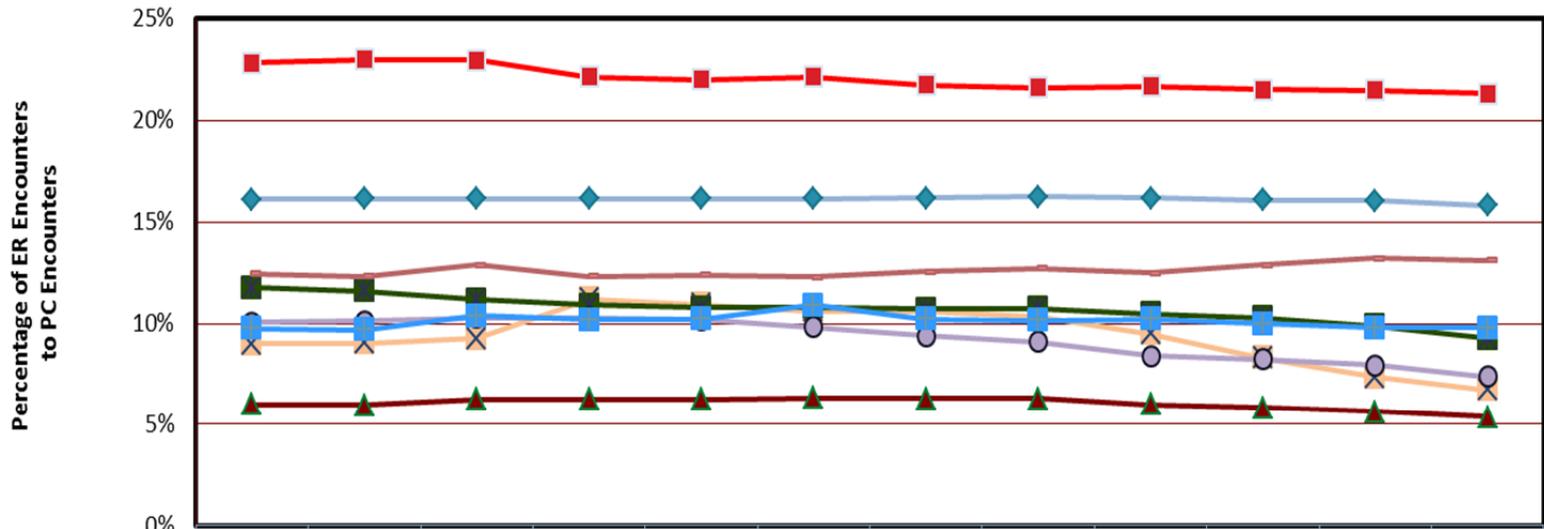
## PACT Compass Metrics

### FY 2014 New Primary Care Patient Average Wait Time in Days



**Data Definition.**<sup>6</sup> 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.

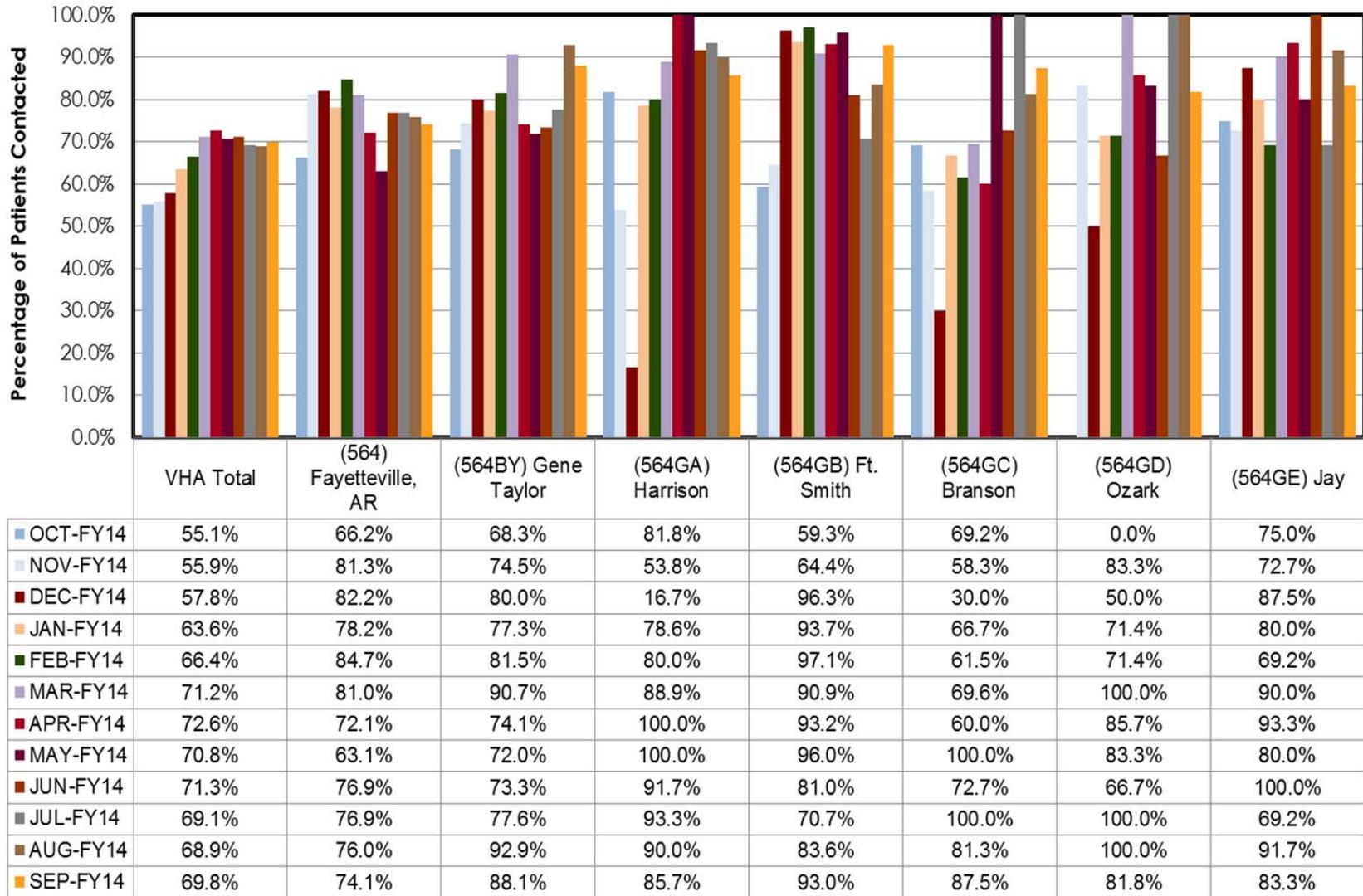
### FY 2014 Ratio of ER Encounters While on Panel to PC Encounters While on Panel (FEE ER Included)



	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%
■ (564) Fayetteville, AR	22.8%	23.0%	23.0%	22.1%	22.0%	22.1%	21.8%	21.6%	21.7%	21.5%	21.5%	21.3%
▲ (564BY) Gene Taylor	6.0%	6.0%	6.3%	6.3%	6.3%	6.3%	6.3%	6.3%	6.0%	5.8%	5.6%	5.4%
× (564GA) Harrison	9.0%	9.0%	9.3%	11.2%	11.0%	10.6%	10.6%	10.4%	9.5%	8.3%	7.4%	6.7%
■ (564GB) Ft. Smith	11.8%	11.6%	11.2%	10.9%	10.8%	10.8%	10.7%	10.8%	10.5%	10.3%	9.9%	9.3%
○ (564GC) Branson	10.1%	10.1%	10.3%	10.3%	10.2%	9.8%	9.4%	9.1%	8.4%	8.2%	8.0%	7.4%
■ (564GD) Ozark	9.8%	9.7%	10.4%	10.2%	10.2%	10.9%	10.2%	10.1%	10.2%	10.0%	9.8%	9.8%
— (564GE) Jay	12.5%	12.3%	12.9%	12.3%	12.4%	12.3%	12.6%	12.7%	12.5%	12.9%	13.2%	13.1%

**Data Definition.**<sup>e</sup> 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



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

## Interim Veterans Integrated Service Network Director Comments

**Department of  
Veterans Affairs**

# Memorandum

**Date:** March 16, 2015

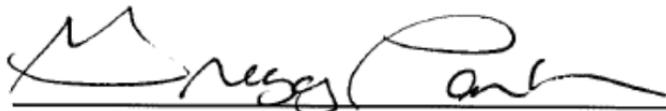
**From:** Interim VISN Director, South Central VA Health Care Network  
(10N16)

**Subject:** **Review of CBOCs and OOCs of Veterans Health Care System of  
the Ozarks, Fayetteville, AR**

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

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

1. The South Central VA Health Care Network (VISN 16) has reviewed and concurs with the findings, recommendations and corrective actions included in the draft report submitted by the Veterans Health Care System of the Ozarks, Fayetteville, AR.
2. If you have questions regarding the information submitted, please contact Reba T. Moore, VISN16 Accreditation Specialist at (601) 206-7022.



Gregg Parker, M.D., MHA  
Interim Network Director  
South Central VA Health Care Network (10N16)

17 Mar 15

## Facility Director Comments

**Department of  
Veterans Affairs**

# Memorandum

**Date:** March 13, 2015

**From:** Director, Veterans Health Care System of the Ozarks (564/00)

**Subject:** **Review of CBOCs and OOCs of Veterans Health Care System of the Ozarks, Fayetteville, AR**

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

1. Attached is the Veterans Health Care System of the Ozarks response to the March CBOC's and OOC's Draft Report.
2. For further concerns or questions please contact Loretta J. Allen, Chief, Quality, Safety and Value. Phone: (479)-587-5858.



Mark A. Enderle, MD

Director, Veterans Health Care System of the Ozarks (564/00)

## 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 a functional panic alarm system is installed at the Jay CBOC.

Concur

Target date for completion: August 30, 2015

Facility response: Installation of Lynx Panic Duress Alarm System at the Jay CBOC.

**Recommendation 2.** 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: April 3, 2015

Facility response: The Alcohol Brief Counseling Reminder will be amended to add the statement "Will Continue to monitor at next clinic visit" for patients that decline substance abuse referral. A minimum of 30 record reviews will be conducted per month. A compliance benchmark of 90% or greater is expected for at least three consecutive months. Findings will be reported to Leadership through the Quality, Safety, and Value Committee.

**Recommendation 3.** We recommended that Clinic Registered Nurse Care Managers receive motivational interviewing and health coaching training and 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: May 31, 2015

Facility response: All employees on station as of March 2, 2015 will have training completed by May 31, 2015. All new employees will be scheduled in the quarter they come on station as part of new employee orientation.

**Recommendation 4.** We recommended that the Facility Director develops policies and procedures that facilitate human immunodeficiency virus testing as part of routine medical care for patients.

Concur

Target date for completion: April 30, 2015

Facility response: Infection Control will develop a comprehensive policy and procedure that will facilitate human immunodeficiency virus testing as part of routine medical care for all patients. This will be routed to Leadership through the Quality, Safety and Value Committee.

**Recommendation 5.** We recommended that clinicians provide human immunodeficiency virus testing as part of routine medical care for patients and that compliance is monitored.

Concur

Target date for completion: July 30, 2015

Facility response: The VA National Clinical Reminder for HIV screening was added in April 2014 which notates HIV testing as part of routine care. A minimum of 30 record reviews will be conducted per month. A compliance benchmark of 90% or greater is expected for at least three consecutive months. Findings will be reported to Leadership through the Quality, Safety, and Value Committee.

**Recommendation 6.** We recommended that clinicians consistently document informed consent for human immunodeficiency virus testing and that compliance is monitored.

Concur

Target date for completion: July 30, 2015

Facility response: The VA National Clinical Reminder for HIV Screening was added in April 2014 which includes documentation regarding informed consent. A minimum of 30 record reviews will be conducted per month. A compliance benchmark of 90% or greater is expected for at least three consecutive months. Findings will be reported to Leadership through the Quality, Safety, and Value Committee.

## Office of Inspector General Contact and Staff Acknowledgments

---

<b>Contact</b>	For more information about this report, please contact the OIG at (202) 461-4720.
<b>Inspection Team</b>	Rose Griggs, MSW, LCSW, Team Leader
<b>Other Contributors</b>	Shirley Carlile, BA Lin Clegg, PhD Marnette Dhooghe, MS Roneisha Charles, BS Cathleen King, MHA, CRRN Jennifer Reed, RN, MSHI Larry Ross, MS Patrick Smith, M. Stat Marilyn Stones, BS Mary Toy, RN, MSN Jarvis Yu, MS

---

## Report Distribution

### **VA Distribution**

Office of the Secretary  
Veterans Health Administration  
Assistant Secretaries  
General Counsel  
Director, South Central VA Health Care Network (10N16)  
Director, Veterans Health Care System of the Ozarks (564/00)

### **Non-VA Distribution**

House Committee on Veterans' Affairs  
House Appropriations Subcommittee on Military Construction, Veterans Affairs, and  
Related Agencies  
House Committee on Oversight and Government Reform  
Senate Committee on Veterans' Affairs  
Senate Appropriations Subcommittee on Military Construction, Veterans Affairs, and  
Related Agencies  
Senate Committee on Homeland Security and Governmental Affairs  
National Veterans Service Organizations  
Government Accountability Office  
Office of Management and Budget  
U.S. Senate: Roy Blunt, John Boozman, Tom Cotton, James M. Inhofe,  
James Lankford, Claire McCaskill  
U.S. House of Representatives: Billy Long, Markwayne Mullin, Bruce Westerman,  
Steve Womack

This report is available at [www.va.gov/oig](http://www.va.gov/oig).

## Endnotes

<sup>a</sup> References used for the EOC review included:

- International Association of Healthcare Central Services Materiel Management, *Central Service Technical Manual*, 7<sup>th</sup> 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.

<sup>b</sup> References used for the AUD review included:

- VHA Handbook 1101.10, *Patient Aligned Care Teams (PACT)*, February 5, 2014.
- VHA Handbook 1120.02, *Health Promotion Disease Prevention (HPDP) Program*, July 5, 2012.
- VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics*, September 11, 2008.
- VHA National Center for Health Promotion and Disease Prevention (NCP), *HealthPOWER Prevention News, Motivational Interviewing*, Summer 2011. Accessed from:
- [http://www.prevention.va.gov/Publications/Newsletters/2011/HealthPOWER\\_Prevention\\_News\\_Summer\\_2011.asp](http://www.prevention.va.gov/Publications/Newsletters/2011/HealthPOWER_Prevention_News_Summer_2011.asp)
- VHA National Center for Prevention (NCP). *NCP Training Resources*. Accessed from: [http://vaww.infoshare.va.gov/sites/prevention/NCP\\_Training\\_Resources/Shared%20Documents/Forms/AllItems.aspx](http://vaww.infoshare.va.gov/sites/prevention/NCP_Training_Resources/Shared%20Documents/Forms/AllItems.aspx)

<sup>c</sup> References used for the HIV Screening review included:

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

<sup>d</sup> References used for the Outpatient Documentation review included:

- VHA Handbook 1907.01, *Health Information Management and Health Records*, September 19, 2012.
- VHA Handbook 1907.01, *Health Information Management and Health Records*, July 22, 2014.

<sup>e</sup> Reference used for PACT Compass data graphs:

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